

## Prevalence of self-reported specific phobia symptoms in an Israeli sample of young conscripts

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### Abstract

Specific phobia is a very prevalent disorder with high comorbidity rates. The aim of this study was to assess prevalence of specific phobia symptoms in a sample of Israeli young adults. Eight hundred fifty young Israeli soldiers participated in the study. Measures included a questionnaire on specific phobias and a socio-demographic questionnaire. Data on eight specific fears representing DSM-IV-TR specific phobias were analyzed to evaluate prevalence of phobic symptoms and find potential socio-demographic correlates.

Prevalence of fears and specific phobic symptoms was 49.1 and 8.7%, respectively. Most frequent phobic symptoms were from animals, being alone, heights, injury and closed places. The following variables were accompanied by more phobic symptoms: male gender, role of mechanic, not having completed the matriculation exams, lack of friends and romantic relationships, therapy prior to enlistment or during the military service and having received psychotropic drugs in the past. Based on a stepwise regression analysis, the following variables contributed significantly to the prediction of phobic symptoms: lack of friends and romantic relationships, school absenteeism and role of mechanic. Our findings corroborate results from other studies in the Western world regarding the high prevalence of specific phobia symptomatology, as well as its distribution and socio-demographic correlates.

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## 1. Introduction

The National Comorbidity Survey (NCS) revealed that after major depression (17%), alcohol dependence (14%) and social phobia (13.3%), the most frequent disorder was specific phobia (11.3%) (Kessler et al., 1994). In the National Comorbidity Survey Replication study, the lifetime prevalence of specific phobia reached 12.5% (Kessler et al., 2005). Other estimates of prevalence have ranged from 1.7 to 16% (Kennedy, 1965; Werry & Quay, 1971), with more consistent estimates of approximately 7–9% (Agras, Sylvester, & Oliveau, 1969; Graziano & DeGiovanni, 1979). Thus, the epidemiology of specific phobia is far from clear due to the paucity of studies, use of various diagnostic procedures in the different studies, heterogeneous samples used (Silverman & Moreno, 2005) and possibly due to the veiled and hidden appearance of the disorder.

Specific phobias are defined as unreasonable fears associated with the avoidance of objects or situations, or endured with significant levels of anxiety and causing serious interference to one's life (APA, 2000). Specific phobias are classified in three clusters: situational phobias (lightning, enclosed places, darkness, flying and heights), animal phobias and "blood-injury-injection" phobias (injury, injections, dentists, etc.) (Fredrikson, Annas, Fischer, & Wik, 1996). The distress associated with phobias, especially when unrecognized and untreated, can lead to further psychiatric complications, including other anxiety disorders, major depressive disorder and alcohol-related disorders (Silverman & Moreno, 2005).

Specific phobia is more frequent in females with a ratio of 2:1, although the ratio is closer to 1 to 1 for the fear of blood, injection or injury type. The prevalence of specific phobia is 15.8% versus 8.9% for females and males, respectively (Kessler et al., 2005). The most prevalent feared objects and situations in specific phobias are as follows (listed in descending frequency): animals, storms, heights, illness, injury and death (APA, 2000).

Only one study has addressed the epidemiology of mental disorders in Israel, including specific phobia. Levav et al. (1993) examined the prevalence of mental disorders in a 10-year cohort of young adults in Israel. This study also examined the 1-year prevalence of phobic disorders and reported that the point prevalence of phobic disorders was 2.8%, less frequent than in American, Canadian and Australian samples. Due to the dearth of studies on this subject in Israel, we attempted to examine the rate of specific phobia symptoms in a large sample of young Israeli conscripts mainly aged 18–21 years. As specific phobias have an early onset (Ost, 1987) with animal phobia beginning at age 7 years, blood phobia at age 9 years and dental phobia at age 12 years, this sample of young adults was considered to be a real-life mirror of the lifetime epidemiology of specific phobia symptoms. Therefore, the impetus of the present study was based on the high rate of specific phobia in many countries and the high comorbidity with other mental conditions (especially depression) (Essau, Conradt, & Peterman, 2000), together with the paucity of studies in this area.

The study's objectives were as follows: (1) to assess prevalence of fears and specific phobic symptoms in a large Israeli sample of young adults; (2) to characterize socio-demographic correlates (gender, place of birth, education, social functioning) of those suffering from specific phobic symptoms; (3) to compare frequency of fears and phobic symptoms in the present study to results from other worldwide studies. It was hypothesized that the rate of fears and phobic symptoms will be similar to that found in Western countries and that females would have higher rates of phobic symptoms.

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