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Boss Roger Brody: Have a seat, Dan. You've done a super job developing *Magic Mountain*—it's a super videogame. I like it so much that I want you to introduce it at the staff meeting next week.

Product engineer Dan Vasquez: Thank you, Mr. Brody. But, I get really nervous speaking to groups. Super nervous. Would it be possible for someone from the sales team to do it instead?

Brody: Sure, someone else could. But I want to give you this opportunity. I want the staff to hear about it directly from you—you deserve some recognition after all your hard work on this.

Vasquez: I really don't think I can do this. When I speak in front of groups, my hands get sweaty, my heart rate goes up, I get butterflies in my stomach, and as I get more nervous, my voice cracks. Just talking about it, I feel my heart beating faster.

Brody: You're not alone—it happens to all of us. Even after 20 years in this position, I still feel nervous before an important meeting. If you're nervous, it just means you're excited.

Vasquez: It's more like I'm terrified. I truly start to feel kinda sick.

Brody: One way to get over your fear is to practice. Practice, and it gets better. How about this: First, practice at home by yourself. Next, why don't you do a dry run of your presentation with a small group from your research team. You feel comfortable around them, don't you?

Vasquez: Yeah, I guess.

Brody: You're going to be fine. Just practice. OK?

Vasquez: OK. Thanks. I'll give it a try.

Brody: There you go. That's the spirit!

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Speaker: Psychology is the study of human behavior. There are several branches of psychology. One major branch is called *clinical* psychology. That's *clinical* psychology—c-l-i-n-i-c-a-l. Clinical psychology is the study of mental and emotional problems. One important example of a mental or emotional problem is a phobia—a phobia. Today, let's look at the two main types of phobias ...

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Professor Ruth Brooks-Hall: E01 Hello everyone. Today, we're going to study an interesting topic in psychology: phobias. We'll first learn about types

of phobias, and then the causes of phobias and the treatment of phobias. **E02** But first, let's get the definition clear. A phobia is a fear, yes, but a phobia isn't a normal fear; it's an extreme fear. It's basically a very strong, very focused fear. There are two main kinds of phobias. One is a specific phobia, like the fear of a dog, and the second type is a situational phobia, like the fear of public speaking. An important thing to remember: We all have some fears; that's natural. But a phobia is much stronger. OK. Sometimes it can be so constant or it can be so serious that it interferes with a person's life. Then some kind of treatment may be necessary. **E03** For example, one of my clients—I'll call her Maria—she used to have a phobia of elevators. So, a situational phobia. She couldn't ride in an elevator without being terrified. Sometimes she would panic and start breathing fast as soon as she got into an elevator. After a while, she refused to ride in any elevators at all. Even if she had to walk up 20 flights of stairs, she would do just that—in order to avoid being in an elevator. Her life was changed by the phobia. **(COACHING TIP 1) E04** All right. So we have a basic definition of a phobia: an extreme fear, and one that interferes with the person's life. OK, now let's go a little deeper into our definition of phobia here. Psychologists have come up with three characteristics of a phobia. These characteristics help us to understand the difference between a phobia and a normal fear. First, a phobia isn't a rational response. It's a very strong reaction, too strong for the situation. For my patient Maria, who was afraid of elevators, this meant that she had a very strong physical reaction if someone even asked her to get onto an elevator. She'd start sweating and shaking—not a rational response. The second characteristic is this: The duration is long. A phobia often lasts for a long time. It may last several years, or even a person's whole life. And third, the reaction is too strong for the person to control. For example, for Maria, even though when she told herself not to be afraid to ride in the elevator, it didn't help. She still felt very scared no matter what she did. Her fear was uncontrollable. OK, so those are the three characteristics of a phobia. It's an irrational response, it's long-lasting, and it's uncontrollable. **(COACHING TIP 2) E05** Now, let's spend a minute going over some types of common phobias. It's important to understand that phobias are classified by the thing or situation that the person fears. Greek or Latin names are usually used to describe the fear. So here are some examples: *hypno*, h-y-p-n-o, means "sleep," so fear of sleep is hypnophobia. **(COACHING TIP 3) Cyno**, c-y-n-o, means "dog." So a

fear of dogs is cynophobia. Maria's phobia is known as claustrophobia—a fear of being in closed places. That's c-l-a-u-s-t-r-o. A very common phobia, I might add. **E06** Now to the causes of phobias. One theory is that a phobia is learned. This means that something happens that causes somebody to feel afraid. For example, someone could have learned to be afraid of dogs if he were attacked and injured by a dog as a child. This is an example of direct learning. People can also learn to have phobias indirectly by watching how other people react. For example, let's imagine a young man—we'll call him David. David's mother had always been afraid of dogs. Whenever David and his mother were together and they saw a dog, his mother would get very scared, even panicked. When David saw how his mother reacted, he became very scared, too. He developed this same phobia, cynophobia, from watching his mother. In fact, psychologists find that phobias tend to run in families—that is, they tend to be learned in the same way among family members. **E07** The second theory about how phobias develop is the association theory. The theory says that a phobia is usually the result of a trauma, or difficult experience that occurred in childhood. In other words, an adult associates a particular object or situation with a past trauma. For example, one of my patients was very afraid of the dark. After some therapy sessions, we discovered that his father used to put him in a closet as punishment when he was young. Now this man associates being in the dark with this terrible childhood experience. So those are the two theories—one, that a phobia can be learned, and two, that a phobia is caused by an association with an unpleasant memory or event from our past. **E08** Well, there's hope here. We have treatments for phobias. And what do you think these treatments are? **(COACHING TIP 4)** Well, first, psychologists know that if a phobia has been learned, it can usually be unlearned. In other words, a person can learn how to change a certain behavior. This “unlearning” is usually done step-by-step, so that a person will gradually lose their deep fear. And, second, if a phobia's a sign of a deeper psychological problem, then the psychologist can help the patient to become aware of this deeper problem. That awareness can lead to getting rid of the phobia for good. **E09** Well, that's enough for now. Are there any questions? Any questions at all?

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Ayman: So, do we all understand what a phobia is?

Alana: I do. I have a phobia of lectures in English.

Ayman: Seriously, guys. We don't have much time, let's stay focused, OK?

Alana: OK.

Ayman: So, anyone has an example of regular phobia?

Molly: Well, I don't know if it's a phobia, but I hate spiders. I'm completely terrified of them.

Rob: I'm the same way with snakes.

Molly: Oh yeah?

Rob: Oh yeah. I was hiking last summer and I almost stepped on one. Oh, it got me so scared, I was screaming.

Alana: Well, but those are natural reactions, don't you think? I mean, spiders and snakes can be dangerous. So, those fears seem normal to me—but not extreme.

Ayman: You know the “uncontrollable” part of the definition made me think of my friend back ...

Alana: Wait, wait. What does that mean: “uncontrollable”?

Rob: Oh. Un-control-able. So, something that you can't control.

Alana: Oh ...

Rob: Yeah?

Alana: OK, yeah.

Ayman: Anyway, that part of the definition made me think of my friend back in Dubai. You know she, she wouldn't use these revolving doors—you know, at store entrances?

Rob: Really?

Ayman: Yeah.

Rob: Well, why?

Ayman: I don't know—I guess it has something to do with closed spaces fear? What do you call it?

Alana: Claustrophobia.

Molly: Uh-huh.

Rob: Oh yeah.

Ayman: Yeah. So we'd go to the mall if—if, if there was a revolving door she wouldn't go in. She would just stand outside and wait for me.

Molly: Huh. Has she thought of going to therapy for it? ... What?

Ayman: Well, back home we don't believe in getting therapy for these kinds of problems.

Rob: You see?

Ayman: But, but I wish she'd get over it because I'm tired of shopping alone!

Rob: That's strange!