

Reassessing anxiety classifications: A quantitative analysis of fear, phobia and coping strategies

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Abstract

Phobias are a group of mental health disorders that can affect people's daily lives. A phobia is an uncontrollable, unreasonable, and persistent fear of a particular thing, circumstance, or action. An individual can go to any extent to try to avoid their phobia. This survey aimed to understand if people experience fear or phobia and how much it impacts their daily lives, and the methods they use to cope with it.

The survey consists of two parts. The first part was to explore the specific objects or situations feared and the impact of phobias on daily functioning. The second part of the survey aimed to find out how much these fears impact the daily lives of people. The majority of participants (57%) reported experiencing moderate levels of anxiety. A smaller portion (17%) reported only mild discomfort, which may suggest a misinterpretation of their fear as a phobia. In contrast, participants who experienced intense panic exhibited strong emotional and physiological responses, aligning more closely with the diagnostic features of a true phobia.

13% of participants responded by saying that they would cope by doing deep breathing exercises, and 9% would want to talk to someone to help cope with their phobia. The majority, though, stated that they would simply distract themselves through any means available. The results of this study indicate that most people associate their fear with being a phobia, when in reality, their report of their experiences suggests otherwise. It may contribute to the research in the areas of phobias and fears.

Keywords: Phobia; Fear; Anxiety; Misinterpretation; Physiological Response; Emotional Response

1. Introduction

An uncontrollable, illogical, and persistent fear of a certain thing, circumstance, or action is called a phobia (Johns Hopkins Medicine). The severity of the fear often compels individuals to engage in extreme avoidance behaviors to prevent encountering the feared situation or object. Phobias are quite widespread and range from aversions to stimuli like buttons or clowns to more common worries like heights and public speaking. These types of specific phobias can develop from either traumatic or seemingly non-traumatic events (Garcia, 2017). These non-traumatic phobias are also known as non-associative specific phobias. These phobias develop without any prior direct or indirect associative learning (mainly caused due to environmental, familial, or genetic factors). Experiential-related phobias develop due to a poor experience with a specific situation and are suggested to be acquired due to classical conditioning. Evidence suggests that in such cases, a neutral stimulus is associated with an aversive event (Garcia, 2017). Fear can also be learned through observation, as shown in primates (Cook et al. 1985; Mineka and Cook 1993). This study aims to explore various aspects of phobias, for instance, caused either by specific objects or situations, and how they impact daily functioning. It also seeks to determine whether the participants' experiences reflect general fear or meet the criteria for

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a phobia. It is significant to note that despite phobias' widespread prevalence, the underlying mechanisms that contribute to the emergence and maintenance of phobias are still unclear.

2. Methodology

The study's methodology consisted of a survey, conducted in the form of a questionnaire. All participants were in the age group of 15-25 years old. Eleven (11) males and twelve (12) females participated in the study, for a total of 23 participants. Informed consent was obtained from all individual participants in the study.

The survey consisted of 14 multiple-choice questions with 2-3 optional questions to have room for subjective experiences. Towards the end of the questionnaire, a scale was provided to rate how much the fear controlled participants' lives.

Hypothesis: The majority of people experience some kind of mild phobia that can be observed by extreme panic when faced with a noxious/scary stimulus.

3. Results

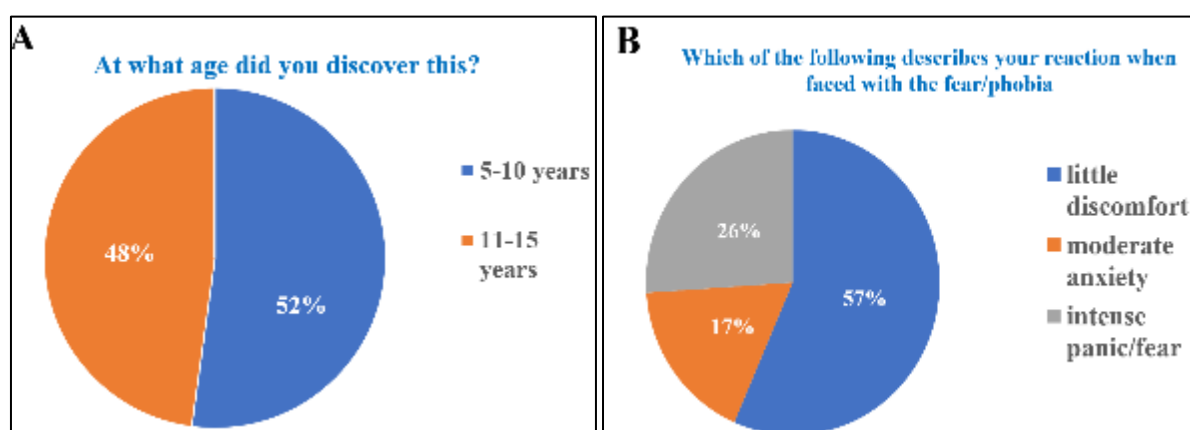


Figure 1 (A) Pie chart characterizing the responses to the question: At what age did you discover this? (B) Pie chart illustrating the data related to the reaction of the participants when faced with their fear/phobia

Figure 1A shows the responses received to the question "At what age did you discover the fear?". 52% of respondents discovered it between 5 to 10 years of age. The other 48% found between the ages of 11 and 15. From this, an inference can be made that fears are mostly discovered at a young age due to certain negative experiences. A study conducted by Hall (1897), which encompassed fears reported by individuals aged 4 to 26 years, indicated a decrease in certain fears related to meteors, clouds, blood, the apocalypse, being abducted, fairies, disorientation, and the anxiety of encountering strangers as one ages. Conversely, there was an increase in fear related to thunder and lightning, reptiles, thieves, self-awareness, and machinery as people got older. A rise in fearfulness was noted during early adolescence (specifically ages 11–15), followed by a decline in late adolescence (ages 15–18) concerning fears of wind, darkness, water, pets, insects, ghosts, death, and illness. Hall observed that although particular fears may either rise or fall with age, many fears from infancy persist into adulthood. It is possible that for many participants, the fear continued from childhood into adolescence.

Figure 1B shows the reaction of the participants when faced with their fear/phobia. Most of the participants experienced moderate anxiety (57%), with only a minority of 17% experiencing little discomfort. Contrary to that, 26% face intense fear/panic when faced with their fear. From this data, it can be concluded that the participants who experienced intense panic have a powerful emotional reaction to their fear, indicating that it might be a phobia. Individuals with intense fear responses exhibit pronounced physical symptoms such as trembling, shortness of breath, etc. In contrast, those experiencing moderate anxiety appear to have some coping mechanisms that offer partial relief. It cannot be said for sure that they do not have physical reactions, but these are less severe compared to those observed in individuals undergoing intense panic. On the other hand, individuals who experience only little discomfort may not explicitly have physical reactions, though they might still feel uneasy. However, since their anxiety is not severe, they would not be classified as having a phobia.

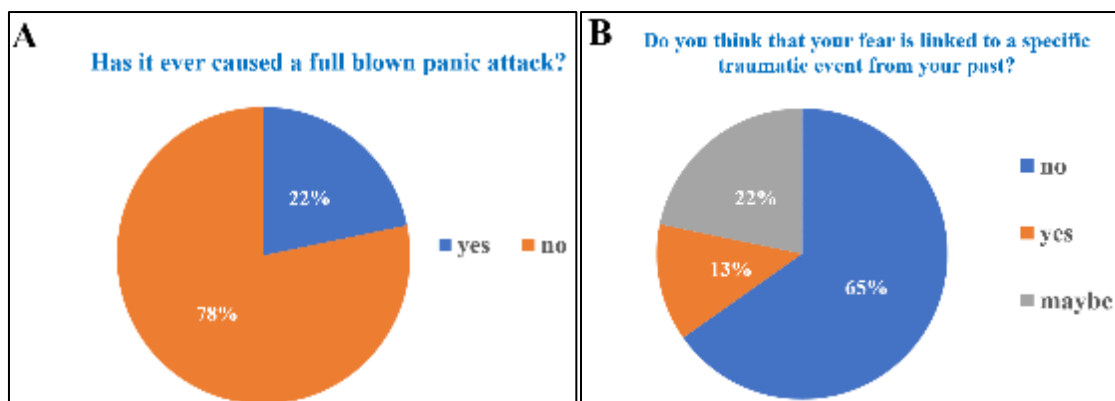


Figure 2 (A) Pie chart characterizing the responses to the question of whether the fear/phobia has ever caused a full-blown panic attack, (B) Pie chart characterizing the data related to the opinion of participants of whether the fear is linked to a specific traumatic event from their past

Figure 2A focuses on whether the participants had ever experienced a full-blown panic attack when faced with their fear/phobia. The majority, 78% stated that they did not, whereas 22% stated that they had. It aligned with the result shown in Figure 1B, indicating that phobia was experienced by only a minority of participants who experienced intense physical effects when faced with the fear.

Figure 2B aimed to understand if the phobia was linked to a specific traumatic event from the participants' past. 65% of participants stated that they did not think their fear was linked to any event from their past. From this, two interpretations can be made. One is that they attribute the cause of their fear to reasons not related to their past, for example, to environmental triggers, genetic factors, etc. The other interpretation could be that the participants are not aware of the underlying causes of fears/phobias, which are primarily caused by traumatic experiences. Another possibility is that they are in denial, which is a defense mechanism (ways of reducing anxiety)

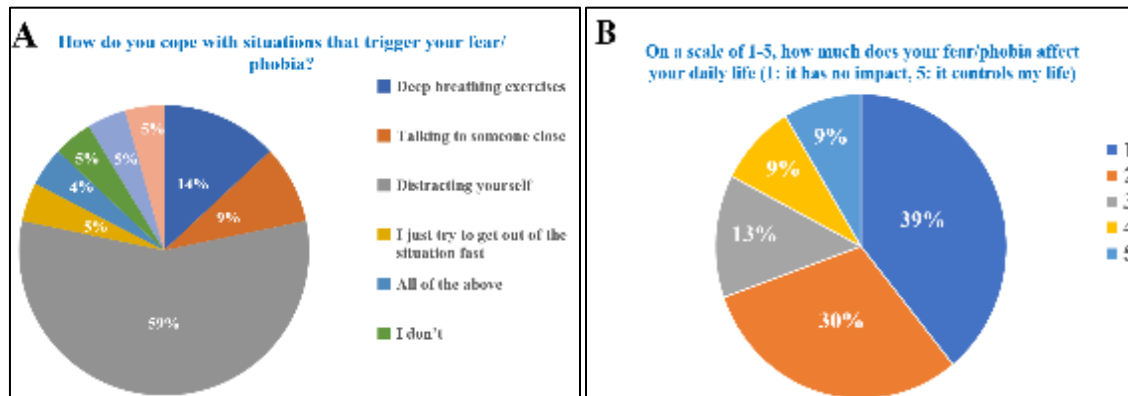


Figure 3 (A) Pie chart characterizing the responses to the question of how the respondents cope with situations that trigger their fear/phobia, (B) Pie chart characterizing the data of how much the fear/phobia controls their life on a scale of 1-5

The data in Figure 3A shows how participants would prefer to cope when faced with their fear. The majority, 59%, responded that they would distract themselves. A study by Andras et al., (2023) indicated that the processes of emotion regulation (ER) — strategies most likely to be maladaptive — have been considered to play a significant role in both the development and persistence of phobias. On the other hand, adaptive ER strategies could help manage the emotional response elicited by a feared stimulus and lower anxiety levels. Hence, it is suggestive that the participants should focus on dealing with the fears rather than distracting themselves from them.

The next 14% of participants would cope by doing deep breathing exercises, and 9% would want to talk to someone to help cope with their fear. The rest of the participants had varied responses, ranging from staying away from the sight to just not coping with the phobia.

Figure 3B shows the results for when the participants were asked to rate on a scale of 1 to 5, with 1 indicating that the phobia/fear has no impact on their life and 5 indicating that it controls their lives. 39% selected 1, indicating that the phobia has no impact on their lives. And only 9% of people selected 5, stating that the phobia controls their lives. We can infer that those who voted 5 live in a continuous fear of being faced with their phobia, which may limit their quality of life. According to the NHS (UK), phobias can limit daily activities, and certain complex phobias, like agoraphobia and social phobia, can have a detrimental effect on the daily life and mental health of the person.

Furthermore, when asked if they would face their fear to overcome it or try some type of exposure therapy, 15 out of 22 participants stated that they would like to do something of the sort. The rest are either unsure of it or are too afraid to face it. Out of the 15, only 2 responded by saying that they would like to do this activity by themselves rather than having someone with them, as it's something they'd like to do personally, and having another person there wouldn't make much of a difference for them.

4. Discussion

4.1. Supporting Literature on fears and phobias

This study follows the definition of phobias as given by the American Psychiatric Association (2013), which defines phobias as a subtype of anxiety disorder defined by a severe, illogical fear associated with a particular thing or circumstance that seriously hinders day-to-day functioning. To further elaborate, the NIH (National Institute of Health) defines specific phobia as an irrational fear of something that poses little to almost no danger to the individual. The NIH reports that the degree of impairment in adults who had specific phobias ranged from mild to serious, with 21.9% being serious, 30% having moderate impairment, and 48.1% having mild impairment.

There is evidence to suggest that perhaps these fears are learned through observation. A study by Szczepanik et al (2020) shows that fear can be learned, especially when experienced by a close one. In their study, they had friends in pairs, one of whom underwent a shock due to a conditioned stimulus (CS+ was paired with a shock, whereas CS- was always safe). The stimuli were then presented to the observer to assess Observational Fear learning. All observers showed strong Skin Conductance Responses (SCRs) to their friend's shocks, but only those aware of the CS+ shock pairing showed greater SCRs to CS+ than CS- and elevated startle responses to both stimuli. This can further be substantiated by the famous psychologist Albert Bandura's theory of observational learning.

4.2. Interpreting the results

The objective of this survey was to understand if what people experience is a fear or a phobia, and even if it is fear, how much it impacts their daily lives and the methods they use to cope with it. Hence, the hypothesis was disproved, as the maximum number of participants do not have a phobia. The age group was between 14-25, with most being around 15-16 years old. Through this survey, an understanding was made that people lack psycho-education on the phenomenon of fear or phobia, leading to a lack of clarity in participants' understanding of the same. The definition of a phobia appears to be unclear to many participants. Based on the survey, it can be inferred that some participants misinterpreted the fear as a phobia.

The defining feature of individuals with phobias is their tendency to experience panic and engage in avoidance. Hence, even a mention of it would make them anxious. However, people are not always able to avoid their fears, and sometimes they come face-to-face with an object or situation they fear, which results in panic, causing high levels of stress and anxiety. At times, the fear response is so intense that it causes a person to 'freeze' - a common reaction within the body's natural fight, flight, or freeze response to perceived threats. This isn't the case with the maximum number of participants. This can be inferred from how they experience little to moderate discomfort when faced with their fear.

The second objective of the survey was to find out how much these fears impact the daily lives of people. Here, the maximum number of participants stated that it hardly had any impact on their lives, and only 2 people stated that it controls their lives. So, the majority of the participants can live their lives quite normally without the fear of disrupting their lives. The third objective of the survey was to understand how people cope when faced with their fear. The maximum number of participants stated that they would feel better if they had a close one with them when faced with their fears. They also said that distracting themselves by listening to music or doing something they like is how they cope with their fear (especially after facing it, to calm themselves). The objectives of this survey have been achieved, and it helped classify whether what people faced were phobias or just fears.

4.3. Limitations and Future Implications

This study was limited to participants who were mostly teenagers/young adults, and the participants were not under observation when they faced their fears; hence, there is a risk of inauthentic responses. Since the sample size is also small, the results are more specific to only the participants. A lot of phobias are also associated with mental health disorders such as depression, severe anxiety, etc., which may hinder the results in figuring out if there is a prevalent phobia. This study may contribute to the research in the areas of phobias and fears. It may help in understanding the coping mechanisms of people dealing with day-to-day fears and phobias and how fear is often misinterpreted as a phobia.

5. Conclusion

In conclusion, this study disproves the hypothesis that most people face a mild phobia and experience intense panic on facing it. Instead, they have fears that do not cause extreme panic when they are put in a situation where they have to face them. The results of this study indicate that most people associate their fear with being a phobia, when in reality, their report of their experiences suggests otherwise. It may contribute to the research in the areas of phobias and fears.

Compliance with ethical standards

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Disclosure of conflict of interest

The author declares that they have no conflicts of interest in the subject matter or materials discussed in this manuscript.

Appendix

Questionnaire

- Name
- Age
- Gender
- Which fear/phobia do you experience?
- At what age did you discover this?
- Which of the following describes your reaction when faced with it?
- How often are you in situations where your fear is triggered?
- Do you think your fear is linked to a specific event from the past?
- Please briefly describe the event
- How do you cope when in situations of fear
- Have you ever experienced a full-blown panic attack?
- If ever faced with such a situation again, do you believe that if you had a close friend/relative with you at the time, you'd be less afraid?
- If you had a task to overcome your fear/phobia, would you do it?
- What method will you likely use?
- Would it help to have a close one with you, or would you rather face it alone?
- On a scale of 1-5, how much does your fear/phobia affect your daily life (1: it has no impact, 5: it controls my life)

References

- [1] *Characteristics of Phobias.* <https://www.tutor2u.net/psychology/reference/characteristics-of-phobias>. Accessed 20 July. 2024.
- [2] *Phobias.* <https://www.hopkinsmedicine.org/health/conditions-and-diseases/phobias>. Accessed 20 July. 2024.
- [3] "Specific Phobias - Symptoms and Causes." *Mayo Clinic*, <https://www.mayoclinic.org/diseases-conditions/specific-phobias/symptoms-causes/syc-20355156>. Accessed 20 July. 2024.
- [4] "Understanding and Overcoming Phobias, with Martin Antony, PhD." *Https://Www.Apa.Org*, <https://www.apa.org/news/podcasts/speaking-of-psychology/overcoming-phobias>.
- [5] Garcia, R. (2017). Neurobiology of fear and specific phobias. *Learning & Memory*, 24(9), 462. <https://doi.org/10.1101/lm.044115.116>
- [6] Depla, M.F.I.A., ten Have, M.L., van Balkom, A.J.L.M. et al. Specific fears and phobias in the general population: Results from the Netherlands Mental Health Survey and Incidence Study (NEMESIS). *Soc Psychiat Epidemiol* 43, 200–208 (2008). <https://doi.org/10.1007/s00127-007-0291-z>
- [7] National Institute of Mental Health. "Specific Phobia." *Www.nimh.nih.gov*, 2020, www.nimh.nih.gov/health/statistics/specific-phobia.
- [8] Marks, I., & Horder, J. (6598). Phobias And Their Management. *British Medical Journal (Clinical Research Edition)*, 295(6598), 589-591. <https://doi.org/29528128>
- [9] (PDF) The development of normal fear: A century of research. (n.d.). ResearchGate. https://www.researchgate.net/publication/12484732_The_development_of_normal_fear_A_century_of_research
- [10] Zsido, A. N., Lang, A., Labadi, B., & Deak, A. (2023). Phobia-specific patterns of cognitive emotion regulation strategies. *Scientific Reports*, 13(1), 1-9. <https://doi.org/10.1038/s41598-023-33395-6>
- [11] Szczepanik, M., Kaźmierowska, A. M., Michałowski, J. M., Wypych, M., Olsson, A., & Knapska, E. (2020). Observational learning of fear in real time procedure. *Scientific Reports*, 10(1), 1-10. <https://doi.org/10.1038/s41598-020-74113-w>
- [12] Hall, G. S. (1897). A study of fears. *American Journal of Psychology*, 8, 147–249
- [13] Rodriguez BI, Craske MG. The effects of distraction during exposure to phobic stimuli. *Behav Res Ther.* 1993 Jul;31(6):549-58. doi: 10.1016/0005-7967(93)90106-5. PMID: 8347113.
- [14] Johns Hopkins Medicine. "Phobias." Johns Hopkins Medicine, Johns Hopkins Medicine, 2019, www.hopkinsmedicine.org/health/conditions-and-diseases/phobias.