

## A qualitative phenomenological venture of individuals' experiences with a phobia



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### ABSTRACT

To raise awareness concerning continuous existence of phobia and its implications to lifestyle and health aspects psychiatric nursing, in particular, and the future steps that could gradually decline occurrence in relation to the nursing practice in a community setting, this descriptive phenomenological qualitative study aimed to depict factual experiences of 10 purposive samples aged 18-23 years old ( $\bar{x}=19.7$ ,  $SD\pm 1.56$ ), diagnosed with phobia from Pampanga, Philippines, in search with the uniqueness of their experience of activities of daily living (ADLs). Each sample was scheduled for an interview with the results of the experiences that were explicitly described by using Colaizzi's method. Results revealed 11 major themes which include (1) evading fear, (2) anticipatory anxiety, (3) intense irrational fear, (4) phobia as a figure of mockery, (5) night-time perturbation, (6) fear even in pictures and movies, (7) retaliative response, (8) origin of fear, (9) conception of fear, (10) immutable fear, and (11) impediment; and, six sub-themes: (1) anticipatory anxiety of the place, (2) anticipatory anxiety of the stimulus, (3) sleepless nights, (4) nightmares, (5) body' natural response, and (6) willful reaction. All participants were with firsthand experience of the phenomenon that tends to avoid any impending stimulus to cope with their ADLs. Despite known health risks and threats, the participants were continuously battling their fear of being exposed to their respective phobic stimuli to continue their ADLs and to suffice their physiologic demands. Results of the study support the need to coach, encourage and persuade people in understanding and providing continuous support to these people with phobia regardless of age, gender, marital status and the severity of their anxiety. Finally, findings will enable the general public of the awareness and motivation in providing continuous support and understanding to individuals experiencing phobia. Adequate knowledge of the experience will enable the majority the in-depth understanding of how it is to be in experience of phobia to promote self-education and psychiatric health.

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### 1. Introduction

In today's mental health, several times in life are faced with certain circumstances as to how unease it comes. One essentially deals with own fears without exceptions. As an irrational, forceful, and insistent anxiety of a precise entity or a societal state, phobia


grounds intense agony and hinders normal functioning (Videbeck, 2020).

Phobia, fear as articulated distinctively or subsequently habituation, is activated as a defense against anxiety as perceived (Garcia, 2017). As a result, people will try to avoid the anxiety-provoking stimulus to any extent possible (Adolphs, 2013). However, if this avoidance is leading to a fear outweighing the danger, dysfunctional fear processing is occurring (Garcia, 2017). Persons with irrational anxiety recognize that their fear is infrequent, illogical, and may even source of witticism be regarding its meaninglessness. Yet, they sense incapable of breaking it. However, few are

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identified concerning the enduring sequence of explicit phobia out in the open (Sigstrom et al., 2016).

Phobia is the most common form of anxiety complaint. According to the National Institute of Mental Health, between 5.1% and 12.5% Americans agonize from phobias. Social phobia is a pervasive craving to evade circumstances that others may prime to persons disapprove. It largely expresses initially in puberty at around the age of 13. Roughly 15 million American adults, or 6.8% from the populace, grieve from social phobia. Specific phobia is demarcated as an extreme fear of an entity, a commotion, or state that centrals a person to evade the source of such fear (Adolphs, 2013; Shives and Isaacs, 2002). Specific phobias commonly appear in early childhood, at nearly seven years of age. A projected 8.7% of Americans, or 19.2 million individuals, agonize from a specific phobia. Numerous persons agonize from more than a specific phobia. Agoraphobia is frequently allied with panic disorder. The absence of panic disorder is comparatively rare, upsetting only 0.8% of the American population, or 1.8 million individuals. Several previous studies have found that members of ethnic minority groups have a higher rate of mental illness and under-utilized mental health services. Phobias are more prevalent among Asians and Oriental people (Norman and Ryrrie, 2009).

An appraisal of psychiatric epidemiologic studies of social phobia proposed that between 7% and 13% of the lifetime social phobia prevalence in Western countries. The most recent study on the prevalence of mental health problems was conducted with the three furthestmost prevalent diagnoses were identified: Specific phobias (15%), alcohol abuse (10%), and depression (6%).

Therefore, the authors coveted to make an in-depth understanding of the phenomenon and how this phenomenon affects individuals' ADLs. This phenomenological study catches the authors' attention since it deals with the human mind and to know the basic reaction. The authors desire to discover how individuals' way of living is how they respond and react to their phobia, how high the level of their anxiety when they encounter circumstances where they need to deal with their phobia, and how are they cope with their fear. Furthermore, authors would like to broaden their knowledge and are significant in the nursing profession as an implication to psychiatric nursing, for it can broaden the outlook of readers and provide a better understanding of this condition. The study can help nurses improve and increase their knowledge in providing care as to the psychological, emotional, and spiritual aspects of the participant who is diagnosed with phobia. More so, the study can serve as a future basis for further studies to improve the quality of care despite the present of phobia.

This study aimed to venture into the life experiences of selected individuals diagnosed with phobia in Pampanga, Philippines. Specifically, its' objective is to establish an understanding of certain

phenomenon which would explain and answer a grand tour question, "how is it to be a person experiencing phobia?"

## 2. Methods

### 2.1. Study design

This descriptive phenomenological qualitative study is designed to venture life experiences of selected individuals diagnosed with phobia and give them meaning with the intent to gather an in-depth understanding of one's phenomenon through uncovering and describing; and the reasons that govern such behavior that is significant to nursing care.

### 2.2. Sample and setting

A purposive sample of 10 individuals diagnosed with phobia in Pampanga, Philippines, were determined by data saturation (Speziale et al., 2011). Participants were included with the following criteria set, such as that they are (1) female, (2) within the age group of 18 to 23 years old, (3) diagnosed with mild to moderate phobia regardless of the type and are (4) referred by a psychiatrist.

Initially, data saturation is achieved in seven informants. Necessary validation is further obtained through an additional three informants that were included after data saturation has actually been achieved.

### 2.3. Instrument

An intensive, in-depth conversational, involving unstructured and semi-structured, the interview was used to uncover individuals underlying emotions, thoughts, and meanings. To keep capture more carefully the entirety of the interview process, an audio recorder was likewise utilized to aid in verbatim transcription of data.

Aside from face-to-face contact and observation, the study employed immersion through Colaizzi's method that involves having a prolonged engagement with the participants through a reading of literature and immersing through the seven steps of Colaizzi (Polit and Beck, 2016; Smith and Osborn, 2007).

### 2.4. Data collection procedure

Initially, approval from the institutional research committee, psychologist, and participants are significantly achieved with the inclusion of study purposes. Upon approval, the psychiatrist agreed for a participant profile search to identify feasibility for participation. The study involved contacting informants who voluntarily agree to participate. Before and after the interview process, bracketing is performed to reduce preconceived ideas, so to acknowledge and therefore eliminated as biases.

A seven-step Colaizzi's method was used in this study that calls for results' final validation through returning to the participants. These steps were strictly done systematically as follow:

1. Read entire protocols to gain a feeling for them;
2. Studied the protocol separately and extracted substantial accounts;
3. Implied out the gist of each substantial statement;
4. Systematized the articulated meaning into groups of themes;
5. Integrated outcomes into a comprehensive elucidation of the phenomenon under study;
6. Formulated an in-depth description of the phenomenon in as clearly identified statement as possible;
7. Asked the participants regarding the findings so as its ultimate confirming stage (Polit and Beck, 2016).

An open-ended grand tour question is preliminarily set to gather data. The interview process was terminated when participants achieved exhaustion of descriptions. Complete concentration and rigorous participation in the interview process improved the accuracy, trustworthiness, and authenticity of data. Prolonged engagement with the informants as well as persistent observation during data collection preserved results' credibility.

Data saturation was fully achieved in 10 participants with each interview was transcribed and validated accurately of an incurred interview as signed once proven factual and precise.

**2.5. Data analysis**

Reading the transcriptions of each participant's interview turns the data analysis through extracting significant statements. Meanings were formulated and clustered similar once into themes and later formulated an exhaustive description for each theme with participants' repetitive validation to increase study validity and data credibility.

**3. Results**

**3.1. Informants' characteristics**

The result of this study indicated that participants aged 18 to 23 years old ( $\bar{x}$ =19.7,

SD±1.56) and are mostly feared of spiders (n=2 or 20%) and dogs (n=2 or 20%) as illustrated in Table 1.

**Table 1: Participants' characteristics**

Characteristics		n	%
<b>Type of Phobia</b>			
Arachnophobia (fear of spiders)		2	20
Cynophobia (fear of dogs)		2	20
Hemophobia (fear of blood)		1	10
Katsaridaphobia (fear of cockroaches)		1	10
Musophobia (fear of mice and rats)		1	10
Ophidiophobia (fear of snakes)		1	10
Phasmophobia (fear of ghosts)		1	10
Ranidaphobia (fear of frogs and toads)		1	10
Range		Mean	SD
Age	18-23 y/o	19.7	1.56
Total		N=10	100%
Frequency (n); percentage (%)			

**3.2. Themes, key concepts from individuals' perspectives, and supporting quotes**

Table 2 presents the themes, key concepts from individuals' perspectives, and supporting quotes.

In experiencing how it is to live with a phobia, each individual shares something in common, which is fear, and everyone has their own reasons for obtaining the experience that fueled them to act uniquely towards any given situation related to their phobia. For most of them, their phobia has been present since their childhood. However, some of them do not clearly remember how it started. The fear experienced with a phobia is beyond the person's control. It is irrational, intense, and persistent fear over their phobic stimuli. Each reacts differently when faced with a phobic stimulus. But shouting, crying, and panic attacks are some of the common reactions of phobic individuals. Also, a phobia is seen as a hindrance. It affects individuals' lives at a point of interfering with their daily activities. These phobic individuals cannot go on with their activity when faced with their phobia. It also inhibits individuals with the condition from doing things they want but cannot perform due to fear of a possible encounter with their object of the phobia. Because of this, they end up feeling helpless of uncontrolled fear. In addition, they likewise suffer from insults and mockery of others who do not understand their condition. On a positive note, phobic individuals view their condition as normal and will be a part of their life.

**Table 2: Themes, key concepts from individuals' perspectives, and supporting quotes**

Themes	Key Concepts and Supporting Quotes
Evading fear	Key concepts
	Avoiding even phobic-related stimuli is the safest response to give calmness and reduce heightened scared feeling.
	Supporting quotes
	"You would do everything just to avoid the thing you really scared of."
	"As much as possible, I avoid places that are fealty."
	"If were not for the cockroach, I would have never learned to clean my room."
Anticipatory anxiety	"I avoid it immediately or I run away from it."
	"Whenever I know someone is going to get wounded, I turn away. I don't even like watching gross movies."
	"I am really avoiding seeing or even thinking of blood."
Anticipatory anxiety	Key concepts

	<p>Experience of anxiety either of the place or stimulus.  Supporting quotes  “Anywhere you go as long as you feel that the place is a little dirty, as if always feels that there is a possibility that the one you fear is already present and then you really feel fidgety.”  “When I know that someone is going to be bruised or wounded, I am going to close my eyes as it feels awful.”  “I feel scared even mentioning it that feels like it’s just there beside me.”  Key concepts  Unexplainable anxiety-provoking feeling that causes distress.</p>
Irrational intense fear	<p>Supporting quotes  “You are so scared of a certain thing that you are trying to contain your fear so as not to see it.”  “Because of excessive fear, I can no longer know what I’m supposed to do.”  “Staring at it, I get scared of.”  “No matter how important it is, I cannot think of when my fear is already there.”  Key concepts  People seeing one’s fear reactions as inappropriate or exaggerate behavior.</p>
Figure of mockery	<p>Supporting quotes  “They thought you of overreacting, but the truth is that you are really scared.”  “Whenever I am extremely scared, others think it is funny or a joke.”  “They think I’m exaggerating and just playing around.”  “Just an ordinary teasing and simple bullying that people are doing to me.”  “It’s embarrassing because a lot of people are looking at me and they might be thinking that I’m overreacting.”  Key concepts  Sleepless nights of knowing that what one’s fear is still on the loose.  Nightmares during sleepless nights due to severe anxiousness.</p>
Nighttime perturbation	<p>Supporting quotes  “For two nights, I could not sleep because I know it has not held yet.”  “And then when I go to sleep at night, I think of it until I cannot sleep.”  “Because of my overwhelming fear of it, even in my dreams, it appears.”  “I feel like I’m having a nightmare after that incident.”  “I feel like I do not want to sleep anymore. That is why I sometimes sleep late because of that.”  Key concepts  Illustrations resembling ones’ fear.  Movies lead to phobic stimulation.</p>
Fear even in pictures and movies	<p>Supporting quotes  “I would rather not watch the movies than seeing a rat once it appears in it.”  “Even if it is just a picture or sound or anything that resembles my fear.”  “A picture from the internet was actually funny, but I still get scared.”  Key concepts  Involvement of the body’s natural response over phobic stimulation.</p>
Retaliative response	<p>Supporting quotes  “It feels like your heart really beats so fast, then you perspire with your palms sweat.”  “I’m so scared, and I feel like my stomach is turning upside down.”  “I will just cry, going to vomit and feel dizzy due to what I feel.”  “I turned ale a wanted to cry and run away.”  “My body felt so cold, and then as if I’m going to get paralyzed, that I cannot even move.”  “After what happened, I felt weak, and my hands were shaking.”  “I would scream, jump, and palpitate. My hands get cold, and my face is beyond description.”  Key concepts  Fear at its unknown origin.</p>
Origin of fear	<p>Supporting quotes  “I really do not know why I’m so scared of frogs.”  “What I know is that since birth, I am scared of it.”  “Maybe I was in my childhood years, and my cousins were trying to scare me.”  Key concepts  Phobia as a recognizable disease condition requiring treatment.  Excessive fear hardly affects ones’ ADLs</p>
Conception of fear	<p>Supporting quotes  “It’s hard living with a phobia.”  “For me, a phobia is really a disease because not all people have it.”  “I don’t really consider this a severe illness, but I know that there is a possibility to get worse if I don’t manage it.”  Key concepts  Conquering fear turns into failure.  To ignore fear can be a possible way to get rid of fear.</p>
Immutable fear	<p>Supporting quotes  “I did not expect that I could still have through the years.”  “Ther’s still a possibility that you could no longer conquer your fear.”  “I already felt it for a long time, and it seems like it is normal.”  “I never realize that it’s already an illness requiring professional intervention, but I do not know if I could like the treatment.”  “ And I can’t really face my fear. I feel disoriented when I’m scared.”</p>
Impediment	<p>Key concepts  Phobia as a barrier leading to limitations.  Supporting quotes  “It is hard in a way that my fear becomes an obstacle in my life.”  “With the phobia I’m experiencing limits me from doing my stuffs.”  “It is not affecting my life that much although sometimes it is.”  I can’t go to school just because a frog crosses my path.”</p>

## 4. Discussion

### 4.1. Informants' characteristics

The occurrence of fears accompanying severe anxiety declined with age but can begin at a younger age with high comorbidity (Albor et al., 2017; Sigstrom et al., 2016). More so, most adolescents with various phobia types displayed a premature age of onset, raised severity and impairment, and among the uppermost rates of further psychiatric illnesses (Burstein et al., 2012).

Numerous eye-tracking studies have discovered that patients with phobia from spiders confirm a distinctive hypervigilance-avoidance form once provoked with spider illustrations (Gremisi et al., 2018). Zoophobias is the most prevalent form of specific phobia worldwide with a spider phobia incidence of 3.5%-6.1% in the general population (Inhof et al., 2019; Gremisi et al., 2018; Zsido et al., 2018). Another one of the utmost usual and well-studied phobia subtypes in adolescence is with dogs (Oar et al., 2016).

### 4.2. Themes, key concepts from individuals' perspectives, and supporting quotes

Almost all people try to avoid physical dangers. If this avoidance is generalized to situations other than realistic danger, it is called a phobia (Fontaine, 2009). Treacherous dealings are occasionally reserved to evade or escape the event (APA, 2013). However, anticipatory anxiety may develop upon thinking about a possible encounter with the dreaded phobic stimulus, which is usually not relieved by avoidance behavior (Videbeck, 2020).

Fear is a psychological construct rather than discoverable through scientific investigation (Adolphs, 2013). It is an irrational, strong, and insistent fear of a definite object or a social state, instigating extreme agony, and interfering with normal functioning (Videbeck, 2020).

Phobia is characterized by an unrealistic and persistent fear of any situation in which other people could be judging. Individuals with a phobia are constantly worried about looking foolish (Valfre, 2001). A person has thrilling anxieties about being visible to conceivable scrutiny by others and uncertain social or performance circumstances that progress embarrassment (Townsend, 2008).

Sleeping difficulties are frequently associated with primary emotional glitches that are initiating anxiety or depression in older adults (Leblanc et al., 2015). An individual who is consistently and severely apprehensive may develop a fear of falling asleep since they dread they might expire during sleep. However, secondary insomnia is the failure to initiate or sustain sleep or non-restorative sleep due to a psychiatric disorder (Shives, 2008).

The investigation has revealed that cinemas, nightmares, and stories can likewise generate a seed that is then implanted into the subconscious (Martin,

2019). Phobia advances once the subconscious associates fear with an illustration, entity, situation, etc. In other cases, simply thinking about or handling a plastic model of the dreaded entity can produce anxiety (Videbeck, 2020).

A person develops severely anxious to the point of panic or incapacitation when challenged to circumstances involving persons (Videbeck, 2020). Indicators of phobia habitually involve having panic attack includes feelings of panic, re-experiencing the event psychologically, notwithstanding acknowledgment of the feelings are extreme in affiliation to somewhat factual danger including physical indicators such as trembling, perspiring, difficulty in clear thinking, nausea, rapid heartbeat, trouble breathing, and an irresistible desire to escape the state that is producing hyperarousal as a phobic reaction (Souza, 2018; Yoshizumi et al., 2018).

Phobia generally does not a consequence of the earlier undesirable experiences. A person may never have had an encounter with the stimuli (Videbeck, 2020). Though there is no one precise branded source for phobia complex, including genetic, neurobiological, and psychosocial in nature (Zwanzger, 2016). Direct family members of persons with a phobia are about three times further possible to likewise agonize from a phobia than those who do not have a familial trace. Persons whose parents either were excessively caring or were detached in levitating them may possibly at further risk of evolving phobia. However, more studies need to be conducted to rule out the nongenetic transmission of specific phobias (Rubo et al., 2019; Fragiotta et al., 2019). Individuals with phobias tend to dwell on their object of fear almost to the point of fascination (Valfre, 2001). They may perceive the experience of anxiety as being outside of their control (Townsend, 2008).

Predictability, a lack of meaningful and productive social functioning, generates a sense of helplessness, powerlessness, and loss of control over one's life. However, the knowledge that fear can be handled contains all the elements for conquering it.

The life of a phobic person becomes more restricted as activities are given up so the phobic object can be avoided. A phobia characteristically harvests an extremely tall anxiety level that it is immobilizing, avoiding an individual from substituting a manner that could demonstrate effectively in lessening one's fear. The experience of great anxiety or fear that normally protects the person immobilizes the individual with the phobia (Valfre, 2001).

## 5. Conclusion and recommendations

Avoidance of ones' fear during the encounter of phobia even though keeping on stumbling upon the same experience, people still do something to evade or keep on avoiding feared object. The perception of those people diagnosed with phobia differs from the



perception of those individuals around them. Significant others may perceive the participants' phobia as a center of mockery in which they are not aware that they are eliciting their extreme anxiety making the participant react in a different way. Sleeping disturbances are evident with the participants' experience during bouts of phobia. There are certain reactions and the body's natural responses and uncontrolled will-full reactions as the most effective ways to cope up with the situation. With the irrational feelings of the unknown, extreme anxiety is perceived as a normal part of living with repeated stimulus encounters over a long period of time without possibilities to conquer but a hindrance that limits daily activities and functioning. Therefore, it is recommended that phobic clients need to realize self-determination and self-discipline through the guidance of psychiatrists and immediate family members to help a client to face their fear, thus, makes client help to manage the disorder. The reality of the situation should be discussed with the phobic client to distinguish characteristics that can be altered, and those that cannot modify so that client would accept the realism of the state before the work of reducing the fear can develop. Encouraging the client to discover fundamental feelings that may be causal to illogical uncertainties and confront them rather overcome may help the client to challenge unsettled struggles and advance further adaptive managing skills. Likewise, family and friends should be involved in helping the client and for them to encourage the phobic patient to confront fears and reduce extreme anxiety attacks that may disturb the client's sleeping and attacks of nightmares. Phobic patients should be counseled with regards to the disorder and helping them by a form of psychotherapy, behavioral, and cognitive-behavioral therapy that involves supportive and gradual contact of individuals with a phobia to situations that are progressively near to persons the feared of.

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### Compliance with ethical standards

### Informed consent

Informed consent was engaged from all participants involved in the study. Entire measures

accomplished in studies involving individuals as participants were in agreement with the institutional standards of ethics. Confidentiality and anonymity are achieved, maintained, preserved at the beginning until the end of the study with the informants fully aware of the objectives, risks, and benefits in partaking in the course with the assurance that they can depart at any time from the study.

### Conflict of interest

The authors declare that they have no conflict of interest.

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