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**A Study of The Common Phobias
Among School Children
From 8 To 12 Years**

Thesis

*Submitted for Partial Fulfillment For
The Degree of M.Sc. In Childhood Study
(Medical Department)*

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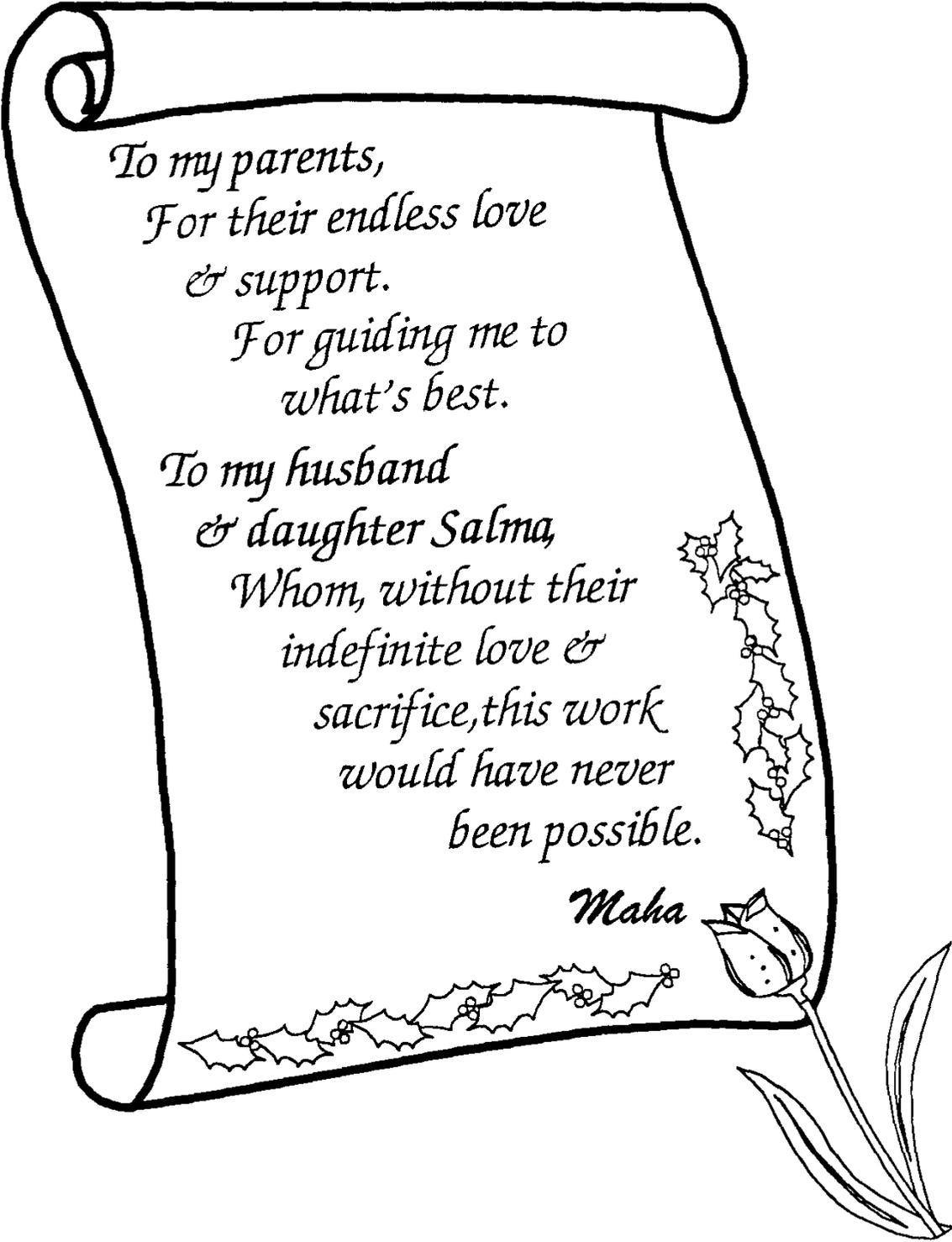




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*To my parents,
For their endless love
& support.
For guiding me to
what's best.*

*To my husband
& daughter Salma,
Whom, without their
indefinite love &
sacrifice, this work
would have never
been possible.*

Maha

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Introduction
&
Aim of The Study

Introduction & Aim of The Study

Fear as a common experience:

Fear is one of the most common human experiences. As *Jersild (1968)* suggested, fear is “both an inevitable and an essential emotion. It augments energies in times of danger and it provides an impetus to caution and prudence”.

As far as childhood is concerned, fear is considered an integral part of normal development. Many of such fears are not permanent. Although they may appear in children of similar age, such fearful experiences may not affect daily life activities. Furthermore, experience associated with fears often “provides children with a means of adapting to various life stressors”. For this reason they are often considered as “normal” reactions to threatening situation whether directly or indirectly (*King et al., 1988*).

From all the above, it seems that there are several reasons for research on human fears. *Morris and Kratochwill (1988)* classified such research according to the following principles:

- 1) Researches concerned with the identification of fears and their development.

- 2) Researches on the relationships between fears and demographic variables, e.g. age, sex, education, socio-economic status ... etc.
- 3) Researches on the clinical implications of fears including prevention, management and intervention.

Phobia as a special type of fear:

Phobia is an intense, irrational fear that interferes with person's life adjustment. However, it is considered a subcategory of fear. For this reason, *Marks (1969)* proposed four differentiating criteria between common fear and phobia, in which phobia is:

1. Out of proportion to the nature of the situation.
2. Unexplainable, and unreasoned away.
3. Beyond voluntary control.
4. Leading to avoidance of the feared situation.

Three additional criteria were added by *Miller, et al., (1974)* in which phobia is also:

5. Persistent over an extended period of time.
6. Unadaptive behavior.
7. Not age or stage specific.

Okasha (1988), distinguished between phobic symptoms (which may occur as minor features in affective disorders, schizophrenia, obsessional compulsive neurosis, and personality disorders) and phobic states (where the phobias themselves form the illness).

From the clinical viewpoint phobic reaction is a defensive mechanism in which the person attempts unconsciously to detach his/her anxiety (in a form of specific neurotic fears) from a certain idea, object, event or situation that is usually symbolic and indicator of the threatening stimulus.

According to *Okasha (1988)* phobic anxiety is indistinguishable subjectively and physiologically from other types of anxiety. It may also vary in degree of severity from mild unease to terror. Furthermore, phobic anxiety and depression often relate. Pre-existing phobic anxiety almost invariably gets worse during the depressive episode. Some depressive episodes are accompanied by temporary phobic anxiety, and a depressive mood often accompanies some phobias, especially agoraphobia.

Statement of the problem:

As stated by *Morris and Kratochwill (1983)*, phobias are present in children from infancy through adolescence. children's phobias differ with their age, sex and social class (*King et al., 1988*). Phobias observed in infancy are typically reactions to things in his/her direct environment. As the child grows older into the early school years his/her phobias broaden and involve dark, supernatural figures and particular persons, objects and events as well as the future (e.g. school) (*Jersild, 1968*).

The relationship between age and phobia has been of interest to many investigators. Of course it is difficult to differentiate between phobic and non-phobic behavior in the early months. However, *Jersild and Holmes (1935)* stated that sudden movement, loud noises, and loss of support may elicit fearful and phobic responses in infants. On the other hand, *Bronson (1968)*, suggested that it is difficult to identify phobic and fearful behavior in the young infants.

Also, *King et al., (1988)* stated that there is an age-related decline in fears of animal, darkness and imaginary objects, and an age-related increase in school and social fears. It is also stated that the prevalence rates of phobias are higher in younger age groups.

Moreover, it has been reported since early studies of fears and phobias that most phobic disorders other than social phobias are common among adult females. Prevalence rate of simple phobia and agoraphobia are much higher in women (*Okasha, 1988*). Also it has been reported in many studies that girls show more fears than boys. Social phobias, however, are of less significant sex differences. It also seems that there are sex differences in terms of fear objects and fear intensity (*King et al., 1988*).

As regard socio-economic status *King et al., (1988)* stated that children from lower socio-economic status seem to have

more fears and phobias of specific events or things. The differences between socio-economic levels are in terms of the type or content of fear or phobia. Furthermore, children of lower social class show more fears from quantitative point of view. Moreover, the prevalence rates are higher in children with low socio-economic standards.

The full development of phobia depends upon life experience, the role of the symbolization process in expressing personal conflict, individual, temperamental and familial factors (*Epistein, 1992*).

According to DSM-III classification system, *Boyd et al., (1990)* classified phobia as the most common psychiatric disorder in the community, more common than major depression or alcohol abuse or dependence. Risk factor associated with phobias is the presence of another psychiatric disorder. The onset of phobias occurs primarily in the childhood, and they tend to be chronic conditions. Also, they reported that less than a quarter phobics receive treatment.

Aim of The Study:

The present study is designed to determine the differences between age groups, both sexes and socio-economic status groups in phobias. The age groups of the present study range from 8-14 year of age, since they represent approximately third,

fourth and fifth grades in the primary school, and the first and second grades in the preparatory school. The three age categories under investigation are:

- (1) Age category I: from 8 - 10 years of age.
- (2) Age category II: from 10 - 12 years of age.
- (3) Age category III: from 12 - 14 years of age.

Importance of the study:

Studying children phobias is very significant from various viewpoints. The following are some aspects of the importance of the present study:

- 1) Decision as to whether the child's phobia is a clinical problem must be made with reference to the normal developmental fear pattern of the children in various ages.
- 2) Assessment and intervention of children's phobia should be viewed in terms of various demographic variables including age, sex and social class.

The major questions to be answered by the present study are:

- 1) What are the major common phobias in each of the three age groups?
- 2) Are there any differences in phobia in each of the three age groups according to sex?
- 3) Are there any differences in phobia in each of the three age groups according to socio-economic status?