



ÉCOLE DE LA FONCTION
PUBLIQUE DU CANADA
CANADA SCHOOL
OF PUBLIC SERVICE



TASK UNIT: WHAT ARE YOU AFRAID OF?

Counselling

Objective: By the end of this task unit you will be able to explain, describe in detail, narrate, report and hypothesize in order to counsel and advise.

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CREDITS

Development and Learning Technologies Directorate
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INTRODUCTION TO THE STUDENT

APPROACH

1. Each unit contains materials for an average of five hours of class time. Of course, how long you spend on a unit will depend on your language level, the speed at which you learn, and how much of each unit you choose to do.
2. The emphasis in these units is on oral communication. Most of the activities are designed for pairs or small groups. These activities can be taped so that you can work on them on your own or discuss them with your teacher. A few activities require you to work alone in order to prepare for a subsequent group activity.
3. The teacher's guide for Level C, containing a model syllabus to help plan this level, gives a suggested order for using the units. Each unit is complete in itself; this means that, according to the needs and interests of the class, you can choose the units you need to work on, how much of a unit you want to do, and, if you wish, a different order in which to work on them than the one suggested.*
4. Within each unit, there are further opportunities to make choices. You can focus only on those functions you need, or you can choose which, if any, of the practice activities you want to do. You can also choose when to do the practices: e.g. beforehand in preparation for the unit; *en route* or as they come up in the unit; at the end after you have looked at the whole unit as a review; or at any other time the group wants.
5. Although all activities are complete in themselves, you are invited to contribute your own contexts, information, problems or topics. In this way you can make the units better reflect your own reality and get the most out of them.

OBJECTIVES

Each of the units in Phase 2 presents language for a combination of several objectives as listed below.

- Explaining
- Describing
- Supporting opinions
- Defending points of view
- Counselling
- Advising
- Handling hypothetical questions
- Handling complex work-related situations

The objectives are reviewed in two types of unit: **task** units and **workshop** units.

Phase 2 contains six task units and three workshop units.

*Note: In the teacher's guide for Level C, Phase 2 materials are suggested for use in Session 10, Week 1 and Week 2; Session 11, Week 1, Week 2 and Week 3 and Session 12, Week 1.

Task Units

Workshop Units

- | | |
|------------------------------|---------------------------|
| 1-The Stranger in Our Homes | 2-Get Your Message Across |
| 3-Safety First | 6-Find the Right Words! |
| 4-What Are You Afraid Of? | 9-How Should I Say This? |
| 5-To Your Health! | |
| 7-What's the Beef? | |
| 8-What Are the Alternatives? | |

Description of Units

Workshop and task units differ in their focus and in their organization.

WORKSHOP UNITS

These are units which focus on language. The language is presented in the context of workshops similar to ones you might attend to improve your communication skills. For example, you can find out what language to use in a variety of situations requiring diplomacy, such as challenging your boss, correcting a colleague at a meeting or persuading co-workers to change their minds.

How Are Workshop Units Organized?

These units are organized by language function, that is, by the purpose for which expressions are used, such as hedging, stalling, refusing, insisting,....

What Do Workshop Units Consist Of?

1. An **OVERVIEW**, framed in a box on the first page of each unit, presents the functions, grammar, vocabulary or strategies presented in that unit.
2. Some units have **BEFORE YOU BEGIN**, it contains questions which will help you focus on finding out what you already know and what you need to learn about the functions and the expressions in the unit.
3. The next sections each focus on a different language function. For each language function you are given lists of the words and expressions you need and activities to help you learn them.
4. Wherever you see **STUDY**, you will find a list of new expressions, vocabulary or grammar which you will need for the activities. Wherever you see **STRATEGIES**, you will find communication strategies which will help you to get your meaning across. **Finally, gives lists of expressions, vocabulary or grammar you may have already learned.**
5. Wherever you see **PRACTICE**, you will find a communication exercise which will practise the expressions, vocabulary, grammar or strategies you have encountered.

6. Each workshop ends with a **CONSOLIDATION ACTIVITY**. Consolidation activities are interactions or games which will allow you to integrate everything you have learned in the workshop.
7. At tab A is the **APPENDIX** which contains expressions for 34 functions, tense usage references and vocabulary.
8. Where required, answers are included and can be found in **ANSWERS** at tab B.

TASK UNITS

These are units which focus on a task requiring the use of language: solving problems, analyzing, making choices or decisions, or making recommendations. For example, you may be asked to choose a candidate for a special project, advise colleagues about work-related problems or recommend ways to reduce costs.

How Are the Task Units Organized?

These units are organized by sub-tasks, that is, by the steps involved in accomplishing the task, for example, preliminary discussions, informal meetings with one or two others, making a final decision, plan or recommendation.

Expressions, vocabulary, grammar or strategies used in accomplishing each of these sub-tasks are presented in sequence where they are needed.

Optional practice activities to help you master these expressions, vocabulary, grammar and strategies are presented at the end of each unit.

What Does a Task Unit Consist Of?

1. As in the Workshop units, the first page is an Overview of the functions, grammar, vocabulary or strategies presented in that unit.
2. The next sections each focus on a different step in the task. For example, when the task is choosing a candidate, the steps include discussing qualifications, preparing for the selection committee and making a decision.
3. As in the Workshop units, wherever you see the headings **STUDY** and **STRATEGIES**, you will find lists of the new expressions, vocabulary or grammar and strategies which you will need for the activities. **gives lists of expressions, vocabulary or grammar you may have already learned.**
4. Often, after these lists, you will see **PRACTICE**. This directs you to optional activities located at the end of the unit. These activities allow you to practise the expressions, vocabulary, grammar or strategies which have been presented. Since these activities are independent of the steps in the task, you may use or omit them, depending on your needs.
5. Where required, answers are included for each task unit in **ANSWERS** at tab B.

WHAT ARE YOU AFRAID OF?

Overview

In response to a survey of employees' interests, your workplace has instituted a series of lunchtime courses on the most popular topics. In this unit, you will be participating in a self-help course on dealing with anxieties, fears and phobias.

You will be working with the following functions:

- **Counselling/Advising**
- **Explaining**
- **Describing (physical symptoms)**
- **Narrating past events**
- **Reporting recurrent events**
- **Hypothesizing**

You will be working with the following strategies:

- **Using precise details for describing**
- **Using rhetorical questions**
- **Organizing presentations**

You will be working with the following vocabulary:

- **Fears**
- **Physical symptoms**

You will be working with the following structures:

- **Past tenses: simple and continuous, would (always) + verb**
- **Present habitual and present perfect**
- **Perfect modals**

Guest Speaker *

The course on fears and phobias begins with a short talk by a "guest speaker." The words listed below are used in the talk. Are you familiar with them?

STUDY 1			
VOCABULARY			
	NOUNS	ADJECTIVES	VERBS
SYMPTOMS	dizziness fainting nausea (heart) palpitation shaking sweating	constricted (throat) hysterical racing (heart) sweaty tingling (limbs) trembling	(to) faint
FEAR	anxiety dread panic phobia threat	phobic	
GENERAL	turbulence	debilitating intense overwhelming	(to) acknowledge (to) break into (a house) (to) flee (to) go into overdrive (to) go out of your way (to) interfere (to) overlook

*Option: The teacher can act as the "guest speaker." The script is on page [B-5](#).

PRACTICE 1: CLUES

In this activity you will be able to practise vocabulary for discussing fears and phobias.

Procedure

Individual/Puzzle

Each of the clues listed below gives the meaning of one of the words you have studied in STUDY 1 on page 4-4. Read the clues and complete the corresponding words in the box by writing in the correct answer. One letter of each word has been filled in to help you.

When you have finished, use the circled letters to make another word from STUDY 1.

CLUES

1. Apprehension
2. Crippling
3. A feeling of vertigo
4. Fright
5. A feeling of sickness in your stomach
6. A severe reaction to fear
7. An extreme, irrational fear
8. Beating very quickly
9. Danger
10. Quaking or shaking

Complete the words below by writing in the correct answer

1. _____ I _____

2. _____ E _____

3. _____ _____ S

4. _____ _____ A _____

5. _____ U _____

6. _____ _____ I _____

7. _____ _____ B _____

8. _____ _____ N _____

9. _____ R _____

10. _____ _____ L _____

Now rearrange the letters in the boxes to make a word which describes how you might feel if you had to deal with your greatest fear:

ANSWERS, page B-4

Step 1

Individual/ True or false quiz

Before you listen to the "Guest Speaker" talk, try this quiz to find out what you already know about fears and phobias.

<h2>Quiz</h2>	
IS EACH STATEMENT TRUE OR FALSE?	
	T F
1. Over 3 million Canadians suffer from fears and phobias at some time in their lives.	<input type="radio"/> <input type="radio"/>
2. One difference between a fear and a phobia is the degree to which it restricts daily activities.	<input type="radio"/> <input type="radio"/>
3. People with phobias suffer panic attacks.	<input type="radio"/> <input type="radio"/>
4. Some typical panic attack symptoms are rapid breathing and heart rate, nausea, dizziness, or the feeling of becoming hysterical or mad.	<input type="radio"/> <input type="radio"/>
5. The only reason fears and phobias are not treated is that people are ashamed to admit they have a problem.	<input type="radio"/> <input type="radio"/>
6. Imagination and intelligence are typical characteristics of people affected by fears and phobias.	<input type="radio"/> <input type="radio"/>
? ? ?	

Step 2

Individual/ Listen, read aloud, compare

Now listen to the "Guest Speaker" talk and see how well you did on the quiz.

You can also compare your answers to those in the **ANSWER KEY**, page **B-4**.

What People Are Afraid Of?

Step 1

Individual/Select

Work alone and complete this questionnaire.

QUESTIONNAIRE

Place check marks beside those items you think are common sources of anxiety or fear in others

- | | |
|--|--|
| <input type="checkbox"/> Being alone or abandoned | <input type="checkbox"/> Being in new or unknown situations |
| <input type="checkbox"/> Being rejected | <input type="checkbox"/> Losing control |
| <input type="checkbox"/> Failing at something you try | <input type="checkbox"/> Losing one's job |
| <input type="checkbox"/> Being criticized | <input type="checkbox"/> Flying |
| <input type="checkbox"/> Eliciting disapproval from your friends/family/colleagues/boss | <input type="checkbox"/> Driving |
| <input type="checkbox"/> Speaking in public | <input type="checkbox"/> Injections |
| <input type="checkbox"/> Speaking to strangers (at parties, meetings) | <input type="checkbox"/> Mental illness |
| <input type="checkbox"/> Writing exams | <input type="checkbox"/> Death |
| <input type="checkbox"/> Going to school | <input type="checkbox"/> Enclosed spaces (underground garages/tunnels/airplanes/elevators) |
| <input type="checkbox"/> Doctors | <input type="checkbox"/> Suffocating |
| <input type="checkbox"/> Dentists | <input type="checkbox"/> Darkness |
| <input type="checkbox"/> Serious illness (occurring to oneself or loved ones) | <input type="checkbox"/> Animals (dogs/cats/rats/mice/bats) |
| <input type="checkbox"/> Surgery/Anaesthetics | <input type="checkbox"/> Birds |
| <input type="checkbox"/> Crowds | <input type="checkbox"/> Snakes |
| <input type="checkbox"/> Accidents (occurring to oneself or to loved ones) | <input type="checkbox"/> Crawling insects |
| <input type="checkbox"/> Sirens | <input type="checkbox"/> Other: (write them below) |
| <input type="checkbox"/> Heights (being in elevators/on upper floors of buildings/on bridges/ in the mountains/near the edge of a cliff) | <div data-bbox="883 1520 1338 1709" style="border: 1px solid black; height: 90px; width: 100%;"></div> |
| <input type="checkbox"/> Edges | |
| <input type="checkbox"/> Water (deep water in lakes/pools/while boating) | |
| <input type="checkbox"/> Blood | |

Now try to predict which fears and anxieties your class considers most common.

Step 2

Pair/Discuss

Find a partner. Consider the fears you both marked with a check (i.e. those fears and/or phobias which you each thought would be common). From both your lists of checked items, decide on the **ten** which you think will be the **most** common.

Step 3

Class/Write

With the whole class, take turns writing up on the board the ten fears each pair has identified as most common. After a fear has been written on the board once, put a check mark beside it each time it is mentioned again by another pair.

Count up and write on the board the number of check marks beside each fear.

Compare the list of ten fears which you and your partner compiled with the class's list on the board. For each check mark opposite a fear on the board which is also a fear on your list of ten, give yourselves one point.

Example:

If fear of heights was on your list of the ten most common fears, and if there are four check marks beside fear of heights on the board, you get four points. If three people chose another of the fears on your list, you get three more points, etc.

Step 4

Class/Discuss

Discuss with your class:

Which fears do you think are common amongst the following groups of people?

- your friends
- your colleagues
- your family
- your age group

To what extent do these factors influence the presence or absence of fears?

- age
- gender
- life circumstances

What About You?

Step 1

Individual/Read

Work alone. Think about the questionnaire in relation to yourself or someone you know.

Think of a fear-related experience which you could share with the class. This could be something that happened to you or to someone you know. Consider these two examples.

a past experience: trouble dealing with blood

My friend couldn't stand the sight of blood. He would turn pale and feel faint or weak when even just talking about an injury or a simple injection. He realized he had to overcome his fear: if he or his family were involved in an accident, he would have to react quickly and he wouldn't have the luxury of passing out. So he decided to do something about it; he talked to his doctor who tried to gradually let him get used to seeing blood and injuries and he enrolled in a first aid course so he would feel more in control in case of an emergency. It worked for him; I don't think he'll ever become a paramedic, but at least he doesn't fall apart when he has to get a vaccination or his son has a cut lip.



an ongoing experience: fear of edges

I've always been afraid of edges. I feel dizzy, if I get too close to the edge of a bridge or a road with a sharp drop or even if I'm in a glass elevator or a room with floor to ceiling windows. I don't know if it's a fear of falling or what it really is. It hasn't prevented me from doing what I want to, but I do try to avoid these situations if I can or I try to use alternatives. For example, in my town, there's a narrow bridge that's high up and has see-through sides. If I have to drive across and can't use an alternative route, I take a deep breath, grip the steering wheel and concentrate really hard on the centre of the bridge. I don't let myself look at the edges. In other situations, for example, if the only available elevator is all glass, I maintain a respectful distance from the edge and stand in the middle of the elevator, preferably

close to other people. If there's no one else on the elevator, I close my eyes. Another example is sightseeing. If I really want to see a beautiful view that's only visible from a lookout at the edge of a cliff, I hold onto the guardrail very tightly, take a quick look and then retreat as fast as I can. It's not as good as enjoying the view at my leisure, but at least I don't miss the view altogether.

Step 2

Class/Study

When you prepare your anecdote, first identify the problem fear, then describe the circumstances and the symptoms, and finally, the method(s) of coping. You may find the following helpful in planning your account.

STUDY 2

REPEATED PAST ACTIONS

To talk about actions repeated in the past, you can use **would** and the **base form** of the verb.

She was so afraid of water that she **would** never **consider** a cruise even though the ships were safe and stable.

If you want to review the use of the simple present, the present continuous, the simple past, the present perfect or the present perfect continuous, turn to the Appendix, page A-40.

PRACTICE 2: HOW MUCH CAN YOU REMEMBER?

In this activity, you can practise using past tenses correctly.

Step 1

Class/Discuss

As a class, decide on a past event with which everyone is familiar. The event can have taken place a long time ago or more recently. For example, you might want to consider stories the media have been covering. The activity will be more fun if the event involves many details or has many parts to it.

E.g.

- the arrival of immigrants in your area or in Canada in general
- aid efforts for disasters (e.g. a famine, an earthquake, a tsunami)
- a local election
- a hurricane, bad storm or natural disaster
- a power failure
- vandalism at a local mall, school or cemetery and how it was handled
- a local problem and how it was handled (e.g. brawls on "the strip")

If you prefer, the class could choose to recount the story of a movie or a television drama or comedy which everyone has seen.

Step 2

Pair/ Make notes

Now work with a partner. Together jot down all the details you can remember about the event. Then decide on the order in which the details occurred. Finally, consider the verbs to use and the correct past tenses. When everyone is ready, form into groups. Each group should have in it only one partner from a pair.

Step 3

Group, class / Narrate, take notes

In turn, tell your version of the past event(s). As you listen to the others, pay attention to and make notes on the following:

- details omitted by the speaker which you included in your version of the story
- details which you omitted that are included by the speaker
- incorrect verb tenses and the correct forms
- verbs used by the speaker which you either did not use or did not know

Do you have a good memory? How much could you remember?

If you want to make this activity into a game, develop a scoring system such as this:

- one point for each accurate detail which you recounted and no one else included
- one point for every incorrect verb tense you identified and were able to correct
- ...

STRATEGIES 1

TELLING ANECDOTES

People who tell anecdotes well use a variety of strategies. Often they use **concrete details** and **examples** to make their stories more vivid. Which of these two statements gives you a clearer picture of a panic attack?

1. During a panic attack, a person experiences many physical reactions.
2. During a panic attack, adrenaline rushes through your body, your heart pounds, your hands and knees tremble and you break out in a sweat.

You can also involve the listener by raising **rhetorical questions**, that is, questions which you don't expect to be answered. Instead of saying, "When you're in the middle of an attack, you feel trapped, even if you are actually in a safe situation," involve your listener by asking questions such as this:

"Do you know what an attack feels like? You feel trapped, even if...."

Try to use these strategies when you tell your anecdote.

PRACTICE 3: LET ME TELL YOU

In this activity, you will have the opportunity to practise sustained speech. Try to use the strategies in STRATEGIES 1, page 4-13.

Step 1

Individual/Prepare

Working alone, think about a subject you are interested in and could talk about, for example, your hobby (e.g. sailing, gardening, car rallies,...), a particularly gratifying project you were involved in either at work or in your community, a party you are planning, the most successful party you ever attended,....

At the top of a sheet of paper, write your name and topic: e.g. Alex Boisvin – gardening.

Step 2

Group/ Write questions

Now work in groups of five or six:

Pass the sheets of paper to the right. Read the topic on the sheet of paper you receive. Then think of a question relating to the topic. For example, if the topic were "gardening", you might write down "Why do you like gardening?" or "In your area, how do you deal with earwigs?" After you have written your question, pass the paper to your right.

You will now receive another sheet of paper with another topic on it. Proceed as you did before; that is, think of and write down a question on the new topic. For example, if the new topic is sailing, you might ask, "What characteristics does a sailor need to have?" Then pass this sheet of paper to your right.

Continue in this way until everyone in the group has written a question on each topic and your own sheet of paper has been returned to you.

Step 3

Individual/ Plan, write

Work alone:

Read the questions on your topic raised by the members of your group.

Think of answers to these questions as well as other information you would like to include in your mini-talk. Decide on the order in which you will answer the questions and where you will integrate your additional information. Which concrete details and examples can you include to make your account more vivid? At what point(s) can you involve your listeners by asking rhetorical questions? You may want to make notes from which to talk.

Step 4

Group/Explain

Work with your group again:

Take turns presenting your mini-talks to the group.

When you are listening, make sure the questions you wrote on each topic have been adequately answered. If not, ask for more details or explanations. If the topic is particularly interesting to you, you can ask more questions to find out more about it.

Tell Your Anecdote

Step 1

Individual/Prepare

Work alone and prepare your anecdote. The information in STUDY 3 may be helpful.

STUDY 3

HYPOTHESIZING



Do you remember what structures to use to talk about hypothetical situations in the present and in the past? Look at the sentences below.

If a person really **felt** physically ill at the sight of blood, maybe a first aid course **wouldn't make** that much difference.

If I'd **suffered** from a fear of water, I **couldn't have taken** the Caribbean cruise I enjoyed so much.

If you are unsure, check the Appendix beginning on page [A-22](#).

PRACTICE 4: THIS IS WHAT I THINK!

In this activity, you can practise making hypothetical statements.

Step 1

Individual/Write

Work alone. Read and complete the sentences below.

1. If I didn't have to work, _____

2. If I had been Director General of this organization, _____

3. Ten years ago, if I had known what I know now, _____

4. If I could have studied anything I wanted to, _____

5. If I had my way, _____

6. This city would have developed differently if _____

7. I would have had a great holiday if _____

8. Morale would be better if _____

9. Public transportation might be used by more people if _____

10. People would work harder if _____

Step 2

Group/Discuss

Now form groups of three or four:

Discuss your completions for each of the sentences. Which of the ideas expressed were similar? For which sentences were there major differences? Were you surprised by any of the responses? Which ones?

Select some of the most interesting sentences and read them to the rest of the class.

Follow-up

Step 1

Individual/Write

Write two or three incomplete sentences (like the ones above).

Step 2

Group/ Compare, discuss

Make one copy for each of the members of your group.

Complete the sentences you have been given as well as the sentences you composed yourself.

Then compare and discuss all the responses.

Step 2

Group/ Speak, listen

Work in small groups. You will be telling your own story and listening to the accounts told by the other members of your group.

When you are listening, ask yourself these questions.

- How would I have felt? How would I feel in that situation today?
- What would I have done? What would I do in that situation now?
- What could/should the person involved have done?
- What could/should the person do?

Now take turns telling your anecdotes and considering how you would react/ would have reacted in the situations described by the members of your group.

Step 3

Group/Discuss

Discuss your reactions with your group.

Do Some Research

Step 1

Class/Preparation

In this part of the course, you are to find out more about certain fears and phobias. Information is provided on these topics:

Children's Phobias	page 4-20 and 4-21
Fear of Speaking in Public	page 4-22 and 4-23
Fear of Dentists	page 4-24 and 4-25
Fear of Flying	page 4-26 , 4-27 and 4-28
Fear of Heights	page 4-29
Claustrophobia	page 4-30

If you are particularly interested in finding out more about a fear or phobia not included in the above, feel free to bring your own readings to class.

Step 2

Class, group /Organize

Divide into groups. (There can be up to a maximum of six people in a group.)

Distribute the information in the group so that each person reads about a different topic.

Note: If your groups consist of three people, each person could become "expert" on two topics. If there are four in the group, select the four topics of greatest interest.

Step 3

Individual/ Read, make notes

Read your information and either make your own notes or complete the outline on page [4-31](#). Include relevant information you know from your own experience, from programs you have seen or heard, from films you have seen or from articles you have read.

Children's Phobias

"Schoolitis" – Fear of School

Why do children refuse to go to school? There are many possible reasons. It could be a school bully or playground aggression. Or perhaps something at home is upsetting the child: a new-born baby, a parent's illness, a change of some kind. In these cases, the child may want to stay at home to monitor the situation. Whatever the cause, you will have to try to find a remedy.

Here are some tips.

- Talk to your child and try to find out what is really going on. Don't scold or threaten. Be understanding and reassuring; you can say that at times everyone feels afraid but that we have all had to deal with what frightens us and not hide from it. In other words, the child still has to go to school.
- If your child has difficulty describing the problem in words, perhaps drawing a picture of the feared object or situation will help.
- If your child expresses physical complaints – a sore throat, nausea, a headache – check with your doctor and find out if there is a real physical cause for the symptom.
- If the child seems afraid to leave you, perhaps taking something of yours to school will help; often a picture or a favourite trinket will do the trick.
- Enlist the support of your child's school. If the fear is caused by something happening at school, the staff needs to know. Your child's teachers can work with you and encourage your child.
- If the school agrees, accompany your child for a few days, but be sure to emphasize that this cannot be a permanent arrangement.
- You may want to consult the school guidance counsellor or seek other professional counselling.
- Above all, be patient; it will take time to work things out. Remember that you are not alone; many families have experienced and successfully coped with a youngster's refusal to attend school.

Be reassuring when reacting to child's phobia

By Denise Fortino
Special to the Star

PART NINE PHOBIAS AND FEARS

Between the ages of three and six, a child's world is often filled with more than just ordinary people.

Monsters, ghosts, ferocious animals and giant-sized insects may also make up his cast of characters, hiding under the bed or around dark corners in his room at night, and playing starring roles in his scariest dreams.

Or he may develop an overwhelming dread of things that previously caused him no trouble—thunderstorms, water, dogs, the dark—or become terrified of going to school.

Whether they focus on imaginary creatures or real-life situations, fears at this vulnerable, tender age are every bit as intense and compelling as any adult's. While such feelings are normal and usually fade as a child matures and learns to reason, they occasionally linger to become full-blown phobias.

If a 10-year old can't fall asleep unless all the lights are on or still thinks a monster will gobble him up if he doesn't lock his bedroom door, he has a problem that warrants attention and possibly professional help. By contrast, a five year-old with the very same fears may just be going through a natural phase in his development.

Concrete thinkers

"Children, particularly during their pre- and early grade-school years, are very concrete thinkers," explains Rita Underberg, a child psychologist and clinical associate professor of psychiatry at the University of Rochester, (N.Y.) Medical Centre.

When they are feeling uneasy, anxious, angry or aggressive, they have trouble articulating these feelings, or channelling them in an acceptable way. So they may end up "pinning" them on something specific and plainly scary, such as a darkened room, an oversized animal or a phantom.

Reasoning, scolding, making light of a child's fears, trying to coax him out of them or forcing him to face whatever he dreads can make matters worse, since none of them gets to the bottom of his nameless, more general anxiety.

Before adolescence, phobias are more common in boys. One reason is that they may be less neuro-logically mature and emotionally adaptable than girls of the same age.

While childhood phobias almost always signal some unvoiced, underlying conflict, the exceptions are real traumatic experiences. For example, a child who was burned in a fire or bitten by a monstrous dog may be susceptible to a phobia. The same is true if he or a parent was seriously ill or hospitalized for any length of time. Such events may cause an already sensitive child to feel helpless, abandoned and inadequate—emotional states that are conducive to fear.

School phobia, extremely common in children from five to eight years old, may stem from any one of a myriad of causes, says Debora Phillips, a behaviour therapist in New York and Princeton, N.J., and assistant professor of clinical psychiatry at Temple University Medical School in Philadelphia.

According to classical Freudian thinking, it is primarily a form of separation anxiety—a child fears leaving home because he thinks something will happen to his parents while he's away.

As Phillips points out, he may also be afraid of authority figures at school, the "big staircase," unfamiliar surroundings, ridicule by other children or not measuring up academically, among other possible situations.

Sometimes, parents can unwittingly reinforce a fear by overindulging an anxious child's behaviour, especially the rituals he adopts to feel more secure, says Underberg.

Won't sleep

Say a child insists that he cannot go to sleep unless lights are on and the parent stands right outside the door. A parent who agrees to everything the child demands will not do anything to dispel the underlying anxiety. Even worse, the parent's actions will suggest the child does have a reason to be fearful or that "dark is scary."

Instead, Underberg advises parents to try the following two-part response.

First, empathize with your phobic child. Acknowledge he is afraid, tell him you understand how he feels and encourage him to talk about what's troubling him. Assure him that you are around—in the next room or down the hall—if he needs you. Then tell him gently that in this house, the rule is all the lights are out when people sleep. Some compromise is okay, but set limits. Permit him to have one night light on in his room so he won't stumble in the dark if he goes to the bathroom at night.

Next week: Agoraphobia

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Fear of Speaking in Public

What to Do When There's No Way Out

In the past, you've always managed to refuse when you've been asked to address a group either at work or in your private life. But this time there is no way out. You've run out of excuses. What are you going to do?

For one thing, realize that even experienced speakers get nervous. Realize also that proper preparation can help you control your anxiety.

Find out why you were asked to speak. If you know the reason you will be able to deliver what the group wants.

Find out how long you are to speak; then you can plan how much to try to cover in the time available.

What do you want the audience to remember from your talk? Keep your main focus in mind when you plan; don't try to include too much; your audience won't be able to remember it anyway!

When you've decided on your main points, think of good examples and anecdotes to use for illustration.

Then start to rehearse. Tape yourself and listen for any problem spots. Ask family or friends to listen to your talk and point out any nervous gestures. Practise, practise, practise until you are totally familiar with your speech.

On the day of the talk, dress comfortably and leave yourself enough time to arrive without rushing. If you start to get nervous, take several slow, deep breaths.

During the speech, try to imagine that this is a one-on-one talk. Make eye contact with several people in the audience; this will help you feel that you are talking to an individual.

As your confidence grows, you may find that the next time you are invited to make a speech, you'll accept and you won't even want to find a way out.

Limelight cripples social phobics

By Denise Fortino
Special to the Star

PART FOUR PHOBIAS AND FEARS

"Just thinking about giving a speech in front of a group sends me into a panic. My heart starts pounding, my hands get clammy and shaky, my stomach feels knotted and my tongue will stick to the roof of my mouth and I won't be able to let out a sound. I'll start gagging and end up making a fool of myself!"

This is how Sandra, 28, describes her "terrifying" fear of public speaking, a problem that almost forced her to drop out of college and is now putting her job at a major advertising firm in jeopardy.

It is estimated that severe "stage fright" is one of the most common phobias, affecting up to 400 000 Canadians. It explains why some otherwise competent lawyers dread appearing in court, bright students are tongue-tied in class and skilled businessmen can't give presentations. Also known as a social phobia, it is sometimes accompanied by intense fears of other activities that involve being observed, such as dining in a restaurant, or even simply signing a cheque in front of other people.

Social phobics often develop the problem for the first time in their late or early 20s when they are starting to venture out on their own, and are afraid their shortcomings may be obvious.

"Such people are typically perfectionists with low self-esteem who have an exaggerated fear of being scrutinized, judged and humiliated," explains Alice Fennessey, a New York psychotherapist who treats many people with phobias.

However, many people with a public speaking phobia are not shy as a rule. They may be perfectly at ease, even gregarious, in any other social situation, as long as they're not in the spotlight.

Jerilyn Ross, president of the Phobia Society of America in Rockville, Md., says some are

dynamic, consummate performers; like all phobics, however, they suffer great anticipation anxiety, with panicky feelings, insomnia and loss of appetite even for weeks or months before an event.

Where does the phobia come from? Some people may have been especially sensitive, impressionable children who had a single embarrassing "public" episode or a whole series of them while growing up. Others may have had parents who were overly critical and demanding or who did not handle anxiety well themselves.

Whatever the causes of their condition, such phobics really don't fear giving a speech, but rather that others will perceive that they are terrified or out of control while they speak, explains Robert Handly, who has written a number of books on anxiety and panic attacks. Some may turn to alcohol or drugs to mask their all-too-visible symptoms and end up with a full-blown addiction.

Fortunately, the cure rate for public speaking phobia is extremely high. One successful therapy is called systematic desensitization, in which the phobic person either experiences or imagines the feared situation one easy step at a time.

Dr. Charlotte Sitrin, director of the phobia clinic at Long Island Jewish Hospital in Glen Oaks, N.Y., gives an example of how it works. "A therapist may first ask you to read a short paragraph or poem aloud while sitting at a table with a small group of trusted friends or colleagues. Next, you may be told to do the same while standing up at the table, then at a podium, and then with several strangers present in the room, each step slightly more demanding than the one before."

Sitrin adds you will be taught how to relax through slow, gentle breathing from the diaphragm, muscle stretching and other simple techniques.

Whenever any step causes too much anxiety, you are allowed to stop and relax until you are calm enough to try again. Through this method, you learn gradually how to cope with small amounts of anxiety and are able to take on more challenging

"assignments" as your confidence increases.

Since being well-prepared is an effective antidote to fear, therapists also advise "positive rehearsal," practising a speech or report repeatedly until the material is thoroughly familiar.

"Anything that helps the words flow out more easily will itself reduce 'giveaway' nervous symptoms that people dread so much," Fennessey says. For best results she suggests rehearse both at home and in the room where you will be speaking.

"On the day of the speech, one serious calming approach is to fix your gaze on three or four people in the audience who look especially friendly and receptive," says Fennessey. "By trying to project warm, loving feelings towards these people, you will shift the concern and attention away from yourself."

Sometimes, polishing basic speaking skills and learning how to organize material is enough to build self-esteem and keep anxiety under control. Some essentials are taught by Dale Carnegie and Associates, Inc. as well as the B.C. member clubs of Toastmasters International, sometimes referred to as the Alcoholics Anonymous of public speaking.

Next week: Fear of Dentists

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Fear of Dentists

WATCH IT! THAT'S MY MOUTH YOU'RE INVADING



You are lodged in the dentist's chair; you can't escape and you can't even speak because there is so much machinery in your mouth. Is it any wonder that you feel trapped, with no control of the situation at all? Besides, those hands in your mouth are definitely invading your personal space! That's reason enough for so many people to fear going to the dentist.

A growing number of dental professionals have begun to deal with fearful and phobic patients. Here's their advice.

- Find an empathetic dentist with a friendly staff; a good relationship with your dentist is basic to fear management. If you are less anxious, you will experience less pain.
- Try to arrange a first visit which is purely social; just get acquainted with the dentist, the staff, and the place.
- Talk to the dentist and be frank about your fears. Try to be as specific as possible. For example, you could say: "I'm afraid of gagging. I hate that feeling of not being able to catch my breath. So I'm afraid of any procedure which involves things placed in my mouth that will make me gag." Many people are afraid of pain, needles, and drills (even just the high-pitched sound); you don't have to be ashamed to admit that you share these fears.
- When you have your actual appointment for dental work to be done, allow yourself enough time both before and after your appointment so that you save yourself the additional stress of rushing.
- Arrange a set of hand signals to communicate with the dentist and hygienist as they work. This system will allow you to communicate your wishes and you will feel more in control.
- Learn and use relaxation techniques or concentration skills.
- If you bring a cassette player and listen to your favourite music, your attention can be redirected from the dental work.
- For some people modelling is helpful, that is, watching non-fearful patients have dental treatment. For others, hypnosis works. In some cases, using a mild sedative for one or two appointments can break the fear cycle.
- Try dentists who use a mini-television camera and viewing goggles that let you watch their every move. Many people become so involved their fear disappears.

The day could come when you actually won't mind going to the dentist; your appointment might be the one relaxing half hour in an otherwise stressful day!

Trip to dentist can cause panic

By Denise Fortino
Special to the Star

PART FIVE PHOBIAS AND FEARS

One telephone company employee had such decayed and broken teeth that he rarely smiled and it nearly cost him a promotion. His supervisor told him that unless he agreed to some major oral "repair work," he wouldn't be given the executive spot he sought, since it involved dealing with the public – and smiling a lot. Another man's fiancée refused to marry him unless he saw a dentist, an appointment he had been avoiding for 15 years.

Both men were victims of dental phobia, a problem that keeps 25 to 40 million North Americans out of dentists' offices year after year. Few of us look forward to dental treatment, and an estimated three quarters of the population suffers from some degree of dentist-related anxiety, ranging from mild uneasiness to outright panic.

Some people fear the sight or sound of the drill, while others dread the needle or the instruments. Still others shudder at the thought of pain itself, of choking, gagging or feeling trapped and helpless, out of control.

Why do we fear dentists more than medical doctors? "For so many of us, the mouth is an extremely sensitive area, both physically and emotionally," says Murray Marin, a New York dentist.

From birth, it is our primary source of pleasure and pain, our first contact with the outside world. When we "open wide" and let a dentist into this inner sanctum, we feel vulnerable and invaded.

Dental phobias take a variety of

forms, explains Tracy Getz, a psychologist at the Dental Fears Research Clinic at the University of Washington Hospital in Seattle.

These individuals are considered the easiest to treat, says Getz. "What they need is a series of positive, comfortable experiences to cancel out their earlier impressions," he says, as well as relaxation exercises to help conquer jitters.

Other dental phobics dread some major bodily catastrophe while they're in the waiting room or dentist's chair: a heart attack, stroke, suffocating, violent trembling and sweating, or general, all-over panic.

By learning breathing and relaxation techniques patients at the Seattle clinic can lower their heart rate dramatically and ease their other symptoms, which gives them more confidence and a sense of control. "The more people practise, the better they get at relaxing and feeling comfortable until it becomes second nature to them," explains Getz.

Whatever triggers the anxiety of truly phobic people, the result is typically years of avoidance and cancelled appointments until their neglected teeth are so seriously impaired that they require full-scale treatment.

According to Dr. Paul Glassman, director of the Dentistry without Fear program at Mount Zion Hospital in San Francisco, successful therapy for most dental phobics centres on three key areas.

The first involves gradual exposure to whatever they fear, such as the drill, the anticipated pain or the feelings of panic and powerlessness. With the help of relaxation exercises, such as measured breathing and visualization, they may start by just entering a waiting room or sitting in a dentist's chair, or looking at and handling the instruments until they become accustomed to their anxieties in small doses.

The second step is to change patients' negative beliefs about themselves or dental treatment by introducing them to simple, comfortable, easy-to-stop procedures. "Just knowing that they are in control and can interrupt the treatment at any time through a hand gesture or signals is often all the assurance these people need to see them through the whole experience," says Dr. Gordon Rubin, director of the Dental Phobia Clinic at the Mount Sinai Medical Centre in New York.

The third aspect of therapy is to develop a relationship with a dentist who is sympathetic to dental fears and who listens more than lectures, Glassman adds. Some dentists specialize in dealing with phobic patients; phone the Ontario Dental Association at 1 (416) 922-3900 for a referral.

Marin notes that innovations in dental treatment and pain control allow for more patient ease and comfort than ever before. For example, calming nitrous oxide, in combination with oxygen, is now administered which allows the patient to experience a pleasant, almost euphoric sensation of floating. Needles, delicately pointed and disposable, are not only safe, but also virtually painless, especially when injected into gum-tissues that have been numbed by a surface paste.

Other expert advice includes listening to music or relaxation tapes via headphones during treatment; concentrating on positive thoughts (for example: "the dentist is caring and gentle" or "this procedure will make my teeth look and feel better") before a visit to curb irritability and tension.

Next week: Taking School Tests

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Fear of Flying: Can't You Take Off Without Me?

My friend has a theory about flying: what keeps all planes up in the air is the nervous energy of the passengers. Proof for the theory is self-evident. Have you ever noticed what happens as soon as meals are served? There's turbulence. Why? Because people start to relax when their attention is on their food. Result? None of the right kind of power to keep the plane up. Conclusion? If at all possible, don't fly; if you must fly, take a good supply of nervous energy with you.

It is for people like my friend that many cities offer courses to help overcome the fear of flying. Generally, the courses provide desensitization; i.e. gradual exposure to the feared situation, knowledge of the facts about what actually happens during flight, stress reduction and relaxation exercises.

During the first session of one such course, participants are encouraged to express their fears in words. At the next meeting, there are films on pilot training, on the mechanics of flight and on safety provisions. This is followed by a familiarization session which takes place at the airfield. The class enters a parked plane, meets the pilot and explores the cockpit. Another session features experts – engineers, pilots, mechanics – who explain the sounds and thumps which are normal during flights. Now come relaxation exercises to prepare for simulated take-offs which will take place at the next two meetings. For graduation, the class takes an actual short flight together. If there are no courses in your town, and you are a nervous flyer, take this advice from a former pilot.

Before you go

- Visit airports and watch planes as they land and take off safely.
- Try to get as much information as you can about the aspects of flying that frighten you; for example, if you're worried about colliding with other planes, you will be relieved to learn about the height separations for planes flying in different directions.
- Arrange to travel with someone who understands your concerns.
- Try to book a seat near the front of the plane; it will be quieter and smoother.

On the day of your flight

- Allow yourself plenty of time to get to the airport, park, check in, and go through security clearance. Rushing and worrying about missing your flight increase anxiety.

During take-off (which lasts only 35-40 seconds)

- Breathe deeply, keep your eyes open and do not hold tightly onto the arms of your chair.
- Wiggle your toes faster and faster as the plane accelerates.

After take-off

- During the flight, expect to hear normal sounds, such as the landing gear retracting.
- Expect also the normal movements of the plane.
- Even when you encounter turbulence, just think of it like your car when you hit potholes.
- If you start to tremble, try to speed up your shaking; by taking control of your shaking you can gradually make it stop.

For the rest of the flight

- Don't rely on alcohol or drugs to help you relax; they usually make matters worse.
- Learn and use relaxation exercises; as well, get up, stretch, walk around.
- Act instead of react: talk to someone, play with a baby, read a book, play a game.

Believe it or not, you can learn to fly without fear; then the only energy you will need to generate is the excitement of responding to the new adventures which lie just beyond the horizon.

Panic grounds potential fliers

By Denise Fortino
Special to the Star

PART TWO PHOBIAS AND FEARS

Andrea, a bright young business school graduate, recently accepted an executive job that involves attending conferences out of town. Terrified of flying, she has driven hundreds of kilometres overnight, but she finds it hard to stay awake at morning meetings.

Once or twice she has braved flying a short distance after having several drinks. However, she worries that drinking might become a habit and besides, it often makes her feel worse. Andrea knows she faces a tough choice: quit her prestigious job or conquer her flying phobia once and for all.

Many people are so paralyzed by panic, they won't even consider boarding a plane.

"Even among those who fly, one out of three are anxious and roughly 20 per cent suffer a variety of nervous symptoms," says Tom Bunn, a Veteran captain with United Airlines and founder of SOS Inc., a U.S. self-help program for fearful fliers situated in Westport, Conn.

"People with flying (avio-) phobia often seem more preoccupied with their own reactions than with the plane," says psychologist Jerilyn Ross, President of the Phobia Society of America in Rockville, Md.

Some fear that they might have a heart attack or stroke, or do something embarrassing such as panic, scream or throw up. Others worry about fainting having trouble breathing or even suffocating.

Claustrophobia, the fear of being enclosed or confined, is a common component of flying anxiety, says Carol Lindemann, PhD, a phobia specialist and director of the New

York Psychological Centre. Another aspect may be acrophobia, an overwhelming fear of high places.

Interestingly, fear of crashing is not their primary obsession; it's putting the control of their lives into the hands of another person (the pilot) and feeling trapped.

"I used to feel like I was entrusting my life to two strangers navigating 20 tonnes of steel" admits author and humorist Lewis Frumkes, a former anxious flier.

Dr. Douglas Hunt, author of *No More Fears*, reveals that when he was phobic he would "imagine the door of the plane flying open and ... being sucked out into the whirling clouds." If there was a sudden strange noise, such as that of the flaps changing position, he would fear the worst. "My every thought caused me to sweat, and my heart would race wildly...each trip was sheer terror," he says.

Ultimately, Hunt set out to change his thought patterns. Every time he began one of his "catastrophe fantasies" he would deliberately focus on what he was reading or concentrate on what others around him were doing.

"It's the thoughts or 'mental movies' of phobic fliers that make them so miserable, not anything happening around them," Bunn says. "Instead of feeling like victims, they should realize that they are the authors of the 'disaster' script in their heads, and that they can rewrite it."

He adds that such people are often very successful and creative, able to visualize things easily and inspire others in the arts and business because of their superior imagination and insight. For this reason, getting them to 'reprogram' and counteract their fear-provoking imagery with positive thoughts can be very effective.

To allay anxiety, Albert Forglone, PhD, director of The Institute for the Psychology of Air Travel in Boston, suggests conjuring up a beautiful scene and concentrating on one feature, such as a leaf floating to the

ground. Slow breathing from the diaphragm, or lower stomach area, also eases tension, often dramatically.

Dr. Charlotte Zitrin, director of The Phobia Clinic at Long Island Jewish Hospital in Glen Oaks, N.Y., helps 'desensitize' fearful fliers. While in a relaxed state, they are asked to imagine and describe aloud a vivid sequence of events, from arriving at an airport to being seated on a plane during take-off. They mentally review each scene for about 15 seconds, then move on to the next, stopping and getting relaxed again if they feel any undue anxiety.

For those obsessed with air safety, facts are the best weapon against fear and they can take the mystery out of flying. If you enrol in any independent or airline-affiliated fear-of-flying course, you will be visiting airports and departures lounges, boarding parked planes (where many classes are held), getting 'inside' tours of the cockpit, speaking to pilots, watching films of take-offs and landings, and learning about how safe it is to fly, how pilots are trained and how planes work.

For every worry you have about flying, you will receive no-nonsense information to counteract it. The last class usually involves a short 'graduation' flight with members of the group.

Once you're aboard for real, experts advise making your trip as pleasant and diverting as possible by reading an engrossing book or magazine, conversing with your seatmate, playing cards, listening to music on earphones, watching the movie, doing puzzles, writing a letter to a friend or sleeping.

For more information, call the Freedom from Fear Foundation, a national outreach program for phobic sufferers, at 1(416)626-0603, or write Box 261, Etobicoke, Ont., M9C 4V3.

Next week: Hypochondria

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Fear of height may be inborn

By Denise Fortino
Special to the Star

PART SEVEN PHOBIAS AND FEARS

The thought of balancing on a narrow ledge hundreds of metres off the ground would be extremely scary to most people. But for those with acrophobia—an inordinate fear of heights—just being above the third floor in any building can inspire the very same terror.

Feeling overwhelmed or uneasy in high, unprotected places, such as the edge of a precipice or a slopping roof without any rail, makes perfect sense. Falling is a real possibility. It's when people react with the same intensity in the absence of an actual threat—say, while standing inside a thick, well-guarded window—that they are said to have a phobia.

Psychologists believe that everyone is born with an aversion to heights. In experiments, babies who are put on 'visual cliffs,' special platforms separated by glass with a steep incline on one side, will invariably crawl away from the 'cliff.' Glimpsed just once through the sturdy glass barrier, the height makes them very uncomfortable. "This natural or inborn aversion may have had some survival value for our ancestors living in the wild," observes Dr. Richard McNally, associate professor of psychology at the University of Health Sciences, Chicago Medical School. "It's the failure to unlearn this primitive, 'pre-programmed' fear for whatever reason that may lead to a phobia later on."

Acrophobia is considered a 'simple' phobia because it is aimed at a fairly specific situation. However, the phobia itself can take a variety of forms. Some people feel their skin crawl if they take an elevator to the top floor of any building even a small one, or they may panic only in glass-walled, outdoor elevators where they feel vulnerable and exposed. Others feel frightened when they look out a closed window or even while standing well inside a room, away from any view, on a very high

floor.

"Once I had a job interview on the 32nd floor," one woman recalls. "I had to ask my boyfriend to accompany me since I couldn't manage the elevator ride alone. But even after we had safely 'arrived,' I still felt overwhelmed by the idea that I was in an office so high above the ground. I was very relieved when I didn't get the job!"

A grocer admits that just looking up at tall buildings from the sidewalk makes him nervous because he pictures himself running straight up to the roof and jumping off. Some people feel the very same sensation on lofty, panoramic bridges—that somehow they will smash their car right through the railing and plunge over the side.

"Paying careful attention to the nuances of a person's fear—the specific fantasies and thoughts that run through the mind—can be very important since these may give us clues to his or her underlying anxiety," explains Dr. Barry Lubetkin, PhD, clinical director of The Institute for Behaviour Therapy in New York city. For example, one woman was always fearful that a strong or sudden gust of wind might blow her off her terrace so she stayed inside her apartment even during windless summer days.

"It turned out that she had a problem with her self-image," Lubetkin says. "She did not see herself as a very solid, substantive person." Strengthening her self-esteem helped her overcome her phobia more quickly than it might have if this 'clue' had been overlooked.

Acrophobia may occasionally develop as a result of an early childhood trauma, such as a fall from a high chair, either remembered vividly, or forgotten and 'stored' unconsciously. More commonly, a child may have observed how an anxious parent overreacted to heights and 'modelled' his own behaviour after the adult's—a form of learning by imitation. Often a phobia acquired this way does not emerge until many years later.

"Sometimes a major conflict or crisis, such as a marital breakup, the death of a loved one or a financial setback, can precipitate a dormant, early-learned fear," Lubetkin explains. He emphasizes that while insight can help speed up the course of therapy, just knowing where a phobia comes from or

why it has developed is not enough to overcome the problem since people have already adapted their whole lives around it.

Thus, those who are phobic about heights quickly learn to get around any situation that might cause them to panic. The latter, is typically marked by a racing heart, dizziness or vertigo, sweatiness, nausea and other disturbing symptoms, along with vivid nightmarish thoughts of falling, jumping or other disasters. To head off such dreaded sensations, people resort to an elaborate pattern of avoidance that keeps them out of tall buildings, or away from bridges, mountains or whatever else brings on the same thoughts and feelings.

As long as this strategy works, they can live with their phobia and keep it well concealed. It's only with some outside change of circumstance, such as a new job on a high floor that they're forced to come out of hiding and try to get help.

According to McNally, the best way to overcome a deep-seated fear of heights is through behaviour therapy that exposes you gradually to the source of your distress. Many programs take people through a series of increasingly challenging situations both in their minds and in real life, which eventually defuses their anxiety.

For example, patients may be asked to go up staircases that are progressively higher as the treatment continues. A therapist will be at their side, encouraging them. Once people confront and get through the feared experience and realize that their extreme reactions ultimately subside, they can begin to 'unlearn' their phobia.

Next week: Claustrophobia
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Claustrophobia an urban fear

By Denise Fortino
Special to the Star

PART EIGHT PHOBIAS AND FEARS

Like many first-time tourists in Italy, Carol and her mother were enjoying the trip by rail from Rome to Venice. But along the way, the train passed through what seemed like an endless tunnel and all the lights in their car went out. Carol's mother started to panic.

"I remember feeling like I was in a real black box, hurtling through space, without any sense of direction," she says. "I was sure I could no longer breathe and that I was being buried alive. My only thought was to get out of there fast before I screamed...."

Her reaction was triggered by claustrophobia, an overwhelming dread of enclosed places. This is one of the most common phobias.

It can happen in an elevator, a moving vehicle, a theatre, a restaurant or even at a crowded street fair—wherever a person may feel confined, without enough air or light, or blocked from making an easy escape.

Always use stairs. Those who are fearful in elevators typically imagine getting 'stuck' because of some mechanical failure beyond their control. The thought of being sealed in a small, airless room in a narrow shaft is so unbearable, they may always use the stairs instead.

But it's difficult to avoid this and other claustrophobic situations if you live or work in any large city.

"There is just no way you can function in a bustling metropolis without using subways, buses and elevators, and going places like crowded malls, concerts and movie theatres (where darkness adds another component of fear)," says Robert Handly, regional governor of the Phobia Society of America and author of *Beyond Fear* (Rawson Associates). For this reason, Handly labels claustrophobia a life-limiting, 'urban' fear.

Some psychologists believe being confined arouses a universal uneasiness which, like the fear of heights, may be part of a primitive survival instinct. During experiments, animals penned in small spaces frantically run about, apparently seeking an exit.

A phobia about 'tight spots' may result from some forgotten childhood experience that occurred before a youngster was mentally or emotionally developed enough to put it in the proper context.

"Claustrophobia may also have its roots in feelings of helplessness and emotional entrapment during childhood," says Erica Stone Kaper, a psychotherapist in New York city.

She recalls one patient who had a vivid visual image of crouching behind the door of her room as a child, feeling desperate as she listened to her quarrelling parents.

"I felt I couldn't get through to them and I remember wanting so much to run away somehow, even to my grandparents' house," the patient says. "But of course I was too young to leave on my own, so the room came to feel like a virtual prison...."

Felt 'abne.' It wasn't until she was in her 20s, after the breakup of her parents' marriage, that her phobia fully emerged. It started in summer as the crowded subway car she was in halted between stations.

"Everyone around me was speaking Spanish and I suddenly felt very alone and cut off, unable to communicate," she recalls. "I felt trapped, without a way to ask for help."

The same overwhelming sense of isolation and confinement started to overtake her in airplanes, automobiles and elevators, where she had previously not felt discomfort.

Claustrophobia comes in a number of guises and degrees of severity. Some people can't sleep with the door or window closed, but have no trouble anywhere else. Others feel panicky at weddings, parties, jammed restaurants (especially when they can't see the door), athletic events (including those in an outdoor stadium) or even sitting in

church, a barber's chair or a doctor's waiting room.

Those who can't attend social functions are often left out of family gatherings. They may invent excuses about having 'other commitments,' which make them appear uncaring or antisocial. This can compound their feelings of guilt and shame, or their secret conviction they are freaks.

The most effective treatment is a combination of behaviour therapy and relaxation techniques. If these don't conquer the phobia, sufferers may benefit from more thorough, soul-searching sessions with a therapist.

Behaviour therapy, or 'desensitization,' involves confronting dreaded situations in slow, easy stages while staying in close touch with the full range of your feelings and physical reactions. This can be done in the presence of a loved one or a therapist.

For example, one claustrophobic patient 'practised' by taking very short subway and bus trips with her husband.

On one such outing, some unexpected feelings arose: "I felt panicky, even with Tom beside me, since the train began slowing down while it was still in the tunnel. I finally started to cry, and gradually my fear of the immediate situation became less intense."

By not fighting her fear or running away from it, but rather 'letting herself go,' she felt better and realized even the most extreme anxiety inevitably subsides if it is confronted and experienced.

Focussing on such concrete, immediate details as the ads, light fixtures or the people and activity around you on a bus or train, for example, can also help you by forcing you to be less obsessed with yourself and the imaginary dangers that haunt you. Shifting the spotlight toward familiar, everyday things will allow you to control or lessen your fears and to function more effectively while living through them.

Next week: Childhood Phobias

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NOTES ON FEARS AND PHOBIAS

Type:

Causes:

Symptoms/examples:

Typical sufferer:

Treatments (include your own ideas as well as suggestions from the article):

Other information of interest:

Find Out More

Step 1

Class/Prepare

This section of the self-help course has three parts:

1. You will **prepare** to make a mini-presentation on what you found out in your reading.
2. You will make your **presentation** and listen to members of your group talk about what they found out.
3. You will **discuss** all this information and try to draw conclusions about the factors common to a variety of fears and phobias.

Preparation

To help you make an effective presentation, consider the following:

- Vocabulary
What words will be unfamiliar to your group? How can you present these words so that your group will be able to learn and remember them? (See Synonym Sets on page [B-6](#).)
- Explanation
What details or examples can you include to make your meaning clear for your listeners?
- Organization
What is the best way to organize the information you wish to present? The organization strategies below may be useful.

STRATEGIES 2

ORGANIZATION

Prepare your listeners for what they are about to hear by telling them concisely, at the outset, what your topic is and what aspects of it you will talk about as in the example below.

I am going to talk about the fear of water, called aquaphobia or hydrophobia. I'll focus on three aspects: causes, prevalence and effective treatments.

Then concentrate on talking about what you said you would talk about; don't ramble or digress. Rambling or digressing most often confuses or bores your listeners. When this happens, they stop listening.

See the Appendix, beginning on page [A-27](#), for more tips on organization.

Step 2

Individual/ Make notes

Work alone and prepare your presentation.

Step 3

Group/Present

Presentation

Now return to your group where you will make your own presentation and listen to others as they make presentations. When you are participating as a listener, ask for clarification and explanations as needed. Consider the following before you begin.

STUDY 4

CLARIFYING

With your class, list the expressions you usually use to **ask for clarification** or to **get explanations** on the board?

Now check the list on page A-20 of the Appendix. Are there expressions here which aren't in your list on the board?

You can also use indirect questions to get clarification or explanations. Look at the examples below.

I'd like to know

Do you know

I wonder

I was wondering

Could you tell me (more about*)

Could you be more specific about*

****where** the panic attacks occur.

****what** exactly agoraphobia is.

****who** the typical sufferer is.

****when** they start having their attacks.

****how many** Canadians have agoraphobia.

****if** there are self-help groups in the city.

****which** treatment is most effective.

****why** their symptoms are often misdiagnosed.

****whether** there are peer groups to go to.

**More about* and *about* can not be followed by *if*; use *whether* instead.

**Note the word order and end punctuation in indirect *yes/no* questions and *wh*-questions.

PRACTICE 3: LET ME TELL YOU

In this activity, you will have the opportunity to practise sustained speech. Try to use the strategies in STRATEGIES 1, page 4-13.

Step 1

Individual/Prepare

Working alone, think about a subject you are interested in and could talk about, for example, your hobby (e.g. sailing, gardening, car rallies,...), a particularly gratifying project you were involved in either at work or in your community, a party you are planning, the most successful party you ever attended,....

At the top of a sheet of paper, write your name and topic: e.g. Alex Boisvin – gardening.

Step 2

Group/ Write questions

Now work in groups of five or six:

Pass the sheets of paper to the right. Read the topic on the sheet of paper you receive. Then think of a question relating to the topic. For example, if the topic were "gardening", you might write down "Why do you like gardening?" or "In your area, how do you deal with earwigs?" After you have written your question, pass the paper to your right.

You will now receive another sheet of paper with another topic on it. Proceed as you did before; that is, think of and write down a question on the new topic. For example, if the new topic is sailing, you might ask, "What characteristics does a sailor need to have?" Then pass this sheet of paper to your right.

Continue in this way until everyone in the group has written a question on each topic and your own sheet of paper has been returned to you.

Step 3

Individual/ Plan, write

Work alone:

Read the questions on your topic raised by the members of your group.

Think of answers to these questions as well as other information you would like to include in your mini-talk. Decide on the order in which you will answer the questions and where you will integrate your additional information. Which concrete details and examples can you include to make your account more vivid? At what point(s) can you involve your listeners by asking rhetorical questions? You may want to make notes from which to talk.

Step 4

Group/Explain

Work with your group again:

Take turns presenting your mini-talks to the group.

When you are listening, make sure the questions you wrote on each topic have been adequately answered. If not, ask for more details or explanations. If the topic is particularly interesting to you, you can ask more questions to find out more about it.

PRACTICE 5: COULD YOU BE MORE SPECIFIC?

In this activity, you will be both a V.I.P. (Very Important Person) and also an interviewer.

Procedure

As an interviewer, you will be able to **practise using indirect questions** to try to get information from the V.I.Ps.

Step 1

Individual/ Choose role

Work alone:

- Decide on a position of power which you would like to have, e.g. the Prime Minister of this country, the Secretary-General of the UN, the mayor of your city, the chairman of your local school board, the Executive Director of your branch, the owner of a successful business, the leader of your political party, etc.
- As this V.I.P., what problems or issues would you address? What would you do? How? When? Why?

Step 2

Group/Role-play

Form groups of three or four:

- You will have one turn being the V.I.P. The rest of the time you will be an interviewer.
- When you are the V.I.P., tell the group what position of power you hold. Then answer the questions the interviewers ask you. Be as imaginative or factual as you like.
- When you are an interviewer, first get as much information as you can from each V.I.P., then practise using the expressions found in STUDY 4 on page [4-33](#).

Step 4

Individual, group / Present, listen, make notes

Take turns making your presentations.

While the others speak, make notes on the chart so that you can get a composite picture of all the fears and phobias presented.

FEARS AND PHOBIAS

Type						
Causes						
Symptoms						
Sufferers						
Treatment						

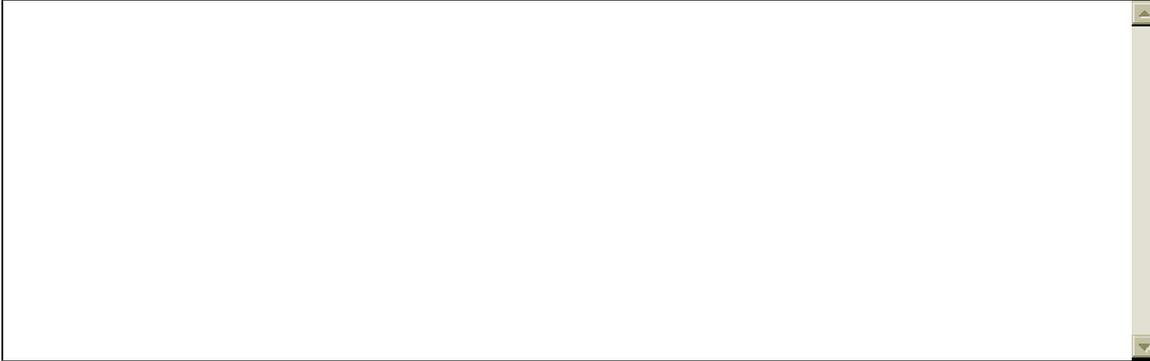
Step 5

Class, group /Discuss

Discussion

Consider what you learned about the different fears and phobias. With your group or class, discuss the common elements. Specifically, consider these questions:

- What personality characteristics are shared by people who suffer from fears or phobias?

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- What brings on panic attacks?

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- What types of treatment are effective?

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Consider Six Case Studies

Now you will have a chance to apply what you found out about the treatment of fears and phobias.

Step 1

Individual/Read

Read the case studies which follow.

Case Study 1: Brian is a manager for a chain of department stores; his job involves travel to new stores or to stores which are having trouble. What he won't tell any of his colleagues or his boss is that he is a white-knuckle flyer. Until now he has managed to travel by train, bus or car whenever he has had an assignment. He knows that to be promoted he has to be ready to respond to problems instantaneously so he lives in dread of the assignment which will force him to fly to his destination. How can he possibly get onto a plane when he is overcome by claustrophobia as soon as the door closes? How can he give control of his life to the strangers who navigate the plane? During flights, he reacts to any unexpected, strange noise; he imagines in vivid detail every possible disaster that could occur. In the past, to take even a short flight, he has tried to deaden his fears by taking a few drinks before and during the flight. The drinks don't really help and afterwards at meetings, he is not as alert as he needs to be. What can he do?

Case Study 2: Gerard works for the human resources division of his company. His performance reviews have been good but one comment keeps recurring: "Loosen up; your clients will relax and you'll be able to accomplish more with them, if you smile more." As far as Gerard is concerned, he does smile. What he doesn't do is open his mouth as he smiles. He doesn't want people to see his decaying, discoloured teeth. A visit to the dentist seems an easy enough solution but not for Gerard. The memories are still too vivid: gagging, the sound of the drill reverberating far too close to his brain, the inability to indicate his pain as a gruff, heavy-handed dentist performed root canal surgery without sufficient anaesthetic. Gerard is too terrified to re-enter a dentist's office. What should he do?

Case Study 3: Elaine competed for and won a respected position with a large advertising firm. Making presentations to major clients is an important part of her job. The night before every presentation, she cannot sleep and on the day itself she cannot eat. When she stands up to speak, her heart races, her hands shake, her stomach churns and her mouth goes dry. She doesn't know how much more of this torment she can endure and she is afraid she may have to resign. Yet, she loves every other aspect of her job. What should she do?

Case Study 4: Jay, who is eight, has recently begun to complain of a headache, a stomach ache, or generally "not feeling well" on school mornings. This week Jay refused to leave the house to catch the school bus at the corner. When driven to school, Jay clung to the car and wouldn't enter the school yard. One of Jay's parents is anxious and over-protective; the other is emotionally distant and often out of town. How should Jay's parents handle this problem?

Case Study 5: Marie is a talented, competent employee who is eligible for a variety of job competitions. In order to be considered, candidates must pass a general knowledge exam. Marie has had a different reason for not writing the exam each time the opportunity arises. What she has admitted to no one is that she is terrified of taking exams. What if she blanks out and can't recall information she actually knows? What will people think of her if she fails? Just the thought of the exams she wrote at school and then at college is enough to bring back the feelings she experienced then: cold hands, upset stomach, dizziness. The horror never went away, even though she always did well in every exam. What should she do?

Case Study 6: As a result of disastrous swimming experiences at summer camp and high school, Chris has been terrified of the water. Until now, Chris has been able to avoid all activities involving water. The problem is that the staff at Chris' workplace is athletic and as summer approaches, they are enthusiastically planning pool parties, fishing, surfing and canoeing together on weekends. No one knows about Chris' fear of the water, nor does Chris want anyone to find out. What can Chris do?

Step 2

Pair/ Write, discuss

Find a partner. Decide together what advice to give for each of the case studies. Before you begin, think about the expressions you use for giving advice.

STUDY 5

ADVISING

Write down the expressions you use *most often* for **giving advice**.

Compare your expressions with those on pages A-5 to A-8 of the Appendix.

Here are some additional expressions for **giving advice**. Which of these do you already know? Which do you use and in what situations do you use them?

EXPRESSIONS	NOTES
<p>Take my advice;</p> <p>Take it from me;</p> <p>Take it from someone who knows;</p> <p>Don't ask for trouble;</p> <p>Here's a sound piece of advice;</p> <p>A word to the wise;</p> <p>Take a hint;</p> <p>Don't be a fool;</p> <p>Do yourself a favour;</p>	<div style="text-align: center;">  <p>...a sound piece of advice...</p> </div> <p>These preambles indicate that the speaker is about to give advice.</p>
<p>I recommend discussing the problem.</p> <p>I advise discussing the problem.</p> <p>I suggest discussing the problem.</p>	<p>The gerund is used after recommend, advise and suggest</p>
<p>I (would) recommend that he <i>get</i> help.</p> <p>My advice is that she <i>get</i> help.</p> <p>I'd like to suggest that they <i>get</i> help.</p>	<p>After these expressions, the <i>subjunctive</i> (which looks like the base form of the verb) is used.</p>
<p>It wouldn't be a bad idea to ask some questions.</p> <p>It wouldn't be a bad idea not to make a big fuss about the problem.</p>	<p>Note the meaning of the double negative: It wouldn't be a bad idea means "It is a good idea...."</p>

PRACTICE 6: A WORD TO THE WISE

In this activity, you will be able to practise giving advice.

Step 1

Individual/Write

Work alone and write five horoscopes like these, each on a separate piece of paper:

- Wednesday and Thursday of this week will be good days.
- Because of a variety of problems at work and at home, your boss will be in a bad mood next week.
- You will have an excellent opportunity in the near future.
- A challenge will arise for you at work.
- Someone will show great interest in the progress of your career.
- You will encounter hostile reactions from your colleagues this week.
- This is a good time to buy something you have always wanted.
- You will have to deal with demands which you consider unfair.
- Emotional times are on the horizon.
- Romance is in the air.

Step 2

Groups/ Read, give advice

Divide into groups of four, five or six.

Put all the horoscopes written by members of your group face down on a table and mix them up.

Take turns, selecting a horoscope and reading it out.

Each member of the group must give the reader some advice, with each person using a different expression for advice. Wherever possible, the advice should relate to the real life of the person who has read out the horoscope.

E.g.

Horoscope: Avoid your boss at all costs – trouble is brewing!

Advice:

Take it from me, this is the time to take your self-directed computer training.

I would recommend keeping a very low profile --- I mean no practical jokes next week!

Don't ask for trouble; get on with your work and don't ask any questions.

It wouldn't be a bad idea to find some work to do in another part of the building or even at home.

Continue taking turns until all of the horoscopes have been read. Have fun making up some silly or not too serious suggestions as well.

Step 3

Pairs/ Discuss, write

First, using appropriate expressions for giving advice, discuss the case studies with your partner. Then, write down your advice for each case study. Note that you can give several pieces of advice for each case.

Case Study 1:



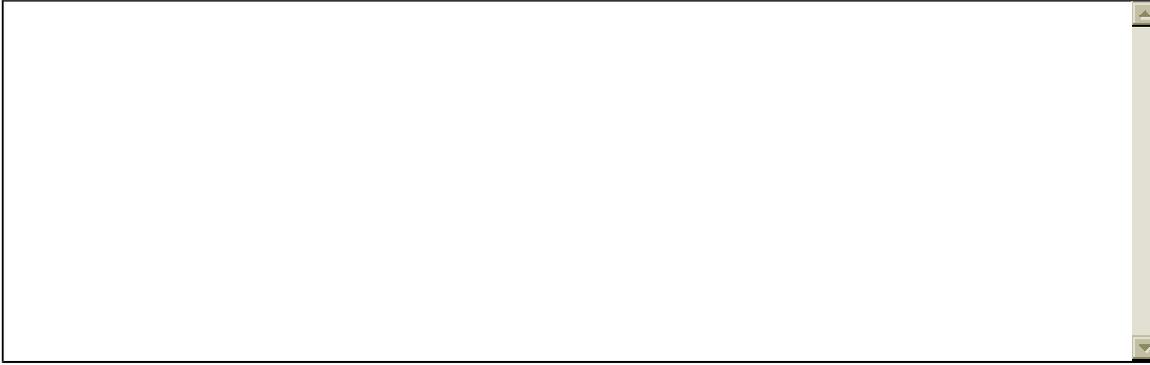
Case Study 2:



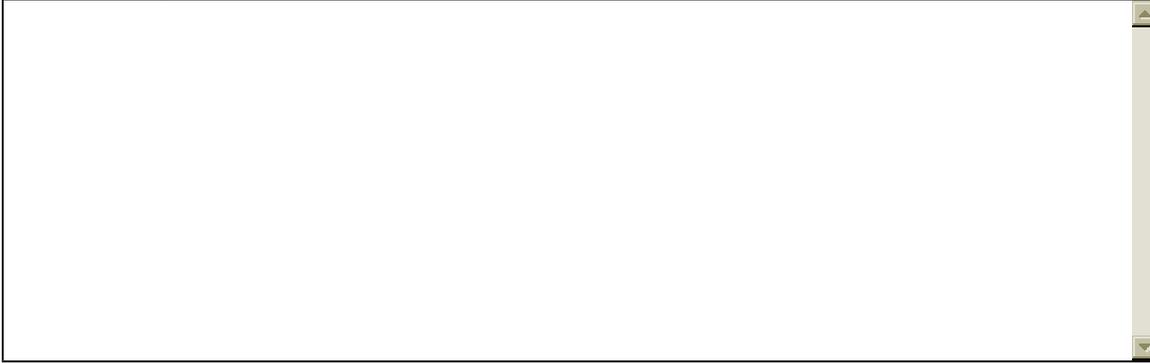
Case Study 3:



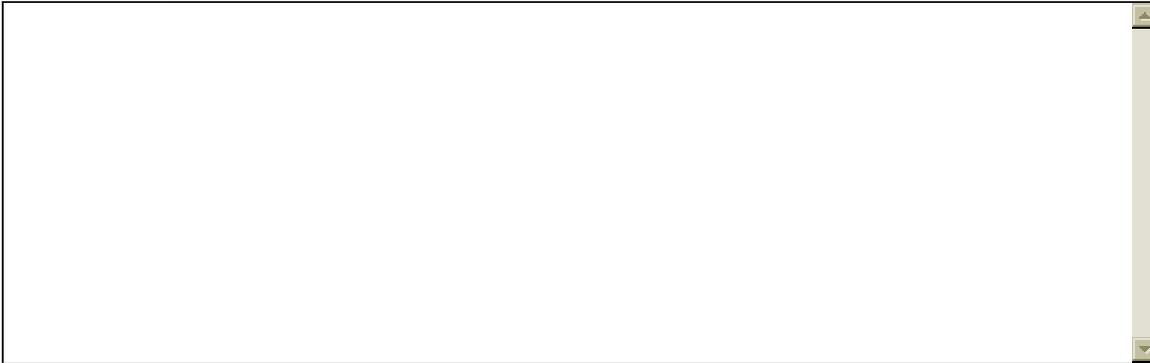
Case Study 4:

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Case Study 5:

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Case Study 6:

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Step 4

Class, pairs /Discuss

Lastly, meet with other pairs and compare the alternative pieces of advice you decided on. Were there some suggestions everyone made? Were there any recommendations which surprised you?

Consolidation

ARE YOU AN EXPERT COUNSELLOR?

In the final session of this self-help course, you will have the opportunity to give and get advice on fear-related problems.

Step 1

Individual/ Read, choose

Work alone. Think of three fear-related problems about which your class could give you advice. Consider the 10 examples that follow. You may use one or two of them but "problems of your own" are preferable. They will be more interesting to work on.

- Our office systems are computerized. Some of our staff seems to be upset and afraid every time we try new approaches and get new software or equipment. What can we do to help them overcome their fears?
- When four years old my daughter was bitten by a dog. She became quite terrified afterwards of all animals. We got professional advice and thought she would grow out of it. She is now ten and is more afraid than ever. What should I do to help her get rid of this fear?
- I'm afraid of going to the dentist. My three-year-old has a dentist appointment and I don't want to pass on my fears. What should I do?
- Soon after a close friend got his driver's licence, he had a minor accident. Since then he has been afraid to drive. What should he do to overcome his fear? What can I do to help him?
- My division is moving to a new building. My office will be on the 25th floor. I'm afraid of heights and my stomach turns every time I think of the long elevator ride every morning. What can I do?
- My family has been invited to join another family on a Caribbean sailing holiday. I can swim but I'm afraid of water except in a pool where I can see the bottom and land on the sides. I don't want to deprive everyone else of this opportunity and I don't know what to do.
- My fiancée's parents breed birds. They often allow the birds to fly freely around their home. I'm terrified of things that fly. So far, I've been able to make excuses to avoid going over there, but the day will soon come when I will have to spend some time with them in their home. Is there any way I can become more comfortable with these birds?
- My children want me to take them camping. Everyone is very enthusiastic. The problem is my youngest who is afraid of things that creep or crawl and, therefore, won't be able to sleep in a tent. Camping would be a great experience for all of us. How can I help my youngest overcome these fears?
- My sister is getting married in Australia. She's willing to pay for my parents to go but they're afraid of flying. None of us want them to miss the wedding or the opportunity to explore another part of the world. How can we convince them that flying is nothing to be afraid of?
- My children want to get a dog. I think we should but my spouse is terrified of dogs. Is there any way my spouse can overcome his fear and learn to tolerate animals?

Step 2

Individual/Write

Procedure

Write your problems on a piece of paper, then go to Step 3.

Step 3

Group/ Read aloud, give advice

Work in small groups.

- When it is your turn, read out one of the problems you wrote down.
- Everyone in the group will offer advice, using expressions for advising.
- Decide which advice you think is best. The person whose advice you accept receives five points.
- The next person now reads out one problem and everyone offers advice, using expressions for advising. Award five points to the person whose advice is accepted.
- Continue in this way until all the problems have been read out and advice has been given for each of them.
- The person with the most points is the "expert counsellor" for your group.