

BMHP6029

Psychopathological Classifications and Provisions

Component

Student name: Joyce Ebihor
Student number: 2323239
Lecturer: Dr Farah Wiita

Acknowledgement of the use of AI tools

I confirm that I have not used any AI tools in the research and creation of this assignment. I confirm that I have not presented any AI-generated materials as my own work. I confirm I have copies of my drafts, notes, and other resources I used, which I may be asked to provide in evidence

Agoraphobia

Introduction Historical perspectives and treatments

Risk Factors

- Past forms of panic attacks or panic disorder.
- Stress, exposure to traumatic events.
- Parenting or childhood nervousness (Jablonská *et al.*, 2023).

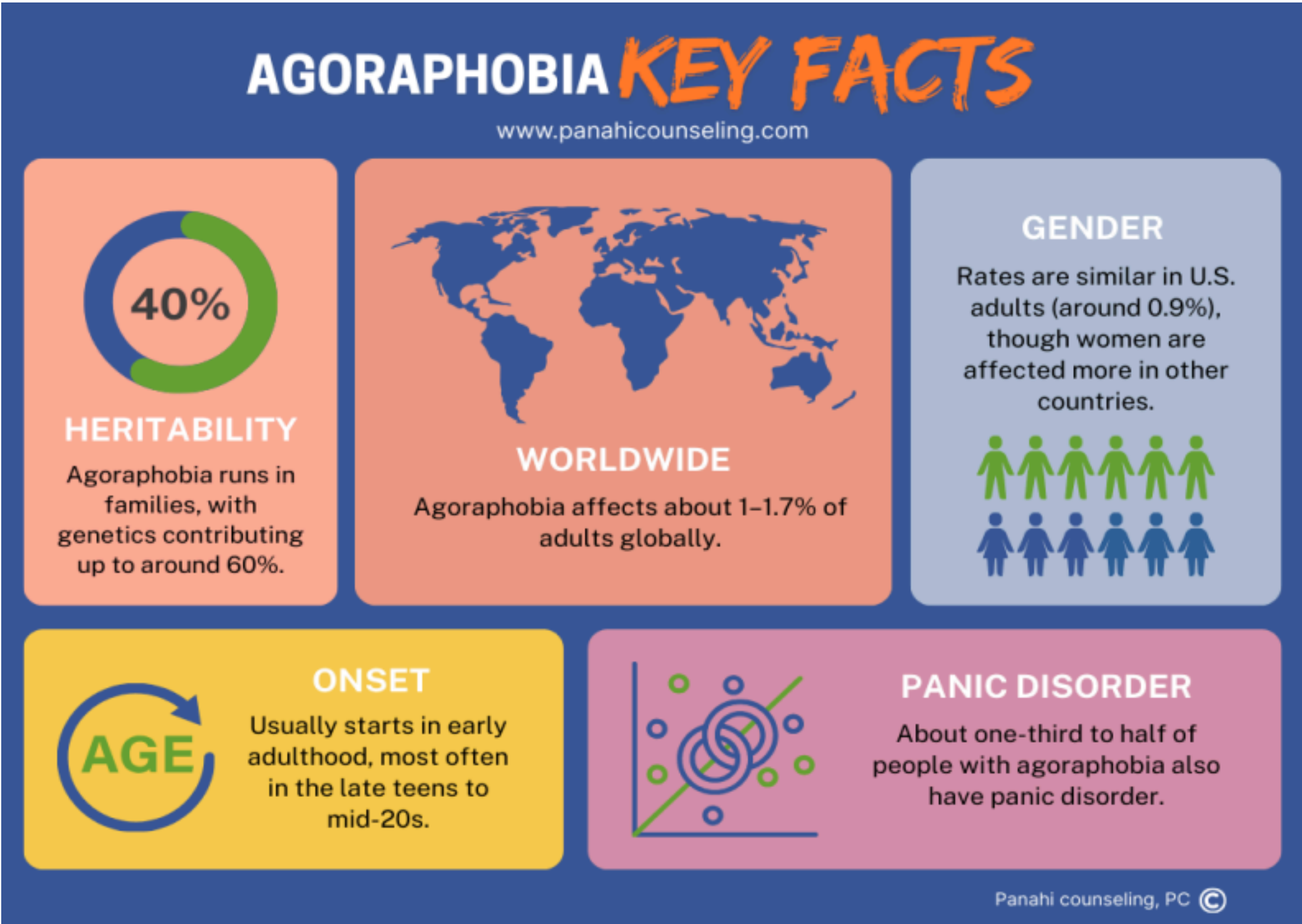
Psychological therapy

- Cognitive Behavioural Therapy (CBT) assists one in questioning irrational fears and, step by step, confronting avoided situations.
- Exposure therapy promotes progressive exposure to the dreaded environment (Wechsler, Agoraphobia is an anxiety or fear-based disorder, which is characterised by severe fear of circumstances in which escape may not be available or assistance at the time of panic-like symptoms (Pizzolla *et al.*, 2026).
- People are afraid of going out alone, going to shopping centres, open spaces, and even going to train stations.
- The disorder may cause severe avoidance behaviours which limit daily living and self-sufficiency.
- Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) defines agoraphobia as the feeling of fear in various social locations or environments that lasts at least six months.
- It is registered under anxiety or fear-related disorders in the International Classification of Diseases (ICD-11), and has the same diagnostic features (Domschke and Zwanzger, 2025).



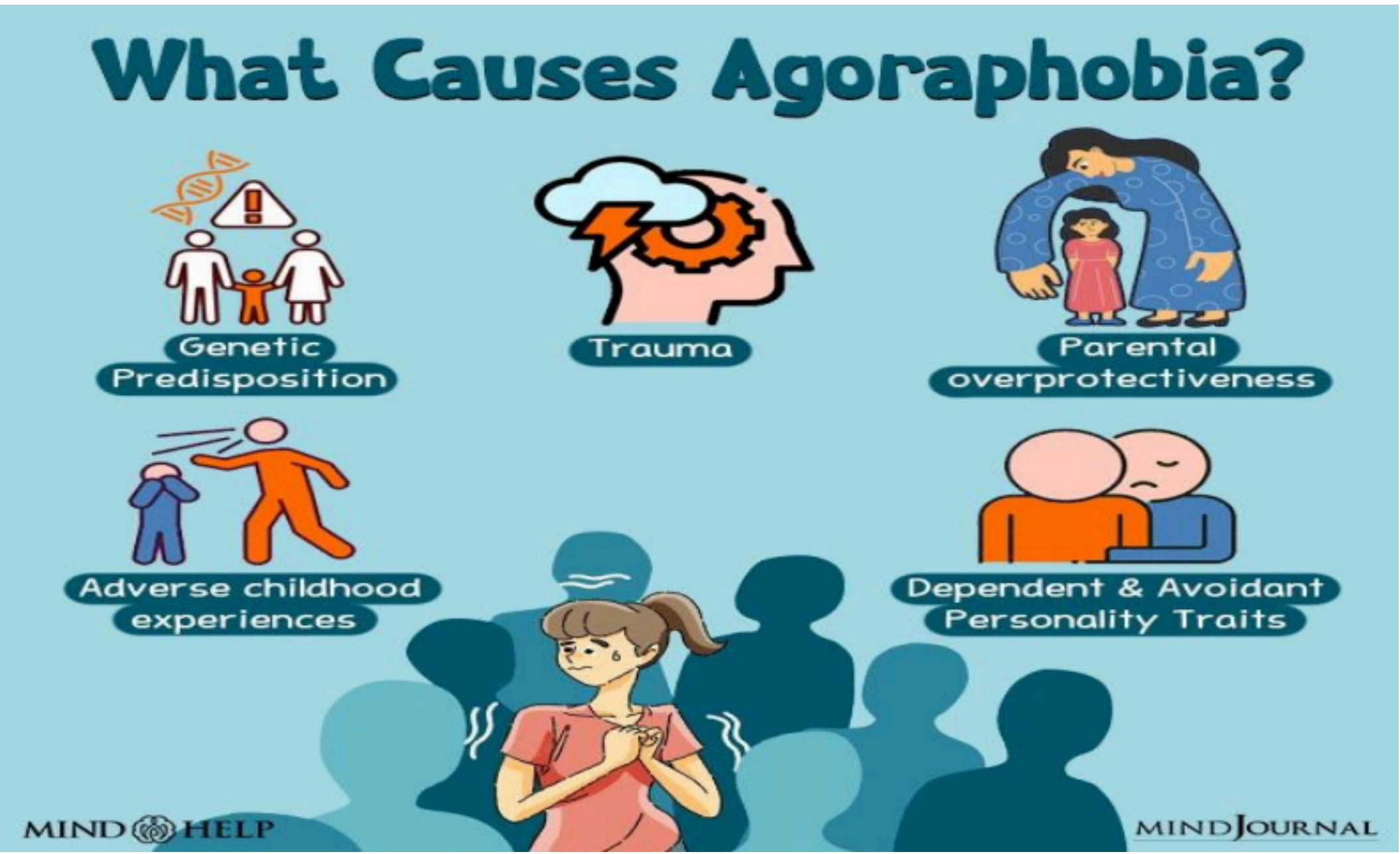
Prevalence

- It is estimated to be 12% globally (Baram and Marwaha, 2023).
- More common in women than in men.
- Usually, the onset occurs during late adolescence or early adulthood.
- May develop chronicity and cause a great impact on life quality.



Classification

- Classified in the group of Anxiety or Fear-Related Disorders.
- Acceptance as a separate disorder, as opposed to being a symptom of panic disorder (Pompoli *et al.*, 2018).
- Both DSM-5-TR and ICD-11 include it.
- Of panic attacks and avoidance behaviour.



Historical Views

- Agoraphobia is a term that was first coined in the 19th century to refer to the fear of open or social spaces (Palaneer and Sharmin, 2025).
- The fear of open markets or large spaces was thought by early physicians to be the primary cause of the fear.
- It used to be associated with panic attacks and nervous disorders in early psychological research.
- Initial theories were more based on emotional weakness or personality traits, and not on clinical mental health conditions.

Turning Point

- Subsequent studies found agoraphobia to be a complicated anxiety disorder that comprised avoidance behaviour (Stein *et al.*, 2021).
- It was being identified as a clinical disorder in diagnostic systems.
- Current psychiatry was able to develop more definite diagnostic criteria based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) and the International Classification of Diseases (ICD-11).
- These structures put a lot of emphasis on the fear of failing to escape or get assistance.

Definition

- Agoraphobia is an excessive and constant fear of incidents where one may not get away (Miralles *et al.*, 2019).
- People do not go to places like buses or trains, groups of people or places they are not familiar with.
- The disorder leads to a reduction in social functioning, avoidance behaviour, and distress (Fengbo, Ning and Yue, 2024).
- The symptoms should last quite some time and bring about daily life

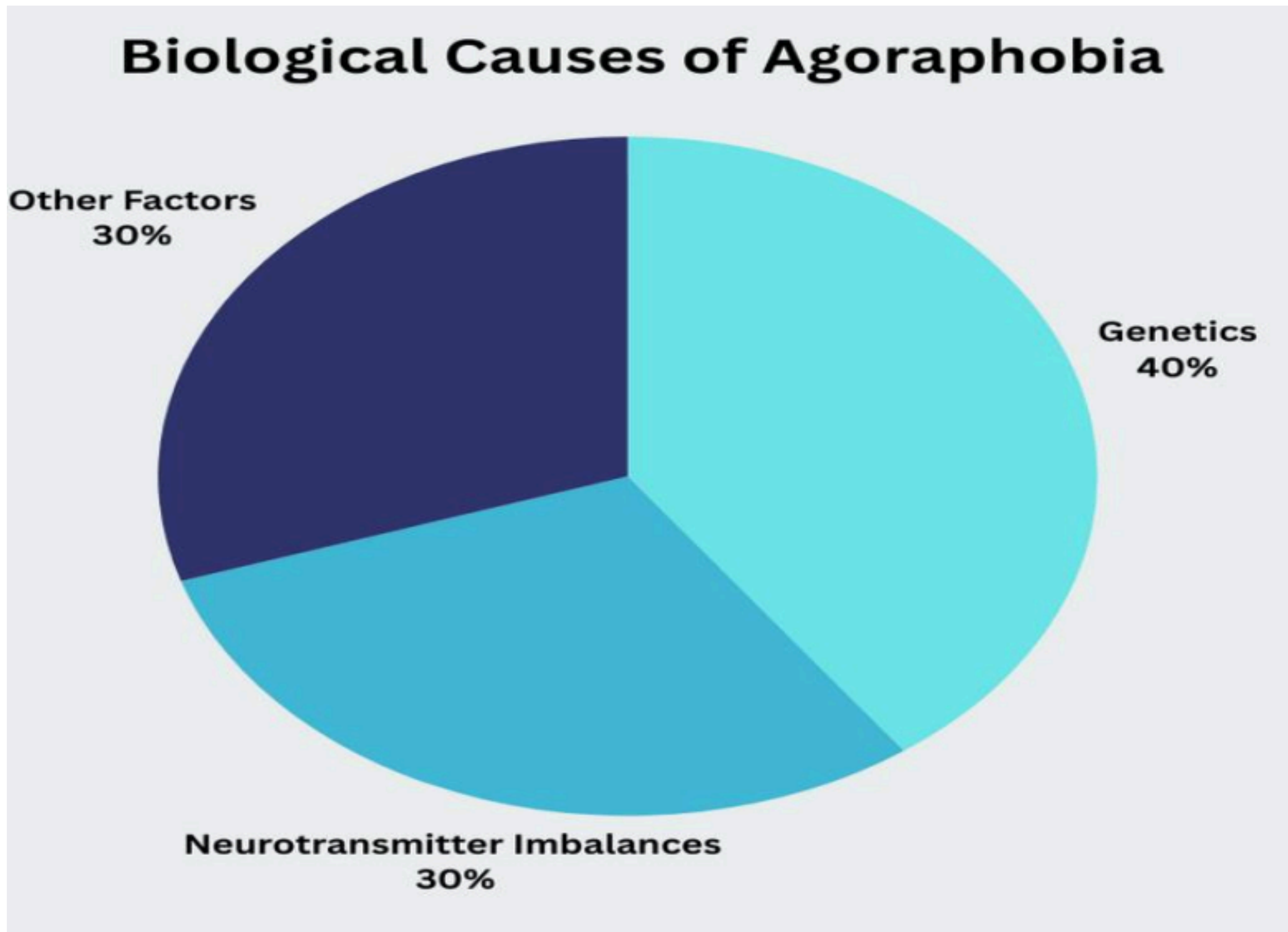
impairment.

Causes & Risk

Factors

Biological Causes

- Genetic predisposition can make one susceptible to anxiety disorders.
 - Neurotransmitter, or gamma-aminobutyric acid (GABA) and serotonin imbalances (Matiushenko, Kutasevych and Jafferany, 2020).
 - The processing of fear in the brain centres, such as the amygdala, might be over-activated.
- There is a risk that a family history of anxiety disorders can be the reason for the development.



- Sensitive personality traits, such as being extremely sensitive to stress or fear.
- Social loneliness or social deprivation.

Multifactorial Origin

- Agoraphobia is normally caused as a result of biological, psychological and environmental factors.
- Psychological influences consist of fear behaviour and avoidance behaviour,

- learnt.
- Symptoms may be caused by environmental factors like stressful life experiences (Roomruangwong *et al.*, 2018).
 - The combination of these factors is one of the causes of the disorder's development and maintenance.

Symptoms & Diagnosis

Early Symptoms

- Developed anxiety regarding going out alone.
- Shy to be in a public or unknown situation.
- Mild forms of panic, such as perspiration or increased heart rate (Okuro *et al.*, 2020).
- Shy of some social or societal situations.

Later Symptoms

- Extreme panic attacks upon being exposed to dreaded environments.
- Close adherence to avoiding public places, transport, or shopping centres (Barzegar *et al.*, 2021).
- Reliance on other people to accompany when at home.
- Great work, education, and social life disturbances.

Diagnosis

- Diagnosis is determined by a clinical assessment by utilising the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) and International Classification of Diseases (ICD-11) criteria.
- The fear has to be experienced in two or more situations, including areas of transportation or open spaces.
- The symptoms should last a minimum of six months and have to be painful (Freeman *et al.*, 2022).
- Medical workers evaluate mental health history and behavioural patterns.



Treatment And Support Services

Pharmacological Treatment

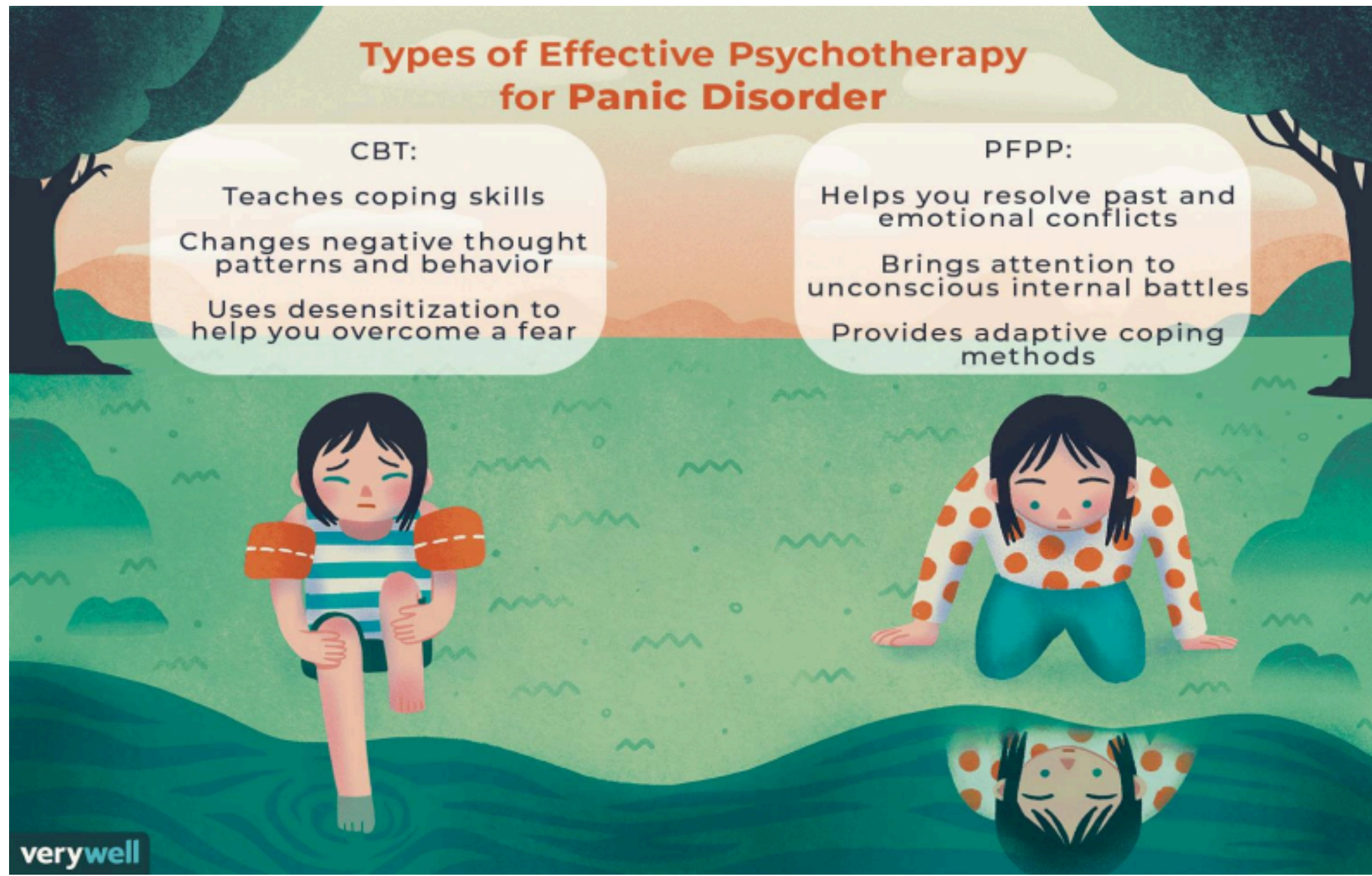
- Selective Serotonin Reuptake Inhibitors (SSRIs) are antidepressants that are generally prescribed.
- Anxiety drugs can be used to curb intense panic attacks (Chawla *et al.*, 2022).
- Mood stabilisation and fear reduction can be achieved with medication.
- Mental health professionals normally monitor the treatment plans.
- Non-Pharmacological Interventions



Support Services

- Counselling and therapy for mental health (Knapstad and Smith, 2021).
- Anxiety disorder support groups in the community.
- Families Education to enhance knowledge and assistance.
- Healthcare service access to mental health workers.

Recommendations



Recommendations

- Raise awareness among people on anxiety disorders and agoraphobia.
- Promote the prompt recognition and intervention to avoid serious avoidance behaviour.
- Foster mental health services and professional counselling (Bouchard *et al.*, 2020).
- Give training on stress management skills and coping.
- Enhance the social support of people with the disorder.

Conclusions

Conclusion

- Agoraphobia is another important anxiety disorder, which is manifested by fear of open or social spaces.
 - Such diagnostic frameworks as the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) and the International Classification of Diseases (ICD-11) offer straightforward diagnostic criteria.
 - The disease is formed as a result of the interaction of biological, psychological, and environmental factors.
 - Therapy, medication, and support services can be effective in terms of early treatment.
- Agoraphobic persons can become independent and enhance their living standards through proper intervention.

References

Balarim, K. and Marwaha, R. (2023) *Agoraphobia*, National Library of Medicine: Treasure Island (FL): StatPearls Publishing. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK554387/>.

Barzegar, H., Farahbakhsh, M., Asiri, H., Alashrafi, S., Dadashzadeh, H. and Fakhari, A. (2021) 'A descriptive study of agoraphobic situations and correlates on panic disorder', *Middle East Current Psychiatry*, 28(1). Available at: <https://doi.org/10.1186/s43045-021-00110-y>.

Bouchard, D., Allard, M., Robitard, G., Dumoulin, S., Guitard, T., Loranger, C., Green-Demers, I., Marchand, A., Renaud, P., Cournoyer, L.-G. and Conno, G. (2020) 'Videoconferencing Psychotherapy for Panic Disorder and Agoraphobia: Outcome and Treatment Processes From a Non-randomized Non-inferiority Trial', *Frontiers in Psychology*, 11(11). Available at: <https://doi.org/10.3389/fpsyg.2020.022164>.

Chawla, N., Anothaisintawe, T., Charoenrungrueangchai, K., Thaisititkul, P., McKay, G.J., Attia, J. and Thakkinistan, A. (2022) 'Drug treatment for panic disorder with or without agoraphobia: systematic review and network meta-analysis of randomised controlled trials', *BMJ*, 376(11), p. e066084. Available at: <https://doi.org/10.1136/bmj-2021-066084>.

Domschke, K. and Zenger, F. (2022) 'Taxonomy of anxiety disorders—a comparison of ICD-10 and ICD-11', *Der Nervenarzt* [Preprint]. Available at: <https://doi.org/10.1007/s00115-025-01842-6>.

Fengbo, L., Ning, L. and Yue, X. (2024) 'Impacts of family functioning on social avoidance and distress among people with disabilities: a moderated mediating model', *Current Psychology* [Preprint]. Available at: <https://doi.org/10.1007/s12144-024-05937-2>.

Freeman, D., Lambe, S., Kabi, T., Pettit, A., Rosebrock, L., Yu, L.-M., Dudley, R., Chapman, K., Morrison, A., O'Regan, E., Ayisworth, C., Jones, J., Murphy, E., Powling, R., Galai, U., Grabey, J., Kovira, A., Martin, J., Hollis, C. and Clark, D.M. (2022) 'Automated virtual reality therapy to treat agoraphobic avoidance and distress in patients with psychosis (gameChange): a multicentre, parallel-group, single-blind, randomised, controlled trial in England with mediation and moderation analyses', *The Lancet Psychiatry*, 10(10). Available at: [https://doi.org/10.1016/S2215-0366\(22\)00060-8](https://doi.org/10.1016/S2215-0366(22)00060-8).

Jablonská, M., Francová, A., Jančí, K., Stopková, P., Nosková, E. and Fajnorová, I. (2023) 'Virtual City for Exposure Therapy in Phobias: Case Studies of Agoraphobia', *European Psychiatry*, 56(1), pp. S184-S195. Available at: <https://doi.org/10.1155/2023.460>.

Knapstad, M. and Smith, O.R.F. (2021) 'Social anxiety and agoraphobia symptoms effectively treated by Prompt Mental Health Care versus TAU at 6- and 12-month follow-up: Secondary analysis from a randomized controlled trial', *Depression and Anxiety*, 38(3). Available at: <https://doi.org/10.1002/da.23132>.

Matiushenko, V., Kutasevych, Y. and Jafferany, M. (2020) 'Neurotransmitter imbalance in serum of postnatal patients in exacerbation stage with comorbid psychoemotional disorders', *Dermatologic Therapy*, 33(3). Available at: <https://doi.org/10.1111/dth.13337>.

Miralles, I., Granell, C., García-Palacios, A., Casilla, D., González-Pérez, A., Castellén, S. and Bretón-López, J. (2019) 'Enhancing In Vivo Exposure in the Treatment of Panic Disorder and Agoraphobia Using Location-Based Technologies: A Case Study', *Clinical Case Studies*, 18(2), pp. 145–159. Available at: <https://doi.org/10.1177/1545050118802900>.

Okuro, R.T., Freire, R.C., Zin, W.A., Quagliato, L.A. and Nardi, A.E. (2020) 'Panic disorder respiratory subtype: psychopathology and challenge tests – an update', *Brazilian Journal of Psychiatry*, 42(4), pp. 420–430. Available at: <https://doi.org/10.1590/1516-4446-2019-0717>.

Palmer, L. and Sharmir, T. (2023) 'Designing inclusive public spaces: addressing agoraphobia and safety-seeking behaviour through urban design', *Cities & Health*, pp. 1–16. Available at: <https://doi.org/10.1080/23748834.2025.2553261>.

Pizzoli, E., Tecce, J.M., Petzold, M.B. and Briganti, G. (2026) 'A Network Analysis of Panic Disorder, Agoraphobia, and Generalized Anxiety Disorder in 463 Patients From a Psychiatric Hospital', *Brain and Behavior*, 16(2). Available at: <https://doi.org/10.1002/brb3.71241>.

Pompoli, A., Furukawa, T.A., Efthimiou, O., Imai, H., Tajika, A. and Salanti, G. (2018) 'Dismantling cognitive-behaviour therapy for panic disorder: a systematic review and component network meta-analysis', *Psychological Medicine*, 48(12), pp. 1945–1953. Available at: <https://doi.org/10.1017/S0033291717003919>.

Roomruangwong, C., Sineerova, D.S., Stoyanov, D.S., Anderson, G., Carvalho, A. and Maes, M. (2018) 'Common Environmental Factors May Underpin the Comorbidity Between Generalized Anxiety Disorder and Mood Disorders Via Activated Nitrooxidative Pathways', *Current Topics in Medicinal Chemistry*, 18(19), pp. 1621–1640. Available at: <https://doi.org/10.2174/15682661866181115101625>.

Stein, D.J., Craske, M.G., Rothbaum, B.O., Chamberlain, S.R., Fineberg, N.A., Choi, K.W., Jonge, P., Baldwin, D.S. and Maj, M. (2021) 'The clinical characterization of the adult patient with an anxiety or related disorder aimed at personalization of management', *World Psychiatry*, 20(3), pp. 336–356. Available at: <https://doi.org/10.1002/wps.20919>.

Wechsler, T.F., Kümpers, F. and Mühlberger, A. (2019) 'Inferiority or Even Superiority of Virtual Reality Exposure Therapy in Phobias?—A Systematic Review and Quantitative Meta Analysis on Randomized Controlled Trials Specifically Comparing the Efficacy of Virtual Reality Exposure to Gold Standard in vivo Exposure in Agoraphobia, Specific Phobia, and Social Phobia', *Frontiers in Psychology*, 10. Available at: <https://doi.org/10.3389/fpsyg.2019.01758>.