

Anxiety as a causal factor in the development of phobias

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ABSTRACT

A Phobia is a type of anxiety disorder defined by a persistent and excessive fear of an object or situation. Phobia typically results in a rapid onset of fear and is present for more than six months. The affected person goes to great lengths to avoid the situation or object, to a degree greater than the actual danger posed. The American Psychological Association (APA) defines anxiety as “an emotion characterized by feelings of tension, worried thoughts and physical changes like increased blood pressure”. The current study is pilot research work based on case study and survey method. It studies the relationship between anxiety and phobia and how anxiety is the causal factor in the development of phobia in the age group between 18 to 25 years in Mumbai city. The survey was conducted with the help of a questionnaire. Under the guidance of the Author “Smt. Bhagyashree Kulkarni”, the co-authors “Miss. Riddhi Rane” and “Miss. Shruti Pawar” observed that 15% individuals possessed higher anxiety levels, 63% were individuals having moderate anxiety levels and 22% were individuals having lower anxiety levels. Whereas, in the second part of the test i.e. the test for phobia, 12% samples showed severe phobia which indicates that these individuals have a fear of any object or any situation which is so intense that it can have a negative impact on their daily life, 60% samples showed mild phobia which means they have a specific phobia of a specific object or situation that usually poses little or no actual danger. And 28% samples showed no phobia.

Keywords: *Eritrean counseling, counseling approa*

Anxiety is a mood state characterized by worry, apprehension, and somatic symptoms. Similar to the tension caused when an individual anticipates impending danger, catastrophe, or misfortune. The threat the person is responding to may be real or imagined or internal or external. It may be an identifiable (cued) situation or a vaguer fear of the unknown (uncued). The body often mobilizes itself to meet the threat, whether this is real or imagined: Muscles become tense, breathing becomes faster, and the heart beats more rapidly. Anxiety may be distinguished from real fear both conceptually and physiologically, although the two terms are often mistakenly used interchangeably in everyday language.

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The term anxiety refers to feelings of worry, nervousness, apprehension, or fear commonly experienced by people when faced with something they view as challenging – a test, speaking in public, performing in public, a job interview, divorce, layoff, or any number of other stress-inducing events. Sometimes anxiety is characterized by vague, unsettling feelings of nervousness and apprehension, often with the person having no idea what he or she is anxious about. Anxiety is an adaptive way to cope with the various stressors and challenges in the world. It's short-lived and doesn't have a dramatic effect on your life. However, when anxious feelings, like worry and fear, begin to interfere with daily life on a regular basis, seem unreasonable and excessive, or have no apparent association with any external stimuli or stresses, it can become an anxiety disorder.

When we encounter a difficult situation, it is natural to feel uneasy. For example, imagine the case of a student who is about to face an examination. The results of this exam can have a huge impact on the future career avenues of the student. It is only to be expected that the student would feel anxious. Not only this, when facing an interview, when speaking in public, waiting for an important piece of news, we all feel anxious and worried. However, there are situations where anxiety becomes overwhelming and out of proportion to circumstances. This kind of anxiety is considered as an anxiety disorder. In such a situation, the anxiety is out of proportion to the actual danger.

Phobia is a type of anxiety disorder that describes an excessive and irrational fear of a specific object, activity, or situation. Phobias involve intense fear surrounding an object or situation that realistically poses little or no real danger. They are different from common fears in that the associated anxiety is so strong it interferes with daily life and the ability to function normally. People suffering from phobias may go to extreme lengths to avoid encountering or experiencing the feared object or situation. Though many people with phobias realize that their worry is unrealistic or unwarranted, feelings of fear and anxiety persist and seem unmanageable, leaving sufferers feeling out of control.

Phobias themselves can be divided into three specific types:

1. Specific phobias (formerly called "simple phobias")
2. Social phobia (also called "social anxiety disorder")
3. Agoraphobia

Specific phobias

As its name suggests, a specific phobia is the fear of a particular situation or object, including anything from airplane travel to dentists. Specific phobias seem to run in families and are roughly twice as likely to appear in women. If the person rarely encounters the feared object, the phobia does not cause much harm. However, if the feared object or situation is common, it can seriously disrupt everyday life. Common examples of specific phobias, which can begin at any age, include fear of snakes, flying, dog, escalators, elevators, high places, or open spaces.

Social phobia

People with social phobia have deep fears of being watched or judged by others and being embarrassed in public. This may extend to a general fear of social situations—or be more specific or circumscribed, such as a fear of giving speeches or of performing (stage fright). More rarely, people with social phobia may have trouble using a public restroom, eating in a restaurant, or signing their name in front of others. Social phobia is not the same as shyness. Shy people may feel uncomfortable with others, but they don't experience severe anxiety, they don't worry excessively about social situations beforehand, and they don't avoid events

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that make them feel self-conscious. On the other hand, people with social phobia may not be shy—they may feel perfectly comfortable with people except in specific situations. Social phobias may be only mildly irritating, or they may significantly interfere with daily life. It is not unusual for people with social phobia to turn down job offers or avoid relationships because of their fears.

Agoraphobia

Agoraphobia is the intense fear of feeling trapped and having a panic attack in a public place. It usually begins between ages 15 and 35, and affects three times as many women as men—about 3% of the population. An episode of spontaneous panic is usually the initial trigger for the development of agoraphobia. After an initial panic attack, the person becomes afraid of experiencing a second one. Patients literally "fear the fear," and worry incessantly about when and where the next attack may occur. As they begin to avoid the places or situations in which the panic attack occurred, their fear generalizes. Eventually the person completely avoids public places. In severe cases, people with agoraphobia can no longer leave their homes for fear of experiencing a panic attack.

These irrational fears can interfere with personal relationships, work, and school, and prevent you from enjoying life.

Sigmund Freud is popularly known as the father of modern psychology. His pioneering structural theory was largely based on the three stages of conscience:

1. Id
2. Ego
3. Superego

The id is the most primal and instinctive part of the mind and is the basis of such primitive emotions as fear and anxiety. The superego is the selfless higher conscience, adding value judgments and the concept of guilt. The ego is the rational moderator between the two. A significant portion of the ego's duty is to control the impulses of the id.

According to this theory, phobias are based on anxiety reactions of the id that have been repressed by the ego. In other words, the currently feared object is not the original subject of the fear.

Hypotheses

The current study is aimed to find out that anxiety is a causal factor in the development of phobias in an individual.

METHODOLOGY

This plot search is carried out using survey method and case studies. A questionnaire is created. It consists of two tests Authored by "Smt. Bhagyashree Kulkarni" and co-authored by "Miss. Riddhi Rane" and "Miss. Shruti Pawar". The two tests are named as - 1. Test on Anxiety and 2. Test on Phobias. Test on Anxiety is a, 25 items test that measures the extent of anxiety of the individuals in Mumbai city, Maharashtra population. The statements of the questionnaire were collected by reviewing various situations observed in daily life, in literatures and surveys. Along with this, Test on Phobia which consists of 20 items and measures the level of fear of phobia of an individual was also used. The Test on Phobia, is an attempt to understand if it is developed because of intense anxiousness or whether anxiety is

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the causal factor in the development of phobia. These two questionnaires were administered on total of 200 individuals belonging to the age group of 18-25.

Questionnaires:

1. Test on Anxiety

Instructions: “This test consists of 25 sentences. The response should be given such that (1: always, 2: frequently, 3: sometimes, 4: never). There is no time limit to complete the test, however complete the test as soon as possible. There are no right or wrong responses.” (*Test questions at Appendix-1*)

2. Test on Phobias

Instructions: “This test consists of 20 questions. The answers should be marked such that (Yes: +1 /No: 0). There is no time limit to complete the test, however complete the test as soon as possible. There are no right or wrong responses.” (*Test questions at Appendix-1*)

Case Studies:

1) Mike’s social anxiety disorder

Mike, a 20-years-old reports that he feels depressed and experiences a significant amount of stress about school. He spends much of his day in his dorm room playing video games and has a hard time identifying what, if anything, is enjoyable in a typical day. He rarely attends class and has avoided reaching out to his professors. Mike was shy and has had a very small and cohesive group of friends. Notably, his level of stress significantly amplified when he began college. He had a hard time interacting with others because he was busy worrying about what they will think of him, he assumed they will find him “dumb,” “boring,” or a “loser”. When he loses his concentration, he stutters, is at a loss for words, and starts to sweat, which only serves to make him feel more uneasy. After the interaction, he overthinks focusing on the “stupid” things he said. Similarly, he was uncomfortable with authority figures and approaching teachers. Since starting college, he has been isolating more, turning down invitations from his roommate to go eat or hang out, ignoring his cell phone when it rings, and habitually skipping class. He had social anxiety disorder, which was the primary treatment target. He also had a fear of negative evaluation, and his thoughts and behaviors surrounding social situations, as driving his increasing sense of hopelessness, isolation, and worthlessness.

2) Intense fear of falling and dying.

The Patient Mrs. E.L had intense fear of falling and dying, along with fears of losing consciousness. She had been home bound for the last 17 years. She had a fear that something bad will happen, if she will go out of her apartment. She stayed mostly in her bed, and did not even allow her husband to leave the apartment. She believed, that she might get hurt or buried alive if she leaves the safety of her bed. The patient was quite fearful of dying, thinking she may go to hell, although she could not describe anything that would make her deserve that fate. Her niece reported that in the 1950s, when the patient’s husband was working, she couldn’t tolerate being home alone. It was unclear if the patient met the criteria for Panic disorder; however, her niece also reported she may sometimes have panic like symptoms. These include shortness of breath; tightness in her chest; palpitation; sweaty hands; tremors and sudden jolts of fear of dying. Her brother would pick her up and she would stay all day with his family until her husband returned from work to pick her up at the same time every day. Over the years, her condition worsened to a point where she even refused to step out of her apartment. As the time progressed, so did her agoraphobia, eventually forcing her to be

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confined to the corners of her bed. She was then provided with services such as a bedpan and sponge baths.

3) Fear of aging (anxiety in the past being the cause of phobia)

We present the clinical case of a 14-years-old boy with Gerascophobia or an excessive fear of aging, who felt his body development as a threat, to the point where he took extreme measures to stop or otherwise hide growth. He had a history of separation anxiety, sexual abuse, and suffering bullying. He presented with anxious and depressive symptoms and food restriction, criticized his body image, had negative feelings towards the maturation process, suffered at the thought of being rejected, and was preoccupied with certain physical characteristics. We conducted an analysis of biological, psychological, and environmental factors and their possible interactions and established treatment with psychotherapy and fluoxetine. Because of the favorable results, this approach could be considered a good option in such cases.

4) Peter suffering social phobia (phobia developed because of parents suffering from depressive episodes).

Master Peter, a 12 years old student of 7th standard, presented with chief complaints of poor socialization. The patient's mother had suffered from a depressive episode during the antenatal period. He achieved developmental milestones at appropriate ages and managed average grades at school. The patient was noted to cry when anybody other than his parents tried to hold him even when he was about 3-4 months old. Later, it was noted that he expressed his needs only to and made eye contact only with his parents. He appeared distressed in social situations, where he never initiated conversation and responded to questions only on coaxing (and in a low volume). He played and interacted with his peers only in the presence of his parents. He would not go to the market on his own because of anxiety in facing shopkeepers. At school, he would not answer questions verbally because of fear of making mistakes and he was overtly anxious before and during exams. He was particularly shy of girls. He was a fussy eater, e.g. he ate only when the food was cold. His conversation was limited to discussions on cartoon characters like He-man, GI Joe etc. While playing with such toys he would converse with them and treat them as living things. Parents also reported that he did not reciprocate the non-verbal expressions of others. There was no history of self-injurious behavior, deterioration of acquired skills, perceptual abnormalities, sustained mood change, free floating anxiety, agoraphobia, articulation difficulties, speech delay, head injury, fever or seizures. His physical examination was unremarkable. On mental status examination, he was noted to avoid eye contact and appeared anxious. His IQ was 91. A diagnosis of Asperger's syndrome was made according to ICD-10 in view of the marked abnormality in social interaction, and stereotyped, repetitive repertoire of interest and activities, and the absence of developmental delay.

DISCUSSION

Anxiety is a mood state characterized by worry, apprehension, and somatic symptoms. Similar to the tension caused when an individual anticipates impending danger, catastrophe, or misfortune. The threat the person is responding to may be real or imagined or internal or external. It may be an identifiable (cued) situation or a vaguer fear of the unknown (uncued). The body often mobilizes itself to meet the threat, whether this is real or imagined: Muscles become tense, breathing becomes faster, and the heart beats more rapidly.

Phobia is a type of anxiety disorder that describes an excessive and irrational fear of a specific object, activity, or situation. Phobia is the emotional response to real or perceived

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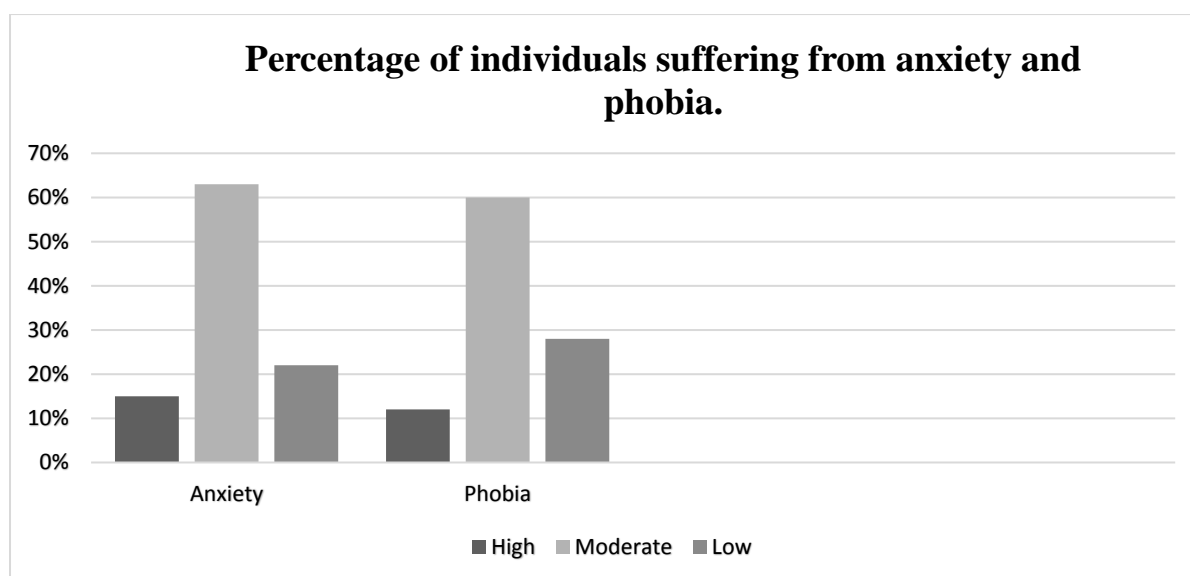
imminent threat. Phobias involve intense fear surrounding an object or situation that realistically poses little or no real danger. They are different from common fears in that the associated anxiety is so strong it interferes with daily life and the ability to function normally. **Specific Phobia:** Depending on what your phobia is, you might find it a real struggle to run errands, go out with friends, or even make it to work every day. In other words, a specific phobia can significantly impair your education, your career, and your overall quality of life. Specific or simple phobias, such as a fear of heights (acrophobia), usually develop during childhood. They can often be linked to an early negative childhood experience. For example, if you're trapped in a confined space when you're young, you may develop a fear of enclosed spaces (claustrophobia) when you're older. It's also thought that phobias can sometimes be "learnt" from an early age. For example, if someone in your family has a fear of spiders (arachnophobia), you may also develop the same fear yourself.

Social Phobia: It's normal to feel nervous in some social situations. But in social anxiety disorder, also called social phobia, everyday interactions cause significant anxiety, fear, self-consciousness and embarrassment because you fear being scrutinized or judged by others. In social phobia, fear and anxiety lead to avoidance that can disrupt your life. Severe social phobia can affect your daily routine, work, school or other activities. Other factors in the family environment, such as having parents who are particularly anxious, may also affect the way you deal with anxiety later in life. They're often linked to a frightening event or stressful situation. However, it's not always clear why some phobias occur.

Anxiety is anticipation of future threat. Anxiety, involves becoming nervous even before being in certain situations or coming into contact with the object of your phobia; for example, a person with a fear of dogs may become anxious about going for a walk because he or she may see a dog along the way. Whereas, long-term stress can cause feelings of anxiety, and reduce your ability to cope in particular situations. This can make you feel more fearful or anxious about being in those situations again and, over a long period, could lead to you developing a phobia.

To prove that anxiety is a causal factor in the development of phobias in an individual a questionnaire is created. It consists of two tests Authored by "*Smt. Bhagyashree Kulkarni*" and co-authored by "*Miss. Riddhi Rane*" and "*Miss. Shruti Pawar*". The two tests are named as - 1. Test on Anxiety and 2. Test on Phobias. In the Test on Anxiety 25 questions are designed as per various situations an individual, faces in their daily life. The questions are to be answered as per the four options given and the scoring is such that: +1: always, +2: frequently, +3: sometimes, +4: never. Whereas the second part that is, Test on Phobias, it contains 20 questions. The questions are basic and also situation based. The questions are expected to be answered in a Yes or No manner and the scoring is such that: Yes: +1 /No: 0. Direct proportionality is observed between anxiety and phobia in the age group 18-25 in Mumbai city (as plotted in the Graph no. 1). 15% individuals were possessing higher anxiety levels, 63% were individuals having moderate anxiety levels and 22% were individuals having lower anxiety levels. Whereas, in the second part of the test i.e. the test for phobia, 12% samples showed severe phobia which indicates that these individuals have a fear of any object or any situation which is so intense that it can have a negative impact on their daily life, 60% samples showed mild phobia which means they have a specific phobia of a specific object or situation that usually poses little or no actual danger. And 28% samples showed no phobia.

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Graph no. 1: Percentage of individuals of age group 18-25 in Mumbai city suffering anxiety and phobias.

As per the data collected and the results of the survey done in Mumbai city, a very low number of individuals show both, higher anxiety levels and severe phobia i.e. only 13%. These individuals are the ones who struggle with intense anxiousness or anxiety disorders which ends up developing a fear of any object or situation. When exposed to that object or situation it brings about an immediate reaction, it causes the person to endure intense anxiety (nervousness) or to avoid the object or situation entirely. This results in the development of severe phobia in that individual. Also 35% of individuals had moderate anxiety with mild phobia. These individuals struggle from specific phobia, formerly called simple phobia, it is a lasting and unreasonable fear caused by the presence or thought of an object or situation that usually poses little or no actual danger. Therapy is aimed at reducing fear and anxiety symptoms and helping people manage their reactions to the object of their phobia.

CONCLUSION

Through this survey, it can be concluded that anxiety is a causal factor in the development of phobias. The outcome of this research indicates that people who are intensely anxious or have anxiety disorders develop severe phobias of any objects or situations.

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Conflict of Interest

The author declared no conflict of interest.

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Appendix -1

Questionnaires:

1. Test on Anxiety

Instructions: “This test consists of 25 sentences. The response should be given such that (**1: always, 2: frequently, 3: sometimes, 4: never**). There is no time limit to complete the test, however complete the test as soon as possible. There are no right or wrong responses.”

AGE:_____ **GENDER:**_____ **OCCUPATION:**_____

1. I worry if I make a fool of myself, or I have been made to look foolish.
2. I hesitate or get nervous if I have to speak or perform in front of a group of strangers.
3. I keep in background on social occasions.
4. I have changes of mood that I cannot explain.
5. I feel uncomfortable when I meet new people.
6. I day-dream, also I indulge in fantasies not involving concrete situations.
7. I get discouraged easily, by failure or criticism.
8. I say things in haste and regret them.
9. I have a feeling hopelessness and unworthiness.
10. I am self-conscious before ‘superiors’ (teachers, employers).
11. I have a sense of isolation, either when alone or among people.
12. I lack confidence in my general ability to do things and to cope with situations.
13. I am self-conscious about my appearance even when I am well-dressed or groomed.
14. I feel that other people are better than me.
15. I tend to focus on upsetting situations or events happening in my life.
16. I often have diarrhea, constipation or other digestive problems.
17. When someone snaps me, I spend the rest of the day thinking about it.
18. I find difficulty in falling asleep or waking.
19. No matter what I do I can’t take my mind off from certain concerns in my life.
20. I worry and am unable to relax in stressful situations.
21. It bothers me to have people watch me work, even when I am doing it well.
22. I feel so upset that nothing can cheer me up.
23. I don’t see people or situations motivating me.
24. I hesitate to ask for help from someone.
25. I often blame myself for the negative situations that I haven’t created.

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2. Test on Phobias

Instructions: “This test consists of 20 questions. The answers should be marked such that (Yes: +1 /No: 0). There is no time limit to complete the test, however complete the test as soon as possible. There are no right or wrong responses.”

AGE:_____ **GENDER:**_____ **OCCUPATION:**_____

1. Do you know what is a phobia?
2. Do you have any sort of fear/phobia of a person, thing, animal, or a situation? (It can be a small or a large fear)
3. Did you learn about your fear/phobia through television, books, radio, internet or a relative/friend?
4. Do you try to cope with your fear/phobia?
5. Does your fear/phobia affect your daily life?
6. Do you feel upset about having a fear/phobia?
7. Does your fear/phobia make you mentally uncomfortable?
8. Do you think a lot about your fear/phobia?
9. Do you feel sweaty, chills, shivers, increased heart rate, etc. when you face your fear/phobia?
10. Have you experienced sleepless nights because of your fear/phobia?
11. Do you panic or have a panic attack when you face your fear/phobia?
12. Do you avoid facing your fear/phobia?
13. Have you told anyone or does anybody know about your fear/phobia?
14. Have you ever had a very bad experience with your fear/phobia?
15. Does having a bad experience make you excessively worry about your fear/phobia?
16. Does your fear/phobia only get triggered when you face it?
17. Have you felt embarrassment in the society because of your fear/phobia?
18. Have you tried to seek help from others to cope up from your fear/phobia?
19. Do you try to tell your family/friends/relatives about your fear/phobia?
20. Have you experienced visual or auditory hallucinations when in fear/phobia?