

# Assessment and Description of Phobias Among Teenagers in Schools of Selected Areas

Mrs. Sneha Patil

MES College of Nursing

## Abstract:

Assessment and description of phobias among teenagers in schools of selected areas.'

**Objectives:** 1. To assess phobias among teenagers in selected schools. 2. To describe phobias among teenagers in selected schools. 3. To find association between selected demographic variables and study finding

**Material and Methods:** The research approach adopted in this study is Mixed approach. Quantitative Non-experimental Descriptive Qualitative Phenomenological design was used. The sample were selected by Probability stratified random sampling technique. sample size was 100.

## Results:

1. According to 8% of the teenagers did not had phobia (score 0-8), 32% of them had mild phobia (score 9-16), 27% of them had moderate phobia (score 17-24), 21% of them had severe phobia (Score 25-32) and 12% of them had very severe phobia (Score 33- 40).
2. Summative analysis shows that the most of teenage students are having Fear of Height, Fear of Water, Fear of Flying, Social Phobia, Fear of Animals, Fear of Dog, Fear of blood. Few of having some of having Fear of thunder, Fear of Alone, Fear of Disease, Fear of snakes, Fear of Night, Fear of Pain, Monophobia, Fear of Doctor, Fear of fire.

**Conclusion:** Majority of teenagers having mild phobia, that may be any type for e.g. having Fear of Height, Fear of Water, Fear of Flying, Social Phobia, Fear of Animals, Fear of Dog, Fear of blood. Few of having some of having Fear of thunder, Fear of Alone, Fear of Disease, Fear of snakes, Fear of Night, Fear of Pain, Monophobia, Fear of Doctor, Fear of fire.

## Introduction /Background:

The term phobia is derived from Greek, means fear phobia is also used in a non- medical sense for aversions of all sorts Phobia is defined irrational, persistent, fear of certain situation, objects, activities or persons. Phobia means fear is out of proportion to the demands of the situation, cannot be explained or reasoned away, Fear leads to an avoidance of the feared situation, beyond voluntary control Everyone feels anxious or uneasy from time to time. Your first day on a new job, planning for a long trip, going to the dentist. your palms sweat, you feel shaky, your heart pounds. Some anxiety helps to keep you focused on the job at hand. However, when your anxiety is so serious that it interferes with your work, leads you to avoid certain situations or keeps you from enjoying life, you may be suffering from a form of the most common type of mental disorder, an anxiety disorder.

Ersin BF (2005). This study demonstrated that social phobia usually starts early in teenage years and social phobia significantly affects the concept early age smoking habit in adolescents. In addiction participation factor from social phobia in adolescents. the relationship between social phobia and

depression, self concept, smoking habit in adolescents were included. In this study the age range varied between 13 and 17 year socio demographic characteristics and risk factors were obtained instructed questionnaires designed to determine the presence and clinical characteristics of social phobias in adolescents. In addition the child depression inventory, pierce harms self concept scale for children and social phobia scale for child and adolescent were administered to all adolescent participating into the study. The frequency of social phobia was 14.4 % according to cuff point found in this study although there was positive correlation between social phobia and depression there was negative correlation between social phobia and self concept.

## REVIEW OF LITERATURE

1. Daniel F, Gros martin M. The assessment and treatment of specific phobias: Specific phobia is one of the most common and easily treated mental disorders. In this review, empirically supported assessment and treatment procedures for specific phobia are discussed. Exposure-based treatments in particular are highlighted given their demonstrated effectiveness for this condition. The format and characteristics of exposure-based treatment and predictors of treatment response are outlined to provide recommendations for maximizing outcome. In addition, several other treatments for specific phobia are reviewed and critiqued, including cognitive therapy, virtual reality, eye movement desensitization and reprocessing, applied tension, and pharmacologic treatments. The review concludes with a discussion of future directions for research.<sup>13</sup>
2. Jones K, Friman P. A case study of behavioural assessment and treatment of insect phobia. We assessed the academic performance of a 14-year-old boy with insect phobia in the context of feared stimuli. The dependent measure was math calculation rate across three conditions that varied therapist statements about the presence of crickets and the actual presence of live crickets. Subsequent treatment consisted of graduated exposure and contingent rewards for math problem completion. Assessment results indicated that the boy's performance was consistently low in the presence of live crickets but not when he was spuriously informed that crickets were present (the primary referral concern). Treatment results indicated no effect from exposure alone and a dramatic effect when exposure was combined with contingent rewards.<sup>02</sup>
3. Linares M, Trzesniak C, Chagas M, Hallak J, Nardi A, Crippa J. Neuroimaging in specific phobia disorder: Specific phobia is characterized by irrational fear associated with avoidance of specific stimuli. In recent years, neuroimaging techniques have been used in an attempt to better understand the neurobiology of anxiety disorders. The objective of this study was to perform a systematic review of articles that used neuroimaging techniques to study Specificphobic literature search was conducted through electronic databases, using the imaging, neuroimaging, PET, spectroscopy, functional magnetic resonance, structural magnetic resonance, SPECT, MRI, DTI, and tractography, combined with simple phobia and specific phobia. One-hundred fifteen articles were found, of which 38 were selected for the present review. From these, 24 used MRI, 11 used PET, 1 used SPECT, 2 used structural MRI, and none used spectroscopy. The search showed that studies in this area were published recently and that the neuroanatomic substrate of SP has not yet been consolidated. In spite of methodological differences among studies, results converge to a greater activation in the insular, anterior cingulate cortex, amygdala, and prefrontal and orbitofrontal cortex of patients exposed to phobia-related situations compared to controls. These findings support the

hypotheses of the hyper activation of a neuroanatomic structural network involved in Specific Phobia.<sup>03</sup>

4. Ittchen U, Stein M, Kessler C. Social fears and social phobia in a community sample of adolescents and young adults: The paper describes prevalence, impairments, patterns of co-morbidity and other correlates of DSM-IV social phobia in adolescents and young adults, separating generalized and non-generalized social phobic\_s. Data are derived from the baseline investigation of the Early Developmental Stages of Psychopathology Study (EDSP), a prospective longitudinal community study of 3021 subjects, aged 14–24. Diagnoses were based on the DSM-IV algorithms of an expanded version of the Composite International Diagnostic Interview. Lifetime prevalence of DSM-IV}CIDI social phobia was 9±5% in females and 4±9% in males, with about one-third being classified as generalized social phobic\_s. Twelve-month prevalence was only slightly lower, indicating considerable persistence. Respondents with generalized social phobia reported an earlier age of onset, higher symptom persistence, more co- morbidity, more severe impairments, higher treatment rates and indicated more frequently a parental history of mental disorders than respondents with non-generalized social phobia. History of DSM-IV social phobia was found to be quite prevalent in 14–24 year-olds. The generalized subtype of social phobia was found to have different correlates and to be considerably more persistent, impairing and co-morbid than non-generalized social phobia. Although generalized social phobic are more likely than non-generalized social phobic\_s to receive mental health treatments, the treatment rate in this sample was low despite the fact that mental health services are free in Germany.<sup>04</sup>
5. Thomas O, Natoshia R, Thompson D, Cristian S, Lars O. Specific Phobia in Youth: Phenomenology and Psychological Characteristics Sociodemographic and psychological characteristics of 62 youth with animal and natural environment types of specific phobia were examined in a treatment-seeking sample. Differences due to age, sex, ethnicity, family structure, and family socioeconomic status were not found between youth with the two types of specific phobia. Moreover, differences were not obtained between the two groups in the clinical severity of their phobias, the perceived dangerousness of the feared outcomes associated with their phobias, the perceived levels of coping with their phobias, or overall fearfulness. However, differences between youth with the two types of specific phobias were found on somatic/anxious symptoms, depressive symptoms, and life satisfaction. In addition, differences were noted on withdrawn, somatic complaints, anxious/depressed symptoms, and social problems as reported by the mothers of these youngsters. Finally, differences in the percent of co-occurring anxiety disorders between youth with the two types of specific phobia were found. On all of the domains in which differences were found, youth with the natural environment type fared more poorly than those with the animal type. These findings converge with those obtained in treatment studies which indicate that youth with the natural environment type are more difficult to treat than youth with the animal type.<sup>05</sup>

### Material and Methods:

The research approach adopted in this study is Mixed approach. Quantitative Non-experimental Descriptive Qualitative Phenomenological design was used. The sample were selected by Probability stratified random sampling technique. sample size was 100. According to the objectives, a tool was prepared. The tool consists of demographic data and likert scale to assess phobias. The data collection

was as follows – data was collected by using likert scale, data was analyzed in terms of frequency and percentage, summative and narrative analysis also done.

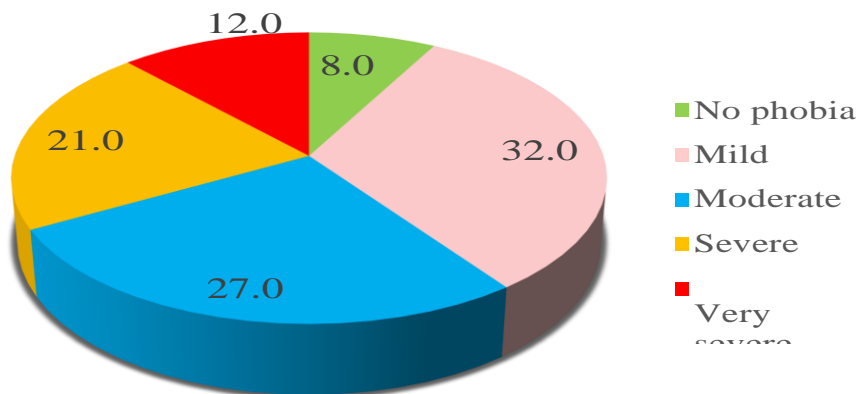
**Result:** The data was analyzed by using inferential and descriptive statistics on the basis of objectives.

**PART I: Analysis of data related to the phobias among teenagers in selected schools. N=100**

Phobia	Freq	
		%
No phobia (Score 0-8)	8	0.0%
Mild (Score 9-16)	32	0.0%
Moderate (Score 17-24)	27	85.0%
Severe (Score 25-32)	21	15.0%
Very severe (Score 33-40)	12	0.0%

8% of the teenagers did not had phobia (score 0-8),32% of them had mild phobia (score 9-16), 27% of them had moderate phobia (score 17-24), 21% of them had severe phobia (Score 25-32) and12% of them had very severe phobia (Score33-40)

**Phobias among teenagers in**



**PART III:**

**Summative Analysis**

1. Most of students described that the following phobias Like Fear of Hight , Fear of Water , Fear of Flying, Social Phobia , Fear of Animals ,Fear of Insects, Fear of Dog ,Fear of blood, Driving phobia, Fear of Marriage, Fear of Rain, Fear of thunder, Fear of Alone, Fear of Disease, Fear of snakes, Fear of Night, Fear of Pain , Monophobia, Fear of Doctor, Fear of fire These phobias teenagers students are described. It means that shows the most of Fear of Hight and Fear of Water is present in teenagers of selected schools of areas.
2. Some of them described that the Fear of Flying, Social Phobia, Fear of Animals, Fear of Insects, Fear of Dog, Fear of blood, Driving phobia, Fear of Marriage, Fear of Rain. These phobias also students are described.
3. Few of them described that the following phobias like Fear of thunder, Fear of Alone, Fear of Disease, Fear of snakes, Fear of Night, Fear of Pain, Monophobia, Fear of Doctor, Fear of fire.
4. Above summative analysis shows that the most of teenage students are having Fear of Hight, Fear of Water, Fear of Flying, Social Phobia, Fear of Animals, Fear of Insects, Fear of Dog ,Fear of blood.

Few of having some of having Fear of thunder, Fear of Alone, Fear of Disease fire.

**PART IV: Analysis of data related to association between phobia among teenagers and selected demographic variables.**

N=100

Demographic variable		Phobia					p- value
		No phobia	Mild Phobia	Moderate Phobia	Severe Phobia	Very Severe	
Gender	Male	7	19	19	11	3	0.040
	Female	1	13	8	10	9	
Area of residence	Urban	6	18	17	9	6	0.525
	Rural	2	14	10	12	6	
Education	7th std	1	9	8	7	3	0.189
	8th std	5	8	7	3	0	
	9th std	2	5	5	7	4	
	10th std	0	10	7	4	5	
Type of family	Joint	7	13	19	11	8	0.061
	Nuclear	1	19	8	10	4	
Religion	Hindu	7	28	24	17	10	0.862
	Muslim	1	3	3	2	2	
	Christian	0	1	0	2	0	

Since p-value corresponding to gender is small (less than 0.05), gender is the demographic variable which is found to have significant association with phobia among teenagers

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