

RECOGNISING AGORAPHOBIA

Understanding the signs, triggers and ways agoraphobia can affect everyday life

Agoraphobia is not simply a fear of open spaces. It can involve fear or anxiety about situations where escape may feel difficult, help may not be available, or panic-like or embarrassing symptoms may occur.

What can agoraphobia look like?

Someone may fear public transport, shops, crowds, queues, enclosed places, open spaces, travelling far from home or being outside alone. Often the most important part is not the location itself, but what the person fears could happen there.

Common feared outcomes

A person may fear having a panic attack, fainting, vomiting, losing control, becoming trapped, experiencing a medical emergency, being unable to reach a toilet or being unable to get home. These predictions can make ordinary situations feel dangerous.

Physical, emotional and thinking signs

Symptoms can include a racing heart, dizziness, shaking, sweating, nausea, breathlessness, chest tightness, weakness, feelings of unreality, dread, helplessness and an urgent need to escape. Attention may become focused on exits, distance from home, availability of help and what might happen if anxiety becomes visible.

Behavioural signs

Signs can include cancelling plans, avoiding travel, needing another person to accompany you, choosing only familiar routes, staying close to exits, leaving situations early, repeatedly checking maps or toilets, or restricting activities to a defined safe area.

Anticipatory anxiety

Agoraphobia can begin long before someone reaches a feared place. They may spend hours or days imagining what could go wrong, researching the destination, checking escape options or deciding that staying home feels safer.

A shrinking safe zone

What starts as avoiding one difficult situation can gradually spread. Home may become the main safe place and the distance a person feels able to travel can reduce. Activities may increasingly depend on having a trusted person nearby.

Recognition matters. Agoraphobia can be hidden behind extensive coping strategies, so somebody may appear to be managing while using a great deal of energy to keep anxiety contained.

SIGNS THAT MAY BE EASY TO MISS

Agoraphobia can be hidden behind routines and safety strategies

The person may still go out

Some people function by carefully controlling when, where and how they travel. They may drive everywhere, shop at quiet times, sit near exits, carry reassurance items or only attend places with somebody they trust.

Dependence can develop quietly

A partner, parent, friend or family member may gradually take over shopping, driving, appointments or other tasks. This may be necessary at times, but it can also make it harder for the person to discover what they can manage independently.

Agoraphobia and panic

Agoraphobia and panic disorder can occur together, but they are not identical. Some people develop agoraphobic avoidance after panic attacks; others have agoraphobic fear without recurrent unexpected panic attacks.

What else can look similar?

Avoidance can also occur with social anxiety, PTSD, OCD, health anxiety, sensory overload, autism-related needs, physical illness, mobility difficulties or previous frightening experiences. Difficulty leaving home should not automatically be labelled agoraphobia.

Questions that may help you recognise a pattern

- Do I avoid places because I fear I could not leave easily?
- Do I need somebody with me for situations I would otherwise avoid?
- Do I plan journeys around exits, toilets, hospitals or distance from home?
- Has the area in which I feel safe become smaller?
- Do I leave because I fear what anxiety or my body might do?
- Am I missing work, healthcare, relationships or activities because of this fear?

When to seek support

Professional support may be helpful when fear is substantially restricting daily life, preventing necessary healthcare or travel, increasing dependence or causing severe distress. New or unexplained physical symptoms should also receive appropriate medical assessment.

Recognition is not diagnosis. A full assessment considers duration, severity, context, other possible explanations and the impact on the person's life.

MY AGORAPHOBIA RECOGNITION CHECK-IN

Notice your pattern without judging yourself

Places or situations I currently avoid
Situations I manage only with another person
What I fear might happen
Physical sensations that frighten me
Things I do to make situations feel safer
How far from home or my safe place I feel comfortable
Plans I cancel or change because of fear
Areas of work, family, healthcare or social life affected
What I miss being able to do
What would make one situation more manageable
One small step I would like to work towards
Who could support me without taking over

Look at the whole picture. The useful question is not simply 'Can I force myself to go?' but 'How much is fear influencing my choices, independence and quality of life?'

SUPPORT, BOOKS & A MESSAGE FROM ME

Understanding what is happening can create more options

What can help?

Cognitive behavioural therapy is commonly used for agoraphobia and may include learning about panic and anxiety, mapping avoidance and safety behaviours, graded exposure and testing feared predictions. Support should be individual, collaborative and paced appropriately.

Supporting someone else

Listen without minimising the fear. Avoid surprise exposure or telling someone to 'just go out'. Help identify manageable goals and ask what support is useful. Where appropriate, support can gradually shift from doing everything for the person towards helping them practise doing more themselves.

Recommended books

The Anxiety and Phobia Workbook - Edmund J. Bourne. Practical information and exercises for anxiety and phobias.

Overcoming Panic and Agoraphobia - Derrick Silove and Vijaya Manicavasagar. Structured self-help focused on panic and agoraphobic avoidance.

Mastery of Your Anxiety and Panic - David H. Barlow and Michelle G. Craske. A treatment-oriented resource addressing panic, fear and avoidance.

Overcoming Anxiety - Helen Kennerley. A CBT-based guide to anxiety cycles and behavioural change.

Useful UK resources

NHS: information about agoraphobia and NHS Talking Therapies. **Mind:** mental-health information and support.

Anxiety UK: information and support relating to anxiety disorders. A GP can help when symptoms are significantly affecting daily life or physical symptoms need assessment.

A message from me

Agoraphobia can be difficult for other people to see because so much of the work happens before you even leave home - the planning, checking, imagining, negotiating with yourself and deciding whether you can manage. You may have become very skilled at hiding how much effort everyday situations take. Recognising the pattern is not about putting another label on yourself. It is about understanding why your world may have become smaller and identifying where more choice could begin. You do not need to make a huge leap. Small, supported steps can gradually help you rediscover places, experiences and independence that fear has pushed out of reach.

Maggie Learoyd
Space to Breathe Therapy

Clinical information and sources

Agoraphobia is recognised in major diagnostic classifications. Diagnosis considers marked fear or anxiety across characteristic situations, avoidance or endurance with intense distress, persistence and functional impact. Psychological treatment commonly includes CBT and exposure-based approaches.

Suggested professional sources: NHS information on agoraphobia; NICE guidance relevant to panic disorder and anxiety; World Health Organization ICD classification; American Psychiatric Association diagnostic criteria; established CBT research by Barlow, Craske and colleagues.

Information note: This guide is educational and does not diagnose agoraphobia or replace individual medical or psychological assessment.