

# Literature Review Of Fearfulness

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By Ilana D. Rosenberg, Ph.D.

*History and Definition of the Terms “Phobia” and “Fear.”* Fears in their extreme form are called phobias. The word phobia has been used for thousands of years in different ways. According to Herbert (1994), the origin of the word “phobia” is in ancient Greek mythology. The word phobos means “fear,” “terror,” “panic” or “flight.” A phobia is an intense, severe and persistent fear.

Kavilas (1988) provides a brief review of the history of the term “phobia.” Phobos was a Greek god and the Greeks painted an image of him onto their war masks and armor in order to instill terror in the heart of the enemy. The Romans also used the term phobia, calling fear of water “hydrophobia.” Hippocrates describes two phobic patients that he treated who were “beset with terror” and he himself was described by others as agoraphobic.

In the 17<sup>th</sup> century, Robert Burton (cited by Herbert, 1975) commented on the effects of phobias: “They that live in fear are never free, resolute, secure, merry, but in continual pain....No greater misery, no rack, no torture like unto it.” (p. 68) Franklin Delano Roosevelt famously stated during World War II, “We have nothing to fear but fear itself.”

Strasner (1987) defined fear as “an emotional reaction (rational or irrational) to an object (animate or inanimate) or event that is associated with increased risk of danger and also unpleasantness, agitation and a desire to hide, flee or seek protection.” (p. 2) Miller, Barrett and Hampe (1974) proposed criteria for phobias. A phobia, unlike a fear is:

excessive, cannot be reasoned away, beyond voluntary control, maladaptive, not age specific, persists over time, and leads to avoidance of the feared stimuli. It is fearfulness and not phobias that will be examined by this study, but it is helpful to distinguish the extreme intensity of a specific phobia from general fearfulness.

*Previous studies on the etiology of fear and phobias.* The etiology of fear has been much previously studied from the viewpoints of behaviorism, genetic predisposition models and other cognitive or social learning models. There is some psychoanalytic work done on fears. However, most research has been done on the etiology of phobias. Even though fearfulness and not phobias are being studied here, the origins of both fears and phobias are similar and since more research has been done on the etiology of phobias, both models will be used to understand the etiology of fears. Below is a brief review of current models of understanding fears and phobias.

From the psychoanalytic perspective, Freud wrote some of the first explanations of fear and anxiety. Freud's theory of anxiety (1926) was that anxiety arises in response to dangerous situations. Anxiety signals danger and according to Freud there are several situations that cause danger. They are: anxiety about the loss of love, anxiety about loss of the object (caretaker), castration anxiety and super-ego or social anxiety. Phobias are a flight from the anxiety aroused by forbidden impulses and utilize avoidance to protect the individual from temptation arousing situations. Therefore, a phobia is the result of an individual's fear of expressing forbidden impulses. So, for example in the case of school phobia, the child wants to stay home in order to protect his/her parent from an imagined danger. According to Freud, the imagined danger is due to the child's own desire to harm the parent. Freud discussed fear in the case example of "Little Hans." Freud states that

Little Hans became afraid of horses because they symbolized his fear of castration by his father to punish his libidinal impulses.

Another psychoanalytic explanation of fearfulness is given by Temeles (1987). According to Temeles, a feared object can be turned into a phobic object as the result of intra-psyhic conflict. “The infant can... displace the perception of the threat from the mother onto the transitional phobic object. It may be that “monsters are the scapegoats for the bad mommies of the world (and sometimes perhaps the bad daddies too)” (p.379).

Generally, psychoanalytic writings attribute parents as the cause of children’s fearfulness. In fact, research shows that one in ten children list their fathers as the person of whom they are most afraid (Flaste, 1977). Some behavioral theories mentioned below do suggest that fearfulness is learned from parents, but the model of development of fearfulness is extremely different, since for psychoanalysis fearfulness arises from intra-psyhic conflicts rather than from the external environment, as the behavioral approach suggests.

Behaviorists look for the antecedent, what comes right before the fearful behavior that causes it and then at the “pay off” of the behavior, what comes directly after the behavior or what the fearful behavior procures for the individual.

Watson and Raynor’s (1920) classic conditioning experiment with a child referred to as “little Albert,” taught him to be afraid of white rabbits and rats by pairing them with a loud noise that naturally caused fear. Eventually, Albert generalized a learned fear of white rabbits and rats to all white fluffy things.

Based on a behavioral model, Mowrer (1960) developed a two-process model of fear and anxiety. He stated that fear and anxiety are first established by classical

conditioning, which is the association of fear to stimuli associated with a painful event. Then, fear reduction reinforces the responses that remove the individual from the stimuli and thereby causes the fear response to continue.

Many current studies still understand the origins of fears with a behavioral, classical conditioning model. Herbert (1994) reports that 50% of adult and child clients with phobias ascribe their phobias to trauma or to conditioning experiences. Muris and Merckelbach (1997) interviewed children who have a spider phobia and their parents and found that aversive conditioning events had occurred. Additionally, King, Clowes-Hollins and Ollendick (1997) found that parents of children with a dog phobia were able to trace the child's fear back to a behavioral pathway, either direct conditioning, modeling or transmission of information.

In his social learning model, Bandura (1977) suggests that the learning of fears does not occur simply through impersonal associations with events but is moderated by human interactions and through created expectations. There is some empirical support that parent's reactions to stimuli play a role in their child's fears. Children learn from those around them and interpret the behavior of their caretakers so as to form a meaningful understanding of the world. Hagman (1932) found that children are likely to be more afraid of thunder, lightning, dogs and insects when their mothers are afraid of those same things. Rodolfa, Kraft and Reilly (1990) also found that the etiology of dental phobias was at least partly due to parental modeling. Due to the importance of parental modeling, this issue will be addressed in the current study by asking participants about their parents' fearfulness, phobias and anxiety. Fear is also related to current society, for example, fears about supernatural beings have been usurped by the more currently

relevant fears about war (Croake, 1973). Jersild and Holmes (1935) found that poor children are more fearful than children from more comfortable homes, perhaps because poor children are less secure about life in general.

According to Marks (1969), fear develops along three dimensions. They are: innate and unlearned fears that develop spontaneously, fears that occur through maturation and learned fears acquired through experience. The impact of these dimensions is dependent on the social context. For example, in current times loud noises are common and hence elicit less fear than they elicited in the past. A newer stimulus such as airplanes would currently elicit fearfulness.

Rachman (1977) proposed a model for the acquisition of specific phobias through a combination of several pathways. The pathways are: direct exposure to trauma, indirect exposure to trauma and, the transmission of information. According to Ollendick, (1979), childhood fears are multidetermined and overdetermined, usually combining direct conditioning experiences with vicarious and instructional factors. Adults do not seem to be as affected by vicarious acquisition as children, Davey (1992).

Muris and Merckelbach (2001) presented a multi-factorial model for the etiology of specific phobias in childhood. (1) The majority of children display normal developmental fears that wane over time. (2) A minority of children have a genetic predisposition to develop maladaptive fears. (3) This genetic vulnerability manifests itself in specific behavioral patterns. (4) Learning experiences interact with normal fears and a genetic predisposition causing specific phobias (5) Once a phobia exists it is maintained by cognitive biases.

Genetic studies on the etiology of phobias have been conducted. Torgersen (1979) found that monozygotic twins are more similar than dizygotic twins in the strength and nature of their fears and that these similarities are not related to environmental influences. Therefore, genetics do play a role in the development of fears. These results are corroborated by several other studies (Slater & Shields, 1969; Young, Fenton & Ladrer, 1971).

From an evolutionary perspective, Seligman (1971) suggested that fears are of biological significance, consisting of phenomena that endangered early humans, such as potential predators, unfamiliar places and the dark and that evolution has equipped humans with a propensity to associate fear with situations that threatened their ancestors. Gray (1971) agrees that fear is a physiological response to danger that is unlearned and adaptive and the fight or flight response is essential to human survival, probably intensified in the gene pool through natural selection. So too, Strasner (1987) stated “Fear is essential to the survival of a species as well as to its members.” (p.4)

Fears seem to have conferred an evolutionary advantage when humans were living in the wild. In fact, they still may confer that advantage although reactions that may have been appropriate for the wild may be inappropriate today. If an individual has a fear of large animals, that individual will run from the animal and not be eaten by the animal. In order to be effective, the fear must exist as a precondition, causing the individual to sub-consciously recognize danger and flee from it before there is even a conscious cognition (Strasner, 1987). Ohman (2000) agrees that effective defense against threatening stimuli must occur quickly, without processing details of the stimuli and states that false positive fear reactions are less costly than missing a fear stimulus when

it is real. Fear is an emotion that still serves a protective function; the subject of fear is culturally and contextually determined.

The above is a brief review of current theories of fear including the psychoanalytic model, the behavioral model, the social learning model and an evolutionary perspective. This study will attempt to contribute to the current theories by suggesting an alternate model that can be used in conjunction with the current models. Aspects of attachment theory and object relations theory will later be integrated to form a different perspective on the etiology of fear. First, the prevalence of fearfulness will be addressed.

*Childhood Fearfulness.* There is considerable empirical work on the prevalence of childhood fears. According to Lapouse and Monk (1959), symptoms of fearfulness and anxiety can be found in up to 43% of the population. They also found that girls, younger children and African-American children had the most fears. Muris and Merckelbach (2000) asked parents to report on their children's fears and found that 17.6% met the full criteria for a specific phobia. Other estimates of the prevalence of severe fears in school-aged children are lower, falling between three to seven percent. In most children, fearfulness is part of normal development, but in some children fearfulness interferes with daily routine.

The following is a recent chart of the development of normal childhood fears (Garber, Garber & Spizman, 1993).

0-6 months	Loss of support, loud noises
7-12 months	Fear of strangers, fear of sudden, unexpected and looming objects
1 year	Separation from parent, toilet, injury, strangers

2 years	A multitude of fears, including loud noises (vacuum cleaners, sirens/alarms, trucks and thunder,) animals (e.g. large dogs), the dark, separation from parent, large objects/machines, change in personal environment
3 years	Masks, dark, animals, separation from parent
4 years	Separation from parent, animals, dark, noises (including at night)
5 years	Animals, “bad” people, dark, separation from parent, bodily harm
6 years	Supernatural beings (e.g. ghosts, witches, “Darth Vader”), bodily injuries, thunder and lightning, dark, sleeping or staying alone, separation from parent
7-8 years	Supernatural beings, dark, fears based on media events, staying alone, bodily injury
9-12 years	Tests and examinations in school, school performance, bodily injury, physical appearance, thunder and lightning, death, dark (low percentage)

According to Schmidt and Blanz (1990), anxiety is more common in children than adults and adolescents due to the emotional and cognitive immaturity of children. Bauer (1976) agrees that as cognitive development occurs, fears evolve. Infants are afraid of events in their immediate environment such as loss of support, loud noises and unfamiliar people. Preschoolers can imagine more global stimuli and therefore fear imaginary creatures, small animals, and the dark. Older children can differentiate internal fantasy from external reality and so have more specific and realistic fears such as school fears and social fears.

Campbell (1985) supports the idea that certain types of situations evoke more worries at one particular stage of development than another. Infants and young children show fear in response to events that occur in their immediate environment and as they mature cognitively, fear more imaginary and global stimuli. The fears of 3 year olds tend to be reality-based fears and as children age fears turn into vague anxieties. Rodriquez-Tome and Bariaud (1990), report that children generally have fears regarding bodily integrity or security provided by the family. Adolescents typically have more abstract fears of social phenomena such as academic failure, crowds, and sexuality (Marks, 1987).

Herbert (1994) states that fear is a normal adaptation to environmental circumstances and is fundamental, functional and universal. Dysfunctional fearfulness occurs when it is: disproportionate to the objective threat, unresolved by action, and frequent and intense. Abnormal fearfulness persists beyond the appropriate age or is more severe than usual. According to Anderson (1994), the distinction between normal fearfulness and pathological fearfulness depends on the child's age, developmental stage, cognitive abilities and, the realities of the situation in which the child experiences fearfulness. Pathological fearfulness is irrational, involuntary and, inappropriate to the stimulus.

An example of a common fear is fear of the dark, which is considered by parents to be prevalent among their children (Jones & Broger, 1988). Additionally, according to a survey of adolescents' recall of childhood fears, fear of the dark was the most frequently mentioned fear (Sipes, Rardin & Fitzgerald, 1985.) Therefore, fear of the dark will be used below as an example of a common fear to demonstrate prevalence issues.

The prevalence of fear of the dark is as follows: In a normative study of 870 children, Fisher, Pauley and McGuire (1989) studied children's sleep behaviors. In boys age six to eight and a half, up to 18.1% "often" expressed fear of the dark. In girls age six to eight and a half, up to 8.8% "often" expressed fear of the dark. In boys age eight and a half to eleven and a half, up to 8.4% of the group express that fear "quite often." For girls in the same age group, up to 10.6% expressed fear of the dark quite often. For boys above the age of 11.5, up to 6.3% "often" expressed that fear. For girls in the same age group up to 5.1% "often" expressed fear of the dark. Therefore, it appears that fear of the dark is not a problem for most children and usually becomes less of a problem, as the child gets older.

According to Temeles (1987), fear of the dark is due to a "young child becoming aware of something that he/she cannot fathom" (p. 376). Children tend to experience more lack of control over their environment than adults, a feeling that is reinforced if the child cannot escape from the situation. Therefore, the child experiences a general state of fearfulness or anxiety, which may be expressed as a specific fear. As a child matures, feelings of control increase and fearfulness decreases. Adults' fear of the dark occurs when the threat of the loss of control is felt and causes the unknown to become anxiety provoking.

An example of the abatement of fear of the dark is as follows. According to Bauer (1976), there is a decrease with age of fears of ghosts and monsters and fear of the dark. His statement is in agreement with the above mentioned research that there is a decrease in fantasy-based fears as children age and an increase in realistic fears. Fear of going to sleep alone can be considered normal in ages one to three, but persistence of these fears,

nightmares and rituals is considered abnormal (Buhler & Greenberg, 1949.) Lentz (1986) agrees with the statement that fears abate with age, and has found that significantly more four to five year olds were afraid of monsters and ghosts than six to seven year olds. According to Jersild and Holmes (1933, 1935) fear of the dark and of being alone is more common among three and four year olds than among older children.

Research done by Murphy (1985) supports the above data, that as children grow older most fears decline and it is only a minority of children who continue to express fears. That minority is interesting to study in order to determine the causes of their prolonged fear. There must be some underlying factors that set these children apart from other children. The question that needs to be answered empirically is: what are those underlying factors?

*Adolescent Fearfulness.* The population used in this study is composed of college-aged students. College aged students are on the verge of entering adulthood but may still be considered adolescents. Therefore, along with childhood fearfulness and adulthood fearfulness, it is important to understand adolescent fearfulness.

Several studies have administered the Fear Survey Schedule for Children (FSSC) (a fear measure which will be used in this study) to adolescents (Burnham, 1992, Gullone, & King, 1992, Lane & Gullone, 1999 and Muris & Ollendick, 2002) and agree that the FSSC can be effectively used to assess adolescent fearfulness. Some of the fears reported reflect the prevalence of contemporary fear stimuli and situations, for example drugs, being raped, or AIDS (Muris & Ollendick 2002). Lane and Gullone (1999) found that the ten most common fears generated via the fear schedule related to death and

danger. However, on the whole, the fears deviated from the death and danger theme, also including fear of failure, fear of animals, and fear of the unknown.

Sipes, Rardin and Fitzgerald (1985) also studied adolescents' recall of fearfulness and found darkness to be the most prevalent fear.

*Adulthood Fears.* There is a lot of empirical research on adult anxiety disorders and some research on adulthood phobias, but not much empirical work conducted on adulthood fearfulness or phobias. It is possible that childhood fearfulness is more widely studied than adulthood fearfulness because of the prevalence and intensity of childhood fears. Phobias can be defined as persistent, excessive, specific and intense fear. Even though fears and not phobias are being studied here, they are similar enough that some of the data on phobias will be presented here.

Sheehan, Sheehan and Minichiello (1981) found the average age of onset of adult phobias to be 20 years of age. However, according to Ost (1987), most specific phobias have their onset in childhood and each type of phobia such as fear of small animals or social phobia begin at different ages. In a demographic sample of adult fears, Croake, Myers & Singh (1987) found that women had overall more fearfulness than men, as did individuals who were older in the birth order, rather than younger. Women without college degrees were more fearful than those with degrees. Miller, Barrett, Hampe and Noble (1972) found that fear of physical injury and psychic stress carries on through out life, while fear of natural events lessens with age. Costello, Devins and Ward (1988) found that among depressed women, 20.6% reported phobias (intense fears) and 7.6% reported mild generalized anxiety. Only 2.3% reported severe phobias and 1% reported intense generalized anxiety.

According to Arrindell, Pickersgill, Merckelbach, Ardon and Cornet (1991), there are four factors of common fears reported by adults. The first is “fears about interpersonal events or situations” and includes fears of criticism, rejection, conflicts, evaluation and interpersonal aggression. The second factor is “fears related to death, injuries, illness, blood and surgical procedures.” The third factor is “fear of animals” and included small domestic animals and creepy crawly animals. The fourth factor is “agoraphobic fears” and involved fear of public or crowded places and closed spaces. Arrindell et al. conclude that these factors also represent real danger to human beings.