

Specific Phobia in Youth: Phenomenology and Psychological Characteristics

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Sociodemographic and psychological characteristics of 62 youth with animal and natural environment types of specific phobia were examined in a treatment-seeking sample. Differences due to age, sex, ethnicity, family structure, and family socioeconomic status were not found between youth with the two types of specific phobia. Moreover, differences were not obtained between the two groups in the clinical severity of their phobias, the perceived dangerousness of the feared outcomes associated with their phobias, the perceived levels of coping with their phobias, or overall fearfulness. However, differences between youth with the two types of specific phobias were found on somatic/anxious symptoms, depressive symptoms, and life satisfaction. In addition, differences were noted on withdrawn, somatic complaints, anxious/depressed symptoms, and social problems as reported by the mothers of these youngsters. Finally, differences in the percent of co-occurring anxiety disorders between youth with the two types of specific phobia were

found. On all of the domains in which differences were found, youth with the natural environment type fared more poorly than those with the animal type. These findings converge with those obtained in treatment studies which indicate that youth with the natural environment type are more difficult to treat than youth with the animal type.

ACCORDING TO THE FOURTH edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; American Psychiatric Association, 1994)*, a specific phobia is defined as a persistent fear that is excessive or unreasonable and that is cued by the presence of a specific object or situation. Specific phobias are classified into five major types: animal (e.g., insects, snakes, dogs), natural environment (e.g., darkness, storms, heights), situational (e.g., enclosed spaces, elevators, flying), blood-injection-injury (BII) (e.g., seeing blood, receiving shots or injections), and other (e.g., choking, loud sounds, costumed characters). The limited research available with adults suggests that these phobia types may possess relatively distinct features. For example, [Antony, Brown, and Barlow \(1997\)](#) indicated that BII phobias are associated with reduced physiological arousal whereas other phobia types

This project was funded in part by National Institute of Mental Health grants R01 MH59308 and R01 MH074777 to Thomas H. Ollendick.

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0005-7894/09/133-141/\$1.00/0

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are characterized by heightened physiological arousal. However, the clinical features of specific phobia types in children have not been examined heretofore. The primary purpose of the present study was to examine such differences in two major types of phobia in children and adolescents: animal and natural environment types.

To date, only a few investigations have reported on sociodemographic characteristics of children with specific phobias in community and clinical samples. Milne et al. (1995) examined these characteristics in a large community sample of 3,283 adolescents in seventh through ninth grades. Approximately 80% of the adolescents were Caucasian, about 50% resided in dual-parent homes, and most were from middle-to upper-socioeconomic-status families. In one of the first clinical studies, Last, Perrin, Hersen, and Kazdin (1992) examined sociodemographic characteristics in 80 youth between 7 and 16 years of age who were diagnosed with simple (i.e., specific) phobias. Over 50% of their clinical sample was male, 77.5% was Caucasian, and 58.8% came from intact families. In another clinical sample of 104 youth with specific phobia (Silverman et al., 1999), 54 were boys and 50 were girls. Moreover, of the 6- to 16-year-old youth in this sample, 62% were Caucasian, 37% were Hispanic Americans, and 2% were of other ethnic backgrounds. The majority of the families were from lower-to middle-class backgrounds. As is evident, considerable variability in sociodemographic characteristics exists in both community and clinical samples, with a mixed pattern in terms of age, sex, socioeconomic status, and family structure. As such, specific phobias appear to be present across a widely varying set of sociodemographic characteristics.

Although sociodemographic differences are evident in these clinical and community samples, the most commonly occurring phobia types across these investigations are largely congruent. Specifically, the most common phobia types across both community and clinical samples are the animal and natural environment types (Last et al., 1992; Milne et al., 1995; Silverman et al., 1999). For example, Milne and colleagues reported that heights, insects, and dogs were the most common phobias in their community sample. Thunderstorms, the dark, dogs, and insects also constituted the majority of phobias in the Last et al. and Silverman et al. clinical studies.

There is limited research that examines comorbidity in samples of youth with specific phobia. In community samples, comorbidity with other specific phobias occurs in about 50% of cases and with other psychiatric disorders in about 25% of cases (Costello, Egger, & Angold, 2004). In clinical

samples, co-occurrence with other phobic disorders is also about 50%, but co-occurrence with other psychiatric disorders is considerably higher than that observed in community samples (Ollendick, King, & Muris, 2002). For example, in Silverman et al. (1999), 72% of the sample had at least one comorbid diagnosis. The most commonly occurring comorbid diagnoses (in addition to other specific phobias) were separation anxiety disorder, over-anxious disorder (i.e., generalized anxiety disorder), and attention-deficit/hyperactivity disorder (ADHD). In addition, about 50% of participants in the Last et al. (1992) sample had comorbid disorders (in addition to other specific phobias), with the most common being major depressive disorder, ADHD, and oppositional-defiant disorder (ODD). Quite obviously, comorbidity of other psychiatric disorders varies in these clinical studies and exceeds those in community studies. Unfortunately, neither community nor clinical studies have examined comorbidity according to type of specific phobia. As a result, more research is needed to evaluate the comorbidity of specific phobia subtypes with other psychiatric disorders in clinical samples of youth with specific phobias.

Additionally, more research is needed to understand the extent of impairment and quality of life in youth with specific phobia. Several studies of adults with specific phobias suggest increased levels of impairment and reduced quality of life. For example, Mogotski, Kaminer, and Stein (2000) reported that adults with specific phobias in the National Comorbidity Study were likely to experience impairments in education, employment, and overall quality of life—even in the absence of significant comorbidity. Furthermore, Alonso et al. (2004) found that adults with specific phobias have more work loss days, poorer physical quality of life, and poorer mental quality of life than those with no disorder at all. Although relations between specific phobias and impairment have not been explicitly examined in children and adolescents, several investigations with other childhood anxiety disorders have reported that the heightened presence of somatic symptoms is associated with greater severity of anxiety and impairment (Ginsburg, Riddle, & Davies, 2006; Kingery, Ginsburg, & Alfano, 2007). The number and type of somatic symptoms were negatively related to perceived academic and social competence in these studies. Unfortunately, these studies have not examined these relations in youth with specific phobia or in youth with specific types of phobias.

Given the limitations in the previous research, the current study examined sociodemographic and clinical characteristics of youth with specific pho-

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