



HETEROGENEITY AMONG SPECIFIC PHOBIA TYPES IN DSM-IV

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Summary—Recently, it has been suggested that situational specific phobias (e.g., phobias of driving, flying, enclosed places) are more closely related to agoraphobia than are other specific phobia types. The present study investigated this hypothesis by examining heterogeneity among the four main DSM-IV specific phobia types, particularly with respect to variables believed to be associated with agoraphobia. Using interviews and behavioral testing, 60 patients with specific phobias of animals, heights, blood/injections, or driving were compared with respect to etiology, age of onset, physiological response, predictability of panic attacks, and focus of apprehension. Fifteen patients suffering from panic disorder with agoraphobia served as a comparison group for some measures. Relative to the other specific phobias, driving phobias were most strongly associated with a later age of onset, similar to that of individuals with agoraphobia. Height phobias were also associated with a late age of onset as well as a more internal focus of apprehension, relative to other groups. Finally, individuals in the blood/injection phobia group reported a more internal focus of apprehension than those in other groups and were the only group to report a history of fainting in the phobic situation. Overall, the results did not support the hypothesis that situational phobias are a variant of agoraphobia. In fact, on several of the variables for which groups did differ, individuals with height phobias (a phobia from the natural environment type) showed a pattern most similar to individuals with agoraphobia. The implications of these results for the classification of specific phobias are discussed. © 1997 Elsevier Science Ltd

INTRODUCTION

Although the changes in diagnostic criteria from simple phobia in DSM-III-R (American Psychiatric Association, 1987) to specific phobia in DSM-IV (American Psychiatric Association, 1994) were mostly minor, one significant revision involved the requirement in DSM-IV that the clinician specify the 'type' of specific phobia from one of the following categories: animal type (e.g., animals, insects); natural environment type (e.g., storms, heights, water); blood–injection–injury type (e.g., seeing blood, receiving injections, medical procedures); situational type (e.g., enclosed places, driving, flying, elevators); and other type.

The DSM-IV classification of specific phobia types was based on findings and recommendations by researchers noting that specific phobias differ with respect to a variety of variables including etiology, age of onset, set ratio, covariation among phobias, physiological response, and focus of apprehension (Craske & Sipsas, 1992; Curtis, Hill & Lewis, 1990; Curtis, Himle, Lewis & Lee, 1989; Himle, McPhee, Cameron & Curtis, 1989; Hugdahl & Öst, 1985). In addition, some investigators (e.g., Curtis *et al.*, 1989) have suggested that situational specific phobias are more similar to panic disorder and agoraphobia on several of these dimensions than are other specific phobia types. Evidence regarding the relationship between agoraphobia and specific phobia types with respect to these variables is considered below.

Age of onset

Overall, studies of clinical patients and epidemiological samples have shown that situational phobias tend to have a later age of onset relative to other specific phobias (Curtis *et al.*, 1990; Himle *et al.*, 1989; Marks & Gelder, 1966; Öst, 1987). Whereas animal phobias and blood/injec-

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tion phobias tend to begin in childhood, situational specific phobias are more likely to begin in adulthood, with mean onset age in the twenties, close to the typical age of onset for agoraphobia (Burke, Burke, Regier & Rae, 1990; Öst, 1987). These differences have tended to be stronger among individuals seeking treatment than among individuals in epidemiological samples (e.g., Curtis *et al.*, 1990).

Subjective and physiological response

Several studies have examined individual subjective and physiological responses across the specific phobia types. One consistent finding is that exposure to feared situations tends to trigger a panic-like reaction for individuals with animal phobias (Prigatano & Johnson, 1974; Teghtsoonian & Frost, 1982) and situational phobias (Ehlers, Hofmann, Herda & Roth, 1994; Rachman, Levitt & Lopatka, 1988). Although little information is available on the physiological response of patients with natural environment phobias, it is typically believed that they too evidence increased arousal in the feared situation. It should be noted that, for the most part, studies have not used DSM-III-R or DSM-IV definitions of panic to determine the presence of panic attacks during exposures to phobic situations.

In contrast to other phobia types, blood/injection/injury phobias are the only type to be associated with a diphasic physiological response consisting of an initial increase in arousal followed by a sharp drop in blood pressure and heart rate that may lead to fainting (Marks, 1988; Öst, 1992). In fact, up to 70% of individuals with blood phobias report a history of fainting upon exposure to blood.

Predictability of panic attacks

In addition to the presence of panic attacks and fainting in the phobic situation, some investigators have begun to look at the predictability of these responses. Unexpected panic attacks are an essential feature of panic disorder with agoraphobia and there is evidence that the majority of panic attacks reported by individuals with agoraphobia are experienced as unexpected and occur in the phobic situation (Garssen *et al.*, 1996). The extent to which panic attacks are unexpected among individuals with various specific phobias speaks of the relationship between agoraphobia and the specific phobia types. Several investigators have found unexpected panic attacks to be common among individuals with situational phobias. Ehlers *et al.* (1994) found that 50% of patients with driving phobias (most meeting criteria for specific phobia) reported a history of unexpected panic attacks in the phobic situation. Rachman and Levitt (1985) found that 25% of panic attacks were unpredicted among a group of college students with claustrophobia. However, in the only study to compare two different specific phobias on this measure, Craske and Sipsas (1992) found that panic attacks during a behavioral test were more often predictable among individuals with claustrophobia than those with snake/spider phobias.

Etiology of the phobia

With respect to etiology of phobias, three main pathways have been identified by Rachman (1977): conditioning, vicarious acquisition, and information/instruction. Although the relative frequency of fear onsets from each of these pathways varies greatly across studies, it appears that all three methods of fear acquisition are common (e.g., Di Nardo *et al.*, 1988; Menzies & Clarke, 1993; Merckelbach, Arntz, Arrindell & de Jong, 1992; Munjack, 1984; Rimm, Janda, Lancaster, Nahl & Dittmar, 1977), and there seems to be no consistent patterns across specific phobia types. In addition, several studies have found that unexpected panic attacks may occasionally lead to the development of specific phobias (e.g., Ehlers *et al.*, 1994; Munjack, 1984), although no study has examined differences across specific phobia types on this feature. This variable is relevant to the relationship between specific phobias and agoraphobia because of consistent findings showing that agoraphobic avoidance tends to be initially triggered by the occurrence of unexpected panic attacks (Craske & Barlow, 1988; Thyer & Himle, 1985).

Focus of apprehension

Apprehension over the occurrence of panic and panic symptoms is a key feature in the diagnostic criteria for panic disorder. Indeed, several studies have shown that people with panic dis-

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