



It's not the fear of things like flying or public speaking but *knowing* that you're afraid that gets you —see how the local experts can help

FEAR OF PHOBIA

By Stewart Weiner

ITEM: In *Confessions of an Ex-Fan Magazine Writer* by Jane Wilkie, *Psycho* star Janet Leigh says she's not scared of showers but "of oceans"; Jane Fonda reveals that she's afraid of "growing old badly"; Bette Davis says she's afraid "my children won't like me"; Dick Van Dyke reveals that when he played Dracula on stage, his claustrophobia was so strong that he jumped out of the coffin the first night they closed the lid on him.

ITEM: The Horchow Collection offers an exclusive—13-ounce double old-fashioned glasses etched with six different phobias. Set of six, \$16.50.

ITEM: "In the course of the last five interviews I've done," says one Beverly Hills psychiatrist, "four of the reporters said they had phobias . . . but hadn't known it before."

No doubt about it. Phobias are today's sexy afflictions. In the '30s, it was enough if you just feared fear itself; now there are literally thousands of phobias to choose from, thousands of literatures to read from and so much Media Attention that many "experts" are already talked out on the subject. Hell, even claustrophobics have come out of the closet.

How many Angeleans are scared sick? Statistics are pretty sticky, but there has been some national research done on the subject. In Burlington, Vermont, for example, researchers went house to house and found that almost 8 per cent of the population had at least one phobia. L.A., being a more difficult environ-

ment than Burlington to navigate, probably produces a phobic population of 10 per cent—which adds up to more than 700,000 sufferers.

And suffer is what phobics do. A phobic attack complete with panic is not pretty: Your blood pressure and heartbeat soar; your kidneys shut down; your feet and hands get cold; you sweat, get nauseated and even get the runs. And while there's nothing wrong with your body reacting to fear—the adrenalin flows and effectively shuts down the body so it can cope with a crisis—what makes a phobia so threatening is that it causes your body to go through all these changes without any *real life* stimulus. Your body isn't responding to any real problem but only to your own anxieties, you crazy devil.

Say you're walking by a building and a ton of bricks start toppling over your head. Of course, your body would, and should, respond adrenally. But if you're walking by a building and you convince your nervous system that the building is falling on your head or just about to and it really isn't, your body *shouldn't* respond to the signal. In a phobic, however, the body does.

And what happens then is even worse. Say you're walking by a building and you have an anxiety attack, fearing that the ton of bricks will fall on your head. The adrenalin starts to flow and then you feel sick to your stomach and you throw up on the street and embarrass yourself horribly. That experience com-

bines with the actual phobia, making each walk by each building a double-edged nightmare: The building might actually fall on you—and it might not; but the whole idea is so scary that you just might throw up or pull a gun on someone or go certifiably nuts. “They feel like their heart’s running away from them,” is how one psychologist describes a common reaction among his patients.

And, finally, there is an even worse part about phobias. Most are undiagnosed. In



Robertson: No quick fix.

other words, you probably have one and don’t realize it. “Most of my patients don’t even get around to their phobias until relatively late in the game,” says one psychiatrist. “They may come in for treatment about something entirely different, and then we find out that its root is in a phobia.”

So, City in Fear, that’s the grim news. But there is also good news on the subject, and it is twofold:

First, there’s a bundle to be made out of phobias in Los Angeles, especially in Hollywood. Stephen King, for example, around whose work millions of Hollywood

“...We feel that people have to take cognitive control of their lives. That’s impossible sitting on a couch...”

dollars have swirled, says he himself uses his own Top 10 phobias to think of scary plots. (His 10? The dark; squishy things; rats; deformity; snakes; closed-in spaces; insects; death; others; and a fear for others.) And he’s not the only one to exploit our fears, as a quick glance at the movie section of the newspapers will show.

The second piece of good news is that there are many people around town who are working on solutions to phobias, and they are having a great deal of success. In Los Angeles the problem is being attacked in at least four ways that will be discussed here. Proponents of each, chauvinistically, think their own discipline is the best and most effective, and the methods are presented here in no order of preference.

Psychoanalysis

The one discipline most on the defensive these days is Freudian psychoanalysis. Charlotte Robertson, associate clinical professor at UCLA and a practicing psychoanalyst in Beverly Hills, is a little wary of talking to me since she thinks I may have been influenced by people espousing other methods of treatment. The main argument that critics of psychoanalysis have is that it is a very slow and painstaking treatment, and Robertson would certainly agree with that. She is not into the Quick Fix.

The behaviorists—those who concentrate on the behavior of the patient rather than the behavior’s root causes—are a little Pavlovian, she says. “They’re interested in changing the behavior and not in finding out why the patient behaves that way in the first place. Basically, I consider myself Freudian, although I admit it’s a little unsettling to look through Freud’s list of phobias and not find cancer there.”

Although Hippocrates is considered by historians to be the first person to observe a phobia and John Locke is credited with actually treating the first case, the classic literature on the subject was written by Sigmund Freud. In the case of Little Hans (published in 1909), the history goes like this: Nineteenth-century Vienna saw a great many horses in the streets, and little Hans wouldn’t go anywhere near them. His parents finally brought Hans to Freud, who discovered through analysis that Hans didn’t like horses because of their size, their black muzzles and their eye-shades. Freud saw that Hans’ father was big (at least to Hans), had a black mustache and wore glasses. Hans was, there-

fore, according to Freud, caught up in the Oedipal complex. Afraid of his father, Hans displaced his hateful feelings—plus his fears of being punished for wanting his mother—onto horses. As Barbara Fried says in her delightful phobia handbook *Who’s Afraid?*: “Under Freud’s guidance, the father was able to dispel Hans’ terror . . . Chances are, however, that he still harbored some Oedipal resentment of his dad and never forgave his father for being there first. Nobody does.”

Where do phobias come from? Most start in childhood, says Robertson. “Parents can transmit their phobias and sometimes I recommend that the parents

Pick a Phobia, Any Phobia

Achlophobia	Fear of crowds
Acrophobia	Height
Agoraphobia	Open spaces
Ailurophobia	Cats
Anthophobia	Flowers
Anthrophobia	People
Aquaphobia	Water
Astraphobia	Lightning
Bacteriophobia	Germs
Brontophobia	Thunder
Claustrophobia	Closed spaces
Cynophobia	Dogs
Demonophobia	Demons
Equinophobia	Horses
Hematophobia	Blood
Herpetophobia	Reptiles
Mysophobia	Dirt
Numerophobia	Numbers
Nyctophobia	Darkness
Ophidiophobia	Snakes
Pyrophobia	Fire
Zenophobia	Strangers
Zoophobia	Animals

receive treatment, too. It’s up to parents to be *available* to their children. For instance, never just prop the bottle up during feeding. Whether you’re breast- or bottle feeding, the important thing is interaction with the baby.

“One doctor in Irvine, for example, did a study of this: He had a mother bring in her infant and, while feeding it, focus on the baby’s face. The baby responded with happiness.

“Then he instructed the mother to feed the child but to focus just above the baby’s head. The child tried frantically for several minutes to get the mother’s attention, and when it couldn’t, it fell into a slump.

“A child reared without attention will

react with dramatic intensity to any change in his or her precarious situation. Then these anxieties will attach themselves to the usual anxieties every child has—the dark, monsters, death, illness. The child will begin talking about kidnapers, robbers and witches and will discuss *these* things rather than his own inner tensions. The important thing for parents is to be available to their children. That nips a lot of this in the bud.”

How can you tell when you're becoming phobic? “It's like being an alcoholic in a way,” Robertson answers. “A lot of people have a fear of things, but when it impairs your functioning you need to seek help.”

“...One woman would eat simple sugars, her blood-sugar level would fall and she couldn't cope. I changed her diet...”

Drugs

Of course, all of this psychoanalysis is much too slow for psychiatrists like Dennis Munjack. An associate professor at USC and one of the directors of the Phobia Clinic there, Munjack can barely dis-

guise his negative feelings about psychoanalysis.

Over breakfast across the street from his office in Beverly Hills, Munjack says, “Are phobias *symbolic*, as the Little Hans case represents? There is no real evidence of it. When I do my therapy, which is behavioral in nature, we deal with the real problem. A phobia can be just what it appears without any deeper meanings. The point is, a lot of former analytic patients are angry when they find out that their

Now, Get Out in That Fog!

Dr. Maralyn Teare, a psychologist in Los Angeles who specializes in treating phobias, is the kind of doctor who makes house calls. After all, how else can you treat people who are afraid to drive to the office or even to leave the house?

Teare works in the environment; in other words, if you're afraid of freeways, she'll have you behind the wheel on the Harbor freeway as therapy. “We're not around the office much here,” she says proudly. “Some of my patients want to dredge up the past like they're in analysis. I won't let them. If you wait until a person feels better, he or she is never going to feel comfortable confronting the fear. You have to get the patient as close to the behavior as you can; once the person is behaving in the situation, that's when you can begin to affect changes.

“You see, most phobics' basic fear is that they will lose control. What I contend is that they've really just lost their self-confidence.”

So far, the strangest treatment she remembers is the one we like to call “the Fog.” This particular patient thought she was controlled by fog. She was afraid even to go near the stuff—she thought she would evaporate in it or that the fog would control her and she'd slip away.

“What made this particular case so unusual is that, because I work in the environment of the phobia, we had to wait a month or so until there was a heavy fog. Whenever there was one forecast, she was to call me.

“It turned out that the first fog was forecast for 2 a.m. around Christmas last year, and the fog was thickest on Sepulveda near Mulholland right near the tunnel. We met at her house and borrowed her mother's car; and, because 2 a.m. is not the safest time for two women to be out, we also borrowed her mother's Saint Bernard.

“This fog was so thick that we had to keep opening the car door to see where the yellow line was. I was trying a lot of things to keep her *in the moment* so she wouldn't feel that she was disappearing. I kept talking because we had no other contact with the immediate environment; the fog sealed us up. We drove along like this for about two hours.

“When we actually got into the situation—the reality test—one of those nice things happened. We entered Beverly Hills, and all of the lights on the trees seemed to be covered in tinsel. It brought back all of our pleasant Christmas memories. This, incidentally, turned out to be our only session; it worked.”

Though Teare says the cause of phobias is not important in her treatment, she does remark that during their drive the fogophobic revealed that she and her sister had once been driving in a fog when her sister had a panic attack. “The experience of seeing her sister so helpless was actually generalized onto the fog itself. She would replay that scene every time she saw fog, and it would make her anxious. Though I doubt that she is strong enough now to go see the movie *The Fog*, she does have her phobia under control.”

Does Los Angeles have a lot of unusual phobias like this? “There are plenty of phobias in Los Angeles,” she answers. “It's pretty common out here because phobias are more prevalent among creative people. Los Angeles people tend to strive to be perfect.”



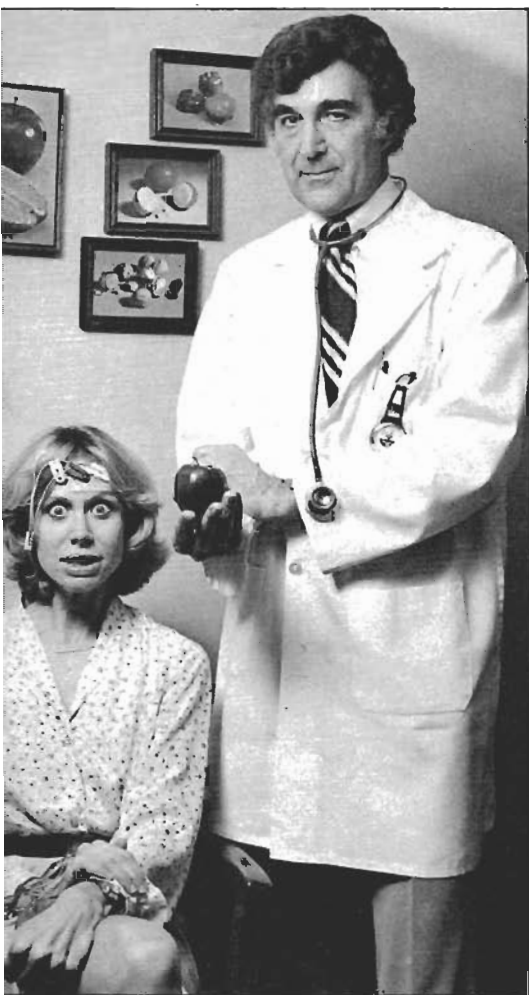
Munjack: Who needs psychoanalysis?

phobias could have been brought under control without their having to resolve every other problem they face.

“Phobias are now a *treatable* disorder. The first thing is to determine whether the patient suffers from panic attacks along with the phobia itself. If so, it is crucial to first stop the panics. Tranquilizers in this problem are of no use, but I do use drugs as treatment: Imipramine, an antidepressant that is 100 per cent effective in panic situations. Another drug I use is called Phenelzine, which is an antidepressant as well. Now, these drugs are prophylactic in nature; that is, it takes a few days for the

drugs to change the patient's chemical makeup. These panic attacks, remember, are really biological disorders. After the patients take the drugs, these panics don't occur. Then we can concentrate on the actual phobia itself."

Doesn't this cause a dependence on the drug? "Sometimes," Munjack replies. "Most patients can get off the medication without much trouble, but some may never get off. And do you know what? For them, it doesn't matter—the drug *is* a miracle."



Fox: Karma on the brain.

"Once the panic is subdued, we then begin our formal desensitization. First we practice in imagery: We go out and confront the phobia symbolically. One patient I had was deathly afraid of snakes. I started at the end of the room, showed her the tip of the snake's tail. It took nine sessions like this, 45 minutes each. That's less than seven hours of treatment that proved effective in changing 20 years of phobic behavior."

So much of agoraphobia—the phobia that keeps 100,000 L.A. women imprisoned in their homes—is cultural. Why is it that 80 per cent of the agoraphobics are

"...So much of agoraphobia among women is cultural. Girls are taught to stick close to home..."

women, anyway? You can trace it back to the way we're reared. Boys can play in the mud all they want; girls, on the other hand, are protected, taught to stick close to home. Men, when they grow up, simply don't have the luxury of staying home; they are pressured to leave the house. If they have agoraphobia, it is suppressed for the simple practical reason that the man is forced to deal with his fears.

"But the main thing to remember is that phobias *can* be treated," Munjack adds, "and it is a disorder that people find they don't *have* to live with."

Nutrition

The idea that phobias may be produced by chemical imbalances led me to two people who specialize in nutritional treatment of illness.

Actually Arnold Fox, a Beverly Hills M.D., treats stress more than phobias, but he has had some success with agoraphobics just by changing their diets. "As an internal-medicine practitioner and a cardiologist, I kept seeing people not getting better. Drugs didn't help. I used to sign three death certificates a week.

"Then I began to study the situation. What did all these cases have in common? What I found was that all of these terminal cases had one common denominator: stress. Stress may not cause the problem, but it predisposes the body and cuts the

fight out of it. Stress, after all, is simply your response to situations. One day, someone asking you for a dime on the street may not have any effect on you at all. Other days, the way you perceive the very same question can cause this to become a stressful situation to you.

"I had one patient, a young woman who was afraid of returning to college. Not just afraid, that's not strong enough. The thought of going to college created in her the phobic syndrome—tension, sweaty palms. She had been seen by the school's psychiatrist and psychologists. Finally she came to me. 'Would I treat her agoraphobia?' she wondered. 'No,' I said, 'but I'll treat *you*.'

"In medicine, you know, doctors often play the Name Game. If they can just put a label on what they think you have, then all they have to do is consult a book and prescribe the time-tested treatment. The name of the game is the name. Instead, I chose to give her a dietary survey—that was the difference. Through an analysis of her diet, I discovered that the woman was hypoglycemic. She would eat simple sugars and her blood-sugar level would fall and then she was *really* unable to cope with the demands of college.

"My treatment was to put her on a low-fat, low-carbohydrate, modified-starch diet. I took her off coffee—caffeine is one of the biggest stress factors of all—and no more alcohol, no more cigarettes. I upped her vitamin intake, too. Now she's back in college."

Then there's the story of Jean Otto, an M.A. who runs a natural-food store in Santa Monica. Listening to Otto, you realize that the '70s aren't dead, they've just moved to the beach.

"It's so coincidental that you should ask

Afraid of Heights ...or Success?

The American Institute of Health says that the most popular American phobia is acrophobia—fear of heights. According to psychoanalytic theory, the root of acrophobia is not a fear of heights but of *success*. Here's what happens in your mind:

Height represents the apex, the achieved goal, the *sursum ad summum*. You really want to be up there on top, making decisions, going through life without fear of contradiction. That's the leap you feel in your heart as you peer over the ledge.

But . . . then comes the superego with its nagging doubts and punishments. Over whom did you have to crawl to make it to the top? How many hearts did you break, careers did you ruin, deals did you make? The feeling that you're going to throw yourself over the ledge is your own little neurotic way of punishing yourself for wanting to step over others to get on top.

Jeez . . . are *you* messed up.

me about phobias and nutrition because I've just had the weirdest case. An agoraphobic artist from Brentwood called me up last August out of the clear blue sky. She said she was just sitting there and felt my vibes and looked in the phone book for help and found me. She had been going to this clinic in Inglewood, but when the therapist gave her some medicine but wouldn't tell her what it was, she left and called me. I thought it was the most bi-

"...Most of my patients come in for treatment about something else and find that its root is in phobia..."

zarre thing.

"I believe that nutrition and the psyche go together and thought maybe I could help her. It blew me away—she walked in

and her face looked like it was totally full of fear. There were big black circles around her eyes, she was losing her hair, she was skinny and chalky looking. Her husband was drawing my positive vibes and I spent three hours with the two of them that first day. I saw that this woman was very condemning of herself. She got off on destroying herself."

So how did Otto treat this woman? "I put her on vitamins and minerals for heavy stress. First a B complex that was

An L.A. Biggie: Fear of Public Speaking

Since many Americans are afflicted with a fear of public speaking, we thought it would be a good idea to get some honest tips on how to stand before a group of strangers and talk effectively without revealing that your knees are knocking together. Dr. Beverly Hendricks, who chairs the Speech/Communication Department at Cal State L.A., polled her distinguished faculty and came up with these useful tips:

1. **Remember that even trained speakers are apprehensive.** Be aware that those sweaty palms are not abnormal behavior.
2. **Do isometrics.** As you sit waiting to speak, tense and relax your right leg, then your left. Breathe in through your nose and exhale through your mouth three times. Nobody can see you doing these things, and they take your concentration off yourself and help you relax.
3. **Look for a friendly face in the audience.** This is the Mrs. Miller Theory. There will always be a wonderful, gentle, understanding face out there. Lock eyes and return to them frequently.
4. **Make a disclosure about yourself.** Reveal a little something, but nothing too personal.
5. **Innoculate yourself before you speak.** Tell yourself that the friendly people in the audience will accept you; as for the rest, who cares about *them*? You can do it as well as the next guy, and you know it. Also remember that if you make a mistake, nobody is going to shoot you or throw you out the window.
6. **Use visual aids whenever possible.** This takes the attention off yourself and also gives you something to do while you talk. "It's no accident that the first thing we have children do in front of other kids is show and tell," says Hendricks.
7. **Use note cards.** You find yourself staring at someone in the audience, your mind floats away and you lose your place. Without note cards, it can be a disaster.
8. **Remember that the audience is always about 10 words behind.** Keep it moving. If you make a mistake keep right on going; most people won't even notice it.
9. **Remember that your speech begins when you stand up and ends when you sit down.** The way you approach the lectern, the way you dress and the way you pay attention to the other speakers all say mouthfuls about you. "What you are screams so loud, I can't hear what you're saying," is how the pros put it.
10. Finally, the big one: **Be Prepared.** If you *know* the material you are discussing, then, to make a successful speech, all you have to do is think of yourself as merely a channel of information. These people have come to hear what you have to say, not to criticize you.

Should you ever admit you are nervous while you are up there making the speech? Some say yes, it relaxes you. But Hendricks says no, you shouldn't do or say anything that betrays a lack of confidence. Why do yourself in?

Two final notes: According to Hendricks, the great how-to book on public speaking has yet to be written. And as far as a Dale Carnegie course is concerned, *bah*. "They teach all of this mental positivism instead of just teaching you to know what you're talking about." ■



Cowan: Confrontation is best.

100 per cent herbal. You know, the FDA will allow vitamin manufacturers to include as much as 20 per cent artificial ingredients and still call the products 'natural.' The ones I buy don't have anything artificial in them at all.

"Then I recommended calcium lactate, which works on the muscles and lowers the cholesterol levels that make people anxious and hyper. And, finally, I recommended zinc. Zinc is used for improved sexual capacity in men, but in women it purifies the body, gets the pollutants out and helps your bile work better. This combination of the three, preceded by a three-

day cleansing fast (three 16-ounce glasses of water a day at least to replenish the muscles, which are 70 per cent water), and then I began to use the other part of the equation: the psychic part of this woman.

"She was very demanding of me, I must say, and would call me all the time for reassurance. When you deal with the karma in people's brains you have to tap the positive forces within them. At the end of that first three-hour session, her face had changed. You should see her now, she looks terrific. I see her twice a week on Tuesdays and Thursdays."

But she says the best part is what hap-

"...Being phobic is like being an alcoholic. When it impairs your functioning you need to seek help..."

pened just a month ago. "I got a phone call from her and she told me she had gotten rid of the phobia. It turned out that her mother was a really morbid person. For instance, any time there was a traffic accident or a fire, the mother would drag her kids to see it. Last weekend the mother came to visit and started on the morbid business. My patient's husband confronted the mother and asked her to leave. And my patient also told the mother to get out of her life. She called to say she was so happy. 'And I did it myself,' she said.

"Now she doesn't even call me between appointments. And when her husband goes away on a business trip, this woman is just fine at home. Her negativity, you see, brought it on herself. Once you get into positivity, you no longer want the negative side of your life."

Action Therapy

If all of that is a little too raw for your cortex—that center for rational thought in your brain—to absorb, then meet Donald F. Cowan, a psychologist and director of the Center for Behavior Therapy in, where else?, Beverly Hills. Cowan, a psychologist who runs the clinic along with four Ph.D.'s, two clinical consultants, 16 advisers and two behavioral technicians, wants to bring the cortex into the discussion of phobias right off.

"The cortex part of your brain," Cowan explains, "inhibits behavior. Our culture

has not evolved to the point where man is able to think and feel at the same time. He cannot control his behavior, which is why, for example, a little alcohol knocks out cortical control in a lot of people. We trust our emotions, not our minds. After all, who gets paid more . . . the college pro-

fessor who enlightens us or the singer who makes us *feel*?

"We do not do therapy at this clinic. We really feel that people have to change their habits, take cognitive control of their lives. That is impossible sitting inside on a couch. We spend very little time in the of-

Where to Get Unafraid

By Leslie Hirschberg

Fear not. Phobics in L.A. can find help, and the success rate of many phobia-fighting methods is high. So if your life has been disrupted because of your fears, you might want to look to some of these sources for help.

Counseling Services

The group approach to therapy, an outgrowth of the sensitivity and encounter trends, has passed from vogue, but most centers still offer both individual and group sessions. However, a growing number of therapists have become aware of the power of contagion and susceptibility among group participants. That is, you may enter therapy with one phobia and leave with four.

In choosing between sources, it's important to consider both yourself as an individual and the nature and seriousness of your problem.

Terrap, 5301 Comercio Lane, Woodland Hills, 989-2337; 625 N. Maryland St., Suite 212, Glendale, 244-2465; 10424 Cheviot Dr., 836-6445; 14140 Beach Blvd., Westminster, (714) 891-4446. This is the largest, most far-reaching organization for the treatment of phobias, with service centers nationwide. (Its name is short for Territorial Apprehension.) The Terrap program is based on a behavior-modification method that focuses on desensitization, stimulus hunting (looking for what causes the fear) and goal setting. Taught in a lecture format by licensed therapists and clinicians, the method generally utilizes a group approach, although private sessions are also available with any of the centers' counselors. Group programs have a 12-person limit (you can bring along a support person), last for 16 weeks and cost between \$600 and \$750. Individual sessions average \$40 an hour. Followup group programs are also available.

Terrap will arrange for field workers in cases where traveling is a problem area.

American Institute of Health, 416 N. Bedford Dr., Beverly Hills, 278-6042. Dr. Norman Fox uses a form of Buddhism he calls "the mind as a healer," a technique that takes into account and treats the entire body and the individual's physical, emotional and spiritual makeup. Nutritional guidance and physical and lab studies are all part of each program. Individual programs (no groups) range in cost from \$300 to \$350.

Beverly Psychiatric and Psychological Center, 416 N. Bedford Dr., Beverly Hills, 278-6342. Codirected by L. Jerome Oziel and Dr. Dennis J. Munjack, the center is staffed by licensed psychotherapists specializing in behavioral therapy. However, all disciplines and approaches are brought to bear in the course of therapy—psychoanalysis, behavior and relational patterns and medical approaches. The individual, short-term sessions range in cost from \$60 to \$90 depending upon the individual case. In addition, Munjack and Oziel are codirectors of the **Phobia Clinic** (226-5329), an arm of USC's Department of Psychiatry, which also stresses a behavioral approach to curing phobias. It is staffed by USC residents and psychiatry interns, and its sliding fees are based on the patient's income.

fice. Most of it is spent in *action* therapy.

"There are techniques for handling the phobic condition. They're not cheap tricks, either, but they can help you get control of your brain and keep your cortex dominant in the proceedings. Say you have a phobia about airplanes. One of my

patients turned down a \$30,000 job that involved a lot of flying and settled for a job that paid only \$10,000. I try to give people the facts so that their cortices can take charge in a panic situation. I want my patients to see their phobia as a problem with a solution. First, I tell them to relax, which

reduces the base of anxiety.

"Now, I just don't say, 'Relax.' That would be pointless. Unless a person knows some techniques to relax, they're still going to fly into a panic. There are methods I use: the Jacobsen muscle-relaxation techniques, for instance, developed by a heart specialist at the turn of the century. It's a matter of teaching a person how to use these techniques. That way he or she can fight the primary emotions with the cortex.

"Listen, behavior therapy is hard work. The battlefield isn't on some couch, it's out

Center for Behavior Therapy, 337 S. Beverly Dr., Beverly Hills, 277-7990. The center has treated over 3,000 phobics since 1966. Under the direction of psychologist Donald Cowan, a team of licensed physicians, field workers and graduate workers use a multimodule, problem-oriented approach called Anxiety-Competency Training. The programs—both small group and individual—focus on learning to handle and manage one's anxiety. Semantics are very important in this approach; how we tend to label these troublesome emotions is viewed as a key to dealing with them. Rates are \$40 for 90-minute group sessions; \$65 for 45-minute individual sessions.

Hans Miller, 924 Westwood Blvd., Suite 850, Westwood, 824-9862. An associate clinical professor at UCLA, director of the university's Parent Training Clinic and private practitioner, Miller specializes in personal stress management. His belief is that phobias are a subcategory of stress reaction and symbolize loss or catastrophic failure in early life. Miller's approach is based on a gradual, self-paced progression from office to external-environment training. Relaxation, psychotherapy and practical re-education processes are all used in his programs. Individual and group sessions focus initially on relaxation-management training and gradually move on to situations that approximate the actual phobic situation. Rates are \$30 per person per group session; \$70 per private session.

Paul Munford, 924 Westwood Blvd., Suite 850, Westwood, 824-9862. A clinical psychologist and professor of medical psychology at UCLA, Munford approaches phobia management as a behavioral psychologist, emphasizing systematic desensitization. In addition, he teaches seminars in behavioral therapy at UCLA. His sessions, individual only, average \$65 per hour, but can vary according to case.

Richard Rosen, 924 Westwood Blvd., Suite 915, Westwood, 479-4448. A medical doctor and UCLA researcher in psychopharmacology, Rosen describes his approach as eclectic, employing a combination of nondependent drugs and behavior modification. Rates negotiable.

Maralyn Teare, 383 S. Robertson Blvd., Suite A, Beverly Hills, 659-6440. Teare uses an ecological and perceptual-behaviorist approach, taking patients into the environment to isolate precise perceptions and problematic stimuli. She then focuses on reteaching and reducing the symptoms in these situations. Hers is a gradual therapy, working simultaneously on the cognitive, emotional and behavioral levels to the point where the patient can take charge of the therapy. Teare sees individuals only and charges \$45 per session.

Books

For those who want to go it alone, the following are designed as self-help texts.

Hope and Help for Your Nerves by Dr. Claire Weekes (Hawthorne, \$7.95). Written with specificity and clarity with the layperson in mind, this book describes common phobias and their origins and follows through with detailed, practical management techniques.

Phobia Free by E. Ann Sutherland, Zalman Amit and Andrew Weiner (Jove, \$4.95). A pop-psych way to deal with such common phobias as fear of traveling and of loud voices.

Phobias and Obsessions by Joy Melville (Penguin, \$2.50). A simple, pragmatic view of phobic reactions, with some helpful, practical treatments.

Psychology of Fear and Stress by Dr. Jeffrey Gray (McGraw-Hill, \$3.95). A rather technical and clinical approach to the relationship between the emotion of fear and the phobic reaction. Concentrates on important differences between individuals rather than between standard types of phobias. ■

"... 'They feel like their heart's running away from them,' says one psychologist of his patients' phobic reactions..."

there in the real world. It's training. There is a joint responsibility in my practice; the patient has to be motivated. I take people out into the streets to actually confront their fears. I teach them techniques to help their cortex defeat the body's panicky state. The problem many phobics have, you know, is that they are so afraid of the experience that they will not allow themselves to experience the object of the phobia.

"I make them confront it, make them adapt. They get bored eventually with what used to scare them to death."

All of this advice sounds conflicting. Go through therapy, don't go through therapy; take drugs, don't take drugs. But how fast you get cured and *how* it happens is probably mostly a matter of how deeply you are afflicted with your phobia.

For example, one agoraphobic whom I interviewed had already been to group-counseling therapy and didn't feel it was doing enough for her, although it seemed just fine to the other 29 people in the group.

"One woman," she told me, "was there because, although she was a schoolteacher and wrote on the blackboard every day, once she got somewhere where she had to sign her name in public, she shook so badly she couldn't do it. She thought *she* was miserable, but I would have traded places with her in a minute." ■