

SOME FEARS OF COLLEGE STUDENTS

by

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# SOME FEARS OF COLLEGE STUDENTS

## CHAPTER I

### Introduction

To fear is inherent in all of the more complex members of the animal kingdom. What to fear is largely, or possibly entirely, learned. Fears of specific objects or events may, in the human being, be the result of experience to oneself or to one's friends, of reading or of hearsay, or of imagination or anticipation. Fear, in some degree, is present in the conscious or unconscious mind throughout life. Even the most sheltered and protected person may have fear of the loss of the sheltering and the protection. Those who lead more active or adventurous lives must inevitably know fear and retain memories of the events which caused it from occasion to occasion whether the occasion was actual or imagined. The great fear is fear of death or fear of the unknown, since they overlap a great deal. The inevitability of the former and the inability to prepare for (or against) the latter contribute to the fear they arouse. There are reasonable fears, such as those of any of the great forces of nature, and unreasonable fears, such as those of a color or a scent which are not, so far as known, associated with any fear-provoking incident.

The control of one's fears is accomplished largely through ability to control the fear-arousing situation at least as far as self-protection is involved. Familiarity breeds contempt of danger, among other things, provided one's experience with the particular danger has not been too painful. Understanding and evaluation may decrease one's fears of many dangers, especially those which are minor. Example and the influence of the approval or the disapproval of others may direct most of one's conscious thought away from a present or an anticipated danger. The necessity for either thought or action which will lead toward self-protection may divert one from thought of the danger as a danger. Fatalism, in unavoidably dangerous situations, can be a tremendous factor. Contrawise, exposure to fear-provoking situations or the possibility of such exposure may result in an ever-expanding reservoir of fear which may over-run its confining walls at even a small incident.

While a great deal is known about fear and fears empirically, little is known about it and them scientifically. The physiological bases or accompaniments of fear are quite well established. The psychological analysis of fear and the pathways leading to specific fears and the outcomes of these fears in thought and action are practically unknown. What a designated individual will

do in a usually fear-arousing situation cannot be predicted with much certainty. What will or will not arouse fear, similarly, cannot be determined beforehand.

Fear has not even been defined satisfactorily at present. If one has been through a fear-arousing incident, he cannot tell others much about the fearful aspects but only about the accompanying sights, sounds, and--frequently--smells. It is doubtful that his hearers could understand him if he could describe his state of fear unless they had undergone similar experiences.

Lists of the common fears have been compiled for both sane and demented persons. Estimates of the degrees of fear aroused by different objects and events have been compiled. These are not, obviously, thoroughly scientific studies of fear nor of fears.

The study on which this thesis is based involves a list of three hundred sixty objects whose very names might arouse fear entirely apart from any presence of the objects themselves and a self-estimate by each of one hundred thirty-six college students of the degree of fear aroused by these names in comparison with an assumed average of all of his or her fears. It is realized that these estimates of degree of fear are only slightly less vague than these assumed averages, but it is the belief of the writer that they not only have some value but some



objectivity. In addition, it is better to attack a problem even though the plan of attack is not wholly satisfactory than to do nothing or to deny the existence of the problem because an entirely satisfactory plan of attack is not available. Moreover, the present availability of veterans of World War II--many of whom have seen bitter combat--seemed to make a study such as this of some interest and value while the memory of this combat was still relatively fresh in their memories and while they were still enrolled in college courses and interested in problems of this kind.

A list (55) of more or less fear-provoking words which had been used in 1929 with a group of Southern women college students was modified by the addition of others. Students in Oregon State College from the freshman class to the graduate level, inclusive, were asked to rate the degrees of fear which these words aroused in them on a scale of "0" for no fear at all through "5" for very great fear. These fears were to be differentiated from disgust or contempt and, as far as possible, from fear of the object itself; for example, the word "crocodile" might arouse a mild fear or none at all while the idea of being shut in a room with a large and lively crocodile might well arouse great fears or there might be only disgust about crocodiles in general or contempt

for their stupidity, ungainliness, or cowardice in front of hunters.

The students who completed these lists did not sign their lists, but did mark them as having been completed by (a) a man or a woman, (b) a member of the freshman, sophomore, or other class, and (c) a veteran of World War II or not. It is the belief of the writer that the great majority of the ratings made were made conscientiously. The interest of the participating students appeared to be considerable and to be earnest. The ratings made by each of these twenty groups have been compiled separately, and such conclusions as are apparent have been drawn.

The purposes of this study were those of learning a little more about fear and of comparing the ratings of post-war men and women of these fear-arousing words with ratings made by a group of college women reared in a considerably different milieu.

## CHAPTER II

## Historical Background of the Problem

Fear, as both a psychological and psychopathic manifestation, has engaged the attention of scientists for many years. Ribot (70) and Darwin (16), in 1897, were the first modern recorders of the ways in which fear affects the physical and mental processes. Ribot (70) called fear "the instinct of individual conservation, under its defensive form. . ." He was influenced by Mosso's study (64) of fear which had appeared a year earlier, and quoted Mosso as saying that "terror and fright appear to him in the light of morbid phenomena." Ribot (70:207) further classified two states of fear: "There is a primary, instinctive, unreasoning fear preceding all individual experience, and a secondary, conscious, reasoned fear posterior to experience." He wrote that, "For my own part, I consider the hypothesis of a hereditary disposition to certain fears as extremely probable." Ribot (70:212) quoted Regis (69) five designations of fears: "(a) fear of inanimate objects; (b) of living beings; (c) of spaces; (d) of meteorological phenomena; and (e) of illness." These five groups are very similar to the classifications used in the current psychological literature, especially the literature of psychopathology. Ribot (70) further

observed, "To be accurate, these classifications, though they may be useful to the clinical lecturer, are of no great advantage to the psychology of fear; the interesting problem lies elsewhere." He did not state where this problem lay, however.

Ribot (70:215) also proposed three causes of fears of his own: "1. The cause is in some event of a man's previous life of which he retains the recollection; 2) Some morbid fears have their origin in occurrences of childhood of which no recollection has been retained; and 3) The morbid fear may be the result of the occasional passage of a vague and indeterminate state into a precise form."

"I do not pretend (70:217) to explain everything by means of these kinds of causes . . . we are often greatly embarrassed by cases which refuse to come under any of the rules."

Darwin, in The Expression of the Emotions in Man and Animals (16:176), described and discussed by both word and photograph, the facial "symptoms" or expressions of states of fear. "To say that a person 'is down in the mouth' is synonymous with saying that he is out of spirits . . . (this) was well exhibited in some photographs . . . of patients with a strong tendency to suicide."

These books by Regis, Mosso, Darwin, and Ribot constitute by far the most important literature on bodily

changes caused by fear until the publications of Ladd and Woodworth's Elements of Physiological Psychology in 1911 and Cannon's Bodily Changes in Fear, Hunger, Pain, and Rage in 1918. Cannon not only made records of facial changes but studied the organisms of the body which are disturbed by states of intense feeling.

He (7) found, as Ladd and Woodworth (52) had found earlier, the usual physiological components of emotions to be: alerted senses, increased attention, tension of the musculature, short shallow breathing, short shallow heart beats, contraction of the blood vessels near the surface of the body and enlargement of the large deep-lying blood vessels, halting or stoppage of the flow of saliva and of the digestive juices, increased flow of perspiration, and increased secretion by the organs of excretion. These were similar for the different emotions. The differentiating factor among the emotions was held to be the content of the mental activity taking place at the time.

While Cannon's book was concerned with the physiological changes in emotional states, Hall (34) had, twenty years earlier, in his Study of Fears, compiled a large body of data obtained from papers and reports from 1701 persons about things feared. In general, they fell into the same classifications as those given by Ribot (70:213)

as having been listed by Regis (69). Hall was greatly influenced by Darwin's theory of evolution. He was much inclined to account for fears by the theory of previous psychic life and "atavistic echo," and he felt strongly that many fears are traceable to impulses inherited from primitive ancestors just at or beneath the human level. He attributed many to the infancy of the race and to consequent primitive myths and religious concepts (34:177; 204; 223; 231).

Hall stated (34:226) "that psychic states condition and control health more and more as civilization advances; that attention to any part or function of the body modifies its metabolism so that somatic introspection is fraught with danger of hypochondria; that heart, liver and uro-genital consciousness, etc. illustrate the principle that the weaker an organ is the more it comes to the front, and the healthier it is the less conscious we are of it, and that the imitative instinct is nowhere more richly illustrated than in the field of morbid symptoms, --all are now practically agreed . . . it seems safe to assume that the mind may cure all the diseases it makes."

While Hall wrote (34:227) "To be weak is to be fearful", he did not underestimate the necessity for fear, nor did he advocate attempts at its elimination." He wrote (34:242) ". . . we see how essential to every soul, brute

or human, fear has been. Not only does everyone fear, but all should fear. The pedagogic problem is not to eliminate fear, but to gauge it to the power of proper reaction. Fears that paralyze some brains are a good tonic for others. In some form and degree, all need it always."

As to the benefits of fear, he wrote (34:242), "We fear God better because we have feared thunder. Without the fear apparatus in us, what a wealth of motive would be lost!"

Although Hall, in this early work (34) did not specifically affix names to the various degrees and types of fears, he did have awareness of their existence, since he remarked about their dangers and disadvantages: "Fear is pathic, obsessive, so concrete that it is no wonder it was long held to be a morbid entity, or even that Brown-Sequard thought he could inoculate its bacilli. . . The timid do not resist disease, and fear seems to invite it. So important did Pinel think it in psycho-neural disturbances that he always specially questioned every patient as to fears. Fears profoundly affect not only the lives, but even the theories of great men, as in the case of Hobbes, and in a different way Schopenhauer. One of the very worst things about excessive fear seems to me to be that it makes people selfish, profoundly and dominantly selfish, as few other things do. This and its frequent

association with weakness lie at the root of the instinctive aversion to tell our fears."

In 1923, Williams (80) discussed many different kinds of fears, some phobias, and the control of fear. "Fear (80:1) is necessary to self-preservation. In itself it therefore is not morbid. It is morbid only when inappropriate to the situation which provokes it." "It is when the fear-bringing situation is not examined (80:7) and penetrated that fear becomes ingrown. That from which one runs away is always terrifying because it remains unknown, and, in essence only the unknown is terrifying. Man can learn to face no matter what terrors, even death itself, with equanimity. 'A dreadful certainty is better than an uncertain dread'."

Williams (80:36) took Freud to task in the following words: "The followers of Freud mislead the innocent into the belief that only they can perform psychoanalysis, have alone sought genetic explanations. Within the last ten years facts have compelled them to recognize these feelings of inadequacy which Janet describes as long ago as 1903. By a somewhat different approach and in a different setting they speak of what is essentially the same condition in their own jargon as 'inferiority complex' . . . there are few persons who have a complete sense of adequacy in all the situations they have to face . . ."



Williams also contributed to the general psychological terminology and to the classifications of fears the term, anxiety, and its definition (80:51): "Anxiety is merely chronic fear."

Emery (22) in 1931 wrote: "Fear may be only the momentary cry of alarm. . . . On the other hand, fear may be a prolonged, unpleasant, paralyzing affective reaction, arising from a threat, the consequences of which are significant for the future. . . . Fears of this second type tend to cause the individual to choose a passive role in many situations, the nature of which would demand an active and aggressive role. He hesitates. He doubts. He is uncertain. He waits and delays, saying to himself as it were, 'I'm afraid of what might happen;' . . . Their drives and impulses tend to negate each other. . . . To accept and direct our impulses in such a manner that fear arises only in those situations which seriously tax our full resources should certainly be a goal."

Sigmund Freud (30) wrote, in 1936, "Anxiety, then, is in the first place something felt. We call it an affective state, although we are equally ignorant of what an affect is. Anxiety, therefore, is a specific state of unpleasure accompanied by motor discharge along definite pathways." He considered anxiety the central problem of neuroses. "There are (30) certain characteristics

possessed by the affect of anxiety, the investigation of which gives promise of further enlightenment. Anxiety is undeniably related to expectation; one feels anxiety lest something occur. It is endowed with a certain character of indefiniteness and objectlessness; correct usage even changes its name when it has found an object, and in that case speaks instead of dread.

"There (30) arises the question why it is that not all anxiety reactions are neurotic, why we recognize so many of them as normal (reasonable); and, finally, the distinction between true anxiety and neurotic anxiety needs to be properly evaluated.

"Let us start (30) with the latter task. The progress we have made has consisted in tracing a backward path from the reaction of anxiety to the situation of danger. If we apply the same process to the problem of true anxiety, its solution becomes simple. A real danger is a danger which we know, a true anxiety the anxiety in regard to such a known danger. Neurotic anxiety is anxiety in regard to a danger which we do not know. The neurotic danger must first be sought, therefore: analysis has taught us that it is an instinctual danger."

In man, fear (60) is manifested by insecurity, ego contraction and impoverishment, and painful loss of continuity of adequate reaction. The phases of regression

in fear are: 1, prudence; 2, precaution; 3, alarm; 4, anxiety; 5, panic; and 6, terror. Fear will disappear in proportion to man's capacity to control his destiny.

Freud (30) seemed to have summed up and clarified for some psychologists the distinctions between fear and anxiety and between reasonable and neurotic anxiety. After 1936, psychologists devoted themselves more to the origins of and reasons for fears and anxieties, to the symptoms connected with them, and to their treatment and cure. These fields of study, which had already been given extensive amounts of observation and in which many corrective techniques had been worked out by clinical psychologists, child psychologists, and workers in the psychology of adolescence, were given increased attention and prestige as a result of Freud's writings.

Jersild and Holmes in Children's Fears (41:328) wrote that fear was often useful but often destructive. "Just where lies the line between useful and superfluous fears is palpably difficult to tell. . . . Mild fears that cripple people in the activities they wish to and sometimes must pursue should be destroyed if at all possible, or better yet, avoided in youth. . . . Often such mild fears may persist and have major effects." The author pointed out that such fears may even affect one to the point of ruining his career.

Valentine (76:393) stated his belief that it is impossible to ascertain when fear is actually first felt in the development of children. From a number of experiments and observations on his own five children, he noted that some fears seem to appear to the consciousness later than others and that methods of ascertaining fear are rather unreliable because some people may do the opposite of others when they feel fear.

#### Children's Fears

According to the findings of several investigators between the years of 1896 and 1936, anxiety is one of the forms or degrees of fear which affects children early in their lives--certainly within the first year. Jones and Jones, in a paper on child psychology (43), stated that "as children grow older, they begin to show differences in the number and kinds of things of which they are afraid. The only general statement which seems to cover all the cases of fear which we have observed in children is that children tend to be afraid of things which require them to make a sudden and unexpected adjustment." They illustrated this statement by describing a test (43) made with a snake and a frog, declaring that the children were not afraid of the animals as long as the animals remained motionless, but displayed fear when the animals moved or

jumped. This general element of unexpectedness was again found to be important in another paper by Jones (44).

Miller (59) observed that even small children seem to have anxiety states that may not show in any specific fear or even in excessive timidity but rather in the whole approach which they make toward the everyday problems of living. "Lack (59) of self-confidence and of confidence in the world around them seems to characterize some children from the very first, and their inclination seems to be to meet the world by running away from it."

Cameron (6) found vague feelings of anxiety and of guilt to be manifestations of maladjustment and of fear, even in very young children.

Kestenberg (48) stated, "The earliest basic fears of children are the fears of unpleasantness which are linked to the mother's absence and develop into fears of loss of love."

Kingman (49), correctly or incorrectly, found one universal fear at the root of all fears, i. e., the fear of death. This fear, also, usually comes early into the lives of children and there is little defense against it.

Mayers (54), in a paper relating to anxiety in a group situation involving children, characterized the evidences of anxiety as: denial of a situation, delay and procrastination, endless preparation, retreat in the

middle of a situation, panic completion of a task, and an undoing of an earlier act. Other manifestations of fear states, according to Watson (73), were found to be over-conscientiousness, fearfulness, and unhappiness.

Poncher (66), in an article in The Crippled Child, emphasized the need for care in the routine following of hospital rules, stating that this procedure without consideration of the child could easily create feelings of rejection which might lead to regression into the mental and emotional states of earlier childhood, and thus create serious emotional problems in the hospitalized child.

Ridenour (71), in a study of the backgrounds of thirty children representing problems of withdrawing and thirty who were well adjusted to the group and showed no withdrawing tendencies, found that the withdrawing group came from homes with cultural advantages where there was over-protection and in which the children had not learned the normal give-and-take of normal social intercourse.

Cavan (8) found a relation in children between personality maladjustment and the wish never to have been born. This wish was found most often in children who had responsibilities too great for their years or abilities or who felt themselves to be unloved or "unwanted" (rejected).

Jersild, Markey, and Jersild (40:157) found from a study of children's fears that there was a high frequency of relatively irrational and unwarranted fears. According to their findings, a wide discrepancy existed between conditions which children fear and conditions which are most likely to befall them in actual life. Jersild and Holmes (41:295) tested individual differences in response to fears in a study made of four pairs of children matched with respect to age and sex. They used four children who had unusually low fear scores and four whose fear scores were unusually high. They stated (41:296): "The only differences which appeared to be at all significant were that the fearful children were more often described as being dependent upon adults, easily upset emotionally, and generally insecure both in their social relationships and in their physical activities. Poor physical condition or an unstable home environment seemed to occur just as frequently among the children who were unusually fearless as it did among the children who were unusually fearful."

The outstanding personality factor, according to Despert (13) in fifty stuttering children tested by him, was anxiety, primary (not secondary) to the speech difficulty. The study showed that these children had made poor social adjustments even before their speech defects could be considered serious social handicaps. The stuttering

was a result of rather than the cause of their lack of social compatibilities.

Springer and Roslow (74) gave the Brown Personality Inventory to fifty-nine pairs of deaf and of hearing children matched on the basis of age, sex, intelligence, general social status, and nationality. They found the scores of the deaf children to show much greater neuroticism than those of the hearing children. Neuroticism is marked by anxiety states.

Welles (79) distributed 528 copies of the Bernreuter Personality Inventory scales through organizations for the hard of hearing. He concluded that the hard of hearing are more emotional, more introverted, and less dominant than normal persons.

#### Adolescents' Fears

Some fears appear to be outgrown as children enter adolescence but others are acquired during adolescence. Hall (35:370) wrote, in 1911: "At adolescence the fear system is modernized and otherwise profoundly reconstructed, and becomes reasonable. Fear of being lost passes over to fear of losing the points of the compass; fear of great animals, real and imaginary, diminishes, and that of bugs, spiders, snakes, and creepy things is augmented with the new dermal sensations for minimal



contact; fear and a desire for protection is less effective in evoking love either for God or man. Dread of disease, which is often intense and secret, is greatly increased and may become a causative factor, so that if the mind can cure the diseases it can make in adolescence it does much. In general, physical fears decline and social fears increase as do those in the moral and religious realm. . . . There are far more fears that others will suffer. Objects of fear are seen much farther off, and protective activities have a wider range. Many fears are toned down into respect, reverence, and awe, and an increasing proportion of dreads are of psychic rather than of physical suffering. Every new desire means a new fear of failure to attain it."

Jersild and Holmes (41) found that "fears of noise and events associated with noise decline as children grow older. There is also a decline, although not a regular one, in the relative frequency of fear of strange objects, situations, and persons. . . . Fear of the dark and fear of being alone, as well as practically all fears of an imaginative or anticipatory character, tend to increase with age.

"There is likewise (41) a rise with age in the frequency of fear in response to situations classified under the heading of 'harm' including threats or danger of

drowning, fire, assault, confinement, and traffic accidents."

Jones and Jones (45) found that "fear of a snake was not exhibited by small children unless it moved, whereas of about ninety college students nearly one-third refused to have the snake brought near."

Emery (22), in 1931, made a study of anxiety among college students. He stated: "As one studies young adolescents, certain types and certain aspects of fear seem to emerge more clearly. One of the most characteristic traits of the adolescent is a peculiar quality of awareness of himself. Each fall there is a group of students who seek the assistance of the psychiatrist because of well developed feelings of anxiety and bewilderment. . . . afraid, uncertain, insecure."

He wrote (22) further: "For the most part, their fear has no well-defined object. . . . it becomes clear that the fear is generalized and arises out of the subtle dynamics of the student's relationship or lack of adequate and satisfying relationship to the college situation in general."

Emery (22) continued: "With apprehension, doubt and anxiety the student fears failure, he fears himself, he fears the total situation. He wishes to make new contacts but is afraid to do so. He fears scholastic competition

and failure. He worries about his finances, his choice of courses and his vocational plans. He is afraid of the freedom and independence which are his. He is timid and self-conscious and embarrassed."

According to Jersild and Holmes (41:148), certain differences in the relative frequency of fears appeared at different age levels. They found a consistent rise with age in fears under the heading of fear of failure, ridicule, inadequacy, apprehension over meeting people, and performing in the presence of others.

#### Adults' Fears

The question of whether adults have the same fears as children and adolescents has interested many of the investigators of fear and fears. Is there a carry-over of the fears that children are, possibly, born with or which they acquire in childhood, or are adults' fears developed after adolescence? In attempting to answer these questions as well as others about adults' fears, Jersild and Holmes (41:123) stated: "A noteworthy feature of the results shown is that the fears as recalled by adults exhibit many of the same trends that were observed among the oldest children whose fears were reported by adult observers." They reported further that the largest number of fears fell under the heading of

apprehension, avoidance, uneasiness, and nervousness. Effects on their social behavior and social contacts were indicated in a number of cases. Fears under the heading of ridicule, meeting people, and performing in the presence of others were numerous. They concluded (41:317) from data ascertained by asking adults to recall their childhood fears and to list those still prevalent in themselves that at least a third of the fears arising during childhood continued into adult years and that a large number of fears that first appeared during childhood still affected these individuals in their later years.

Hall (36:281) stated: "Probably the most general and most urgent motive prompting the acquisition of property in its many forms is fear. Fear is the dread of pain or of the possibilities of pain. The fear of poverty arises in anticipation or dread of the pain that it may cause. The fear is as deep seated as the suffering thereby has been great."

"All those feelings (36:282) of distrust of man for man in the business world, the always more or less strained relations between creditor and debtor, and the constant over-anxiety about the safe-keeping of property are further expressions of the property-fear psychosis. It crops out among those people who put their money out at small interest in some safe place instead of putting

it where pleasure and benefit in a large revenue could be derived. The extreme form of this fear leads some persons to hide their valuables in ridiculous and out-of-the-way places."

### Fear Objects

The strength and the importance of the feelings and the emotions in the behavior of people and the lower animals have long been realized by people at large, but only relatively recently have psychologists attempted analysis of the emotions. One procedure in this analysis is the discovery of the objects or situations which people fear, the extent to which they fear them, and the reasons that they fear them. The initial step in such an analysis from the social studies point-of-view is the use of questionnaires or inventories for the laying of a foundation on which more scientific techniques may be developed. The study of this area has not yet, however, extended beyond the questionnaire stage.

Hall (34) developed this plan, when in 1897 he wrote: "As psychological research has lately tended towards will and feeling, the limitations, of both the experimental and the introspective methods, have grown increasingly apparent, and in some directions are now exiguous and almost painful. We can neither excite the

stronger emotions in the laboratory nor coolly study ourselves while they are on under natural conditions. Moreover, the many instinct-feelings come to but very partial and incomplete expression in any single individual. To bring them out clearly, averages, mosaics, composites from many lives may, I think, be used to show both the relative depth and the vastly wider ranges of psychic experience. Childhood, too, must be explored, because despite the higher reaches of the adult consciousness much is, and by the necessities of growth must be, forever lost to it. There is a standpoint from which the adult mind, like the adult body, is decadent. It was in view of this general situation that we have evoked the aid of the questionnaire method in this field, striven to give it both new applications and new developments and devised a scheme of treating data, all of which together are bearing important fruits, and can do some things impossible before. By these means, too, psychology is brought into closer contact with human life over more and larger areas, and also given practical bearings, and that in several fields, as well as enabled to exert corrective influences on certain tendencies now too manifest in psychology."

"Questions (34) must suggest every main aspect, but no one answer rather than another, and must call for form enough so that the data can be fully treated statistically,

yet must leave freedom enough to bring out details of all important cases which may be abridged and cited, as are clinical illustrations in medical literature, even if more briefly, because more numerous."

Hall (34:148) received reports of fears and fear situations from 1701 persons from various parts of the country. In his words: "The data used for the first tabulation, therefore, consist of the records of the chief fears of 1,701 people, mostly under twenty-three years of age, gathered in different places and by methods without great uniformity, and 386 supplementary reports and many returns or special points . . . Some merely list the objects they fear, and others give copious details of a single fear or even fright; some report half a dozen fears of their own and add others of their friends' . . ."

In Hall's (34:152) tabulation, thunder and lightning frightened the most people. Next came reptiles, strange persons, darkness, fire, and death. However, when he grouped the individual items, he found that the order of fearfulness ranked: first, animal; second, celestial phenomena; third, fears of the supernatural; fourth, fire, water, drowning; fifth, strange persons; and sixth, disease and death. Under celestial phenomena he included, besides thunder and lightning, high wind, cyclones, clouds, meteors, northern lights, comets, fog, and

similar items. Fears of the supernatural included darkness, ghosts, dream fears, and solitude.

Hall (34:154) in addition discussed in detail a number of these fears in what he designated as special groups. In this discussion, he observed: "While many special fears decline and others increase with age, many infantile fears remain through life, and scores of our reporters say there has been no change in their fears."

These special groups, merely enumerated here, are: gravity fears, fear of losing orientation, fear of closeness, fear of water, fears of wind, fears of celestial objects, fear of fire, fear of darkness, dream fears, shock, thunder, fear of animals, fear of eyes, fear of teeth, fear of fur, fear of feathers, special fears of persons, fear of solitude, fear of death, fear of diseases, moral and religious fears, end of the world, ghosts, morbid, school fears, and repressions of fears. Under each of these headings, he discussed specific cases and special phases of these cases. Clinical psychologists later gave more formal names to most of these fears. Otherwise, the list still remains quite intact as it was prepared by Hall.

Jersild, Markey, and Jersild (40:144) were interested in the fears of small children. The information was obtained by having investigators ask children to tell



about things that scared them. Great pains were taken to prevent children from thinking that they were confessing lack of courage. Stress was placed upon events that frightened them rather than upon the experience of fear as an experience. Four hundred children were thus tested.

The largest single class of fears (40:152) consisted of fears of the occult, of the supernatural, of mystery, skeletons, corpses, and death. Then came fear of animals, fear of strange happenings and places, and of being alone or being in the dark.

These investigators (40:152) found that older children showed a greater frequency of fear of bodily injury, of fears of the strange and uncanny, the dark, being alone and of lights and shadows, more fear of scoldings and reprimands, fear that relatives might become sick or die, of being startled, of sudden noises and of thunder and lightning. The younger children showed fear of animals more frequently; as well as fear of bad characters, robbers, and kidnappers.

These writers found no significant differences between the fears of boys and of girls, although boys reported fear of bodily injury somewhat more frequently than the girls, while girls reported a greater number of fears of darkness, solitude, and strange sights and sounds. In most of these groups no outstanding differences (40:155)

appeared in the reports of children with low or high intelligence. Resemblances between reported fears were more outstanding than the differences.

"An interesting feature (40:157) in the presentation of children's fears is the high frequency of relatively irrational and unwarranted fears. Figures show a decided discrepancy between conditions which children fear and conditions which are most likely to befall them in actual life." A number of these children reported fears which were in response to what the authors determined as "apparently deliberate efforts on the part of others to frighten them."

In 1935, two years later than the report by Jersild, Markey, and Jersild (40), Jersild and Holmes (41:11) worked out another study on children's fears, based on information obtained from the parents of 136 children through the voluntary cooperation of the parents. The data were used for studying general trends. Records were kept for a total of twenty-one days on each subject. No effort was made to define what was meant by fear. The purpose of the study was to obtain an account, from the parent, of the situation that confronted the child when, in the adult's opinion, the child seemed afraid and an account of the behavior exhibited by the child in response to the situation. Children included city dwellers,

suburbanites, a few children living in small towns, and a few living on farms. The background of information showed the subjects to be somewhat above average in intelligence and cultural background.

"In the twenty-one day records (41:42), fear of noise was exhibited once or several times by almost half the children. Fear of animals comes next in frequency, representing fifteen per cent of all situations in the twenty-one day records, and thirty-eight per cent of all the children. Fear of strange or unfamiliar persons, and of queer, deformed, or masked persons stands third in frequency."

" . . . fears of noise and events associated with noise decline as children grow older. There is also a decline, although not a regular one, in the relative frequency of fear of strange objects, situations, and persons. In contrast with this, fear of animals becomes progressively more frequent up to the age of four years, . . . and a decline thereafter. Fear of the dark and fear of being alone, as well as practically all fears of an imaginative or anticipatory character, tend to increase with age. There is likewise a rise with age in the frequency of fear in response to situations classified under the heading of 'harm' including threats or danger of drowning, fire, assault, confinement, and traffic

accidents."

These authors (41), as did Jersild, Markey, and Jersild (40), stated that resemblances in their fears between boys and girls, as groups, were much more outstanding than were the differences. "The question as to the resemblance between boys and girls in fear of strange, unfamiliar persons is of more than passing interest. As is well known, studies of adults as well as of older and younger children have sometimes indicated that girls show relatively more interest than do boys in personal and social relationships; boys, on the other hand, have been found to exhibit somewhat more interest than girls in objects and activities, with less attention to the personal element. In view of such observations, drawn from studies of language, children's expressed wishes, and studies of free association, one might expect in the present study to find a sex difference in the category of fear of persons as contrasted with fear of objects, dangerous activities, or other impersonal events. Actually, there is some indication that boys do exceed girls in fears of the latter character."

These authors (41:107) were also interested in the fears recalled by adults. Information was obtained from 303 individuals. "The majority of these were college or graduate students, enrolled at Barnard College, Hunter

College, New York University, and Union Seminary, all in the city of New York; the remaining persons were graduate students and staff members associated with the Child Development Institute. It will be noted that these subjects represent a select group from the point of view of intelligence, (but probably a restricted group in regard to prior environment and experiences). The ages . . . ranged from seventeen to thirty-five years; a majority of the individuals were quite young, within the age range of eighteen to twenty-one."

From this study (41:117), it was found that: "Fear of animals represents the largest single group of fears when the results are classified. . . Fears of the dark and of the imagined creatures or dangers it might contain represent a relatively large proportion of the fears reported, and rank second only to fear of animals. Many of these were rated as 'earliest recalled'." Third in order came fears of bodily injury through accidents, fighting, drowning, and similar events. "There is a marked discrepancy between the earliest fears of childhood, as recalled by adults, and the earliest fears of children as observed and reported by others. It is possible, in some instances, that the discrepancy is due chiefly to a difference in the manner in which the fear is described.

"The adult . . . is more likely to recall the fears and

concepts of danger that occurred to him after the age of four."

The following fears (41:124) were those described as most intense: 1) fear of events associated with the dark were most frequently described as most intense; 2) fear of animals; and 3) fears under the heading of "failure, personal inadequacy, ridicule, appearing or performing before others."

These authors (41), in common with others, found few significant differences in fears between the sexes. "Men exceed women in the proportion of fears of pain, of harm and bodily injury and of punishment for misconduct. Women exceed men to a small degree in fear of animals. Both sexes show approximately the same proportion of fear of events associated with darkness. . . . None of the differences can be regarded as outstanding."

Children's fears as reported by the children themselves (41:149) were obtained by carefully controlled interviews. Three hundred and ninety-eight children from ages five to twelve were interviewed. When their reports were analyzed and the fear objects were grouped and counted, they fell under three general headings. These were: a) fears of a definitely imaginary character, many dealing with dangers that were fantastic or unreal or with improbable dangers that were quite remote from the child's

actual daily experience, such as fears arising during dreams; of criminal characters; of supernatural creatures; of dangers imagined in connection with darkness and of being alone; of characters in stories, movies, and radio programs; and of uncanny matters connected with corpses and death. These included forty-four per cent of fears reported by all of these children; b) fears of concrete events, such as domestic animals, noises, danger of falling, danger of accidents, fighting, strange objects and persons, sudden unexpected movements and painful situations, operations, punishment for misconduct, and signs of fear in others. These constituted thirty-six per cent of the fears of all of these children; c) apprehension over possible failure, loss of property, ill health, and loss of relatives. These represented four and five-tenths per cent of the fears of all of these children.

Consistent (41:155) with increases in age were fears under the heading of fear of failure, ridicule, inadequacy, apprehension over meeting people, and performing in the presence of others. Reports of fear of the dark and of imaginary creatures associated with the dark showed an increase with age. These results are in keeping with those found by Jersild, Markey, and Jersild (40).

Jersild and Holmes (41:157) reported that "the largest difference between children of low and of high

intelligence . . . appears in connection with fears of criminal characters and fears of supernatural and mysterious creatures. All the major classes of fears are common to all levels of intelligence. Dull children report a slightly larger proportion of fears of being alone, but bright children slightly exceed the dull in fears of darkness."

"The most noteworthy discrepancy (41:162) between the various groups occurs in connection with the category 'ridicule, failure, apprehension over personal appearance, personal inadequacies, being presented to or performing in the presence of other people. No fears of this character were observed in the behavior of four- and five-year-olds."

Jersild and Holmes (41:233) found a slight positive relationship between the amounts of fear and of intelligence. "The more intelligent the child the more frequently he tended to react in a manner defined in this study as indicating fear." The authors go on to say, however (41:236), that the relationship between fear and intelligence should be investigated further, because these studies are not conclusive.

In summing up, these authors (41:317) concluded that, "The largest single class of fears described as still in effect is fear of animals. This category represents



twenty-five and two-tenths per cent of all fears described as still persisting in older children and into adulthood. Other categories are represented by relative frequencies as follows: possible accident or injury through drowning, traffic, and similar tragedies, eleven and seven-tenths per cent; the dark, being alone in the dark, and imaginary dangers associated with the dark, ten and six-tenths per cent; personal failure, inadequacy, possible ridicule, ten and three-tenths per cent; falling and high places, eight per cent; and pain and medical treatment, seven and four-tenths per cent. When all fears of a prominently imaginary character . . . are combined, this group represents more than twenty per cent of all of the fears reported as persisting from childhood into later years. When a similar count is made of fears under the heading of possible injury, illness, and accident . . . the fears in this group represent nineteen per cent of persisting fears.

Valentine (76), in 1930, made a study of the bases of fear, subjects being his own five children. He noted that fear of the dark appeared at a later date than many others. He thought (76:421) that there is an innate fear of the dark and of the very strange or uncanny. His children, when very young, did not fear the sea as they did at about a year-and-a-half. One child showed extraordinary

lack of fear of the sea and of horses, cows, and dogs; but was very much afraid of the dark.

Hagman (33), in 1932, made a study of the fears of seventy children of pre-school age. His analysis showed fears from high to low to exist in greatest number in the following order: live animals, people, machines, and sounds. He stated that his data showed a real tendency for children to have the same fears as their mothers. He found a small negative correlation between intelligence quotients and ages of occurrence.

Pratt (67), in 1945, made a study of the fears of 570 rural children, 267 boys and 303 girls, ranging in age from four years to fifteen years and ten months. Children not sufficiently advanced in reading and writing to fill out the blanks were interviewed individually. He found that, of 4292 fears listed, seventy-five per cent were of animals; and twenty-two per cent of non-animals. "The chances are about ninety-eight and eight-tenths in one hundred that Grades 5, 6, 7, and 8 have a reliably greater mean number of fears than have Grades K (kindergarten), 1, 2, 3, and 4. Girls list a greater mean number of fears than do boys, the difference being statistically significant. In relation to total fears, boys have a reliably greater number of different fears than have girls."

Pratt (67) discovered that Grades K, 1, 2, 3, 4 had a significantly greater percentage of fears of animals than did Grades 5, 6, 7, 8, but that grade relations were reversed in the case of non-animals. Of the fear of animals, he discovered that ninety-five per cent were of vertebrates; thirteen per cent of reptiles; and three per cent of birds. Of the seventy-eight per cent of fears of mammals, forty-seven per cent were of wild and twenty-three per cent were of domesticated animals; and eight per cent were of man. Boys feared wild animals more; girls feared insects and spiders.

Of the fears of non-animals, the following were (67) in order of importance of fear to the subject's mind: fire; winds, storms, thunder, and lightning; guns, bombs, explosives; cars, airplanes, trains; the dark and night; disease and illness; water and drowning; ghosts, witches, dragons, skeletons, and the Devil; and war, punishment, or other human conflict. He found that Grades 5, 6, 7, and 8 had a significantly greater percentage of fears of illness and disease and of school work (subjects and passing). Boys (67) had significantly more fears of school work than did girls. They feared, also slightly more than girls did, ghosts, spooks, and dragons. Girls had more fears of illness and disease, and of the dark and night. The three most common fears were fears of

bears, snakes, bulls. Closely following came dogs, lions, tigers, fire, wolves, elephants, and horses. After Grade four, snakes were listed first, as objects of fear. The rural boys and girls in this study modified their fears of domestic animals by writing in such words as biting, scratching, and kicking in relation to them. They did not do this with wild animals, as they doubtless took these terms for granted.

Pratt (67) found that, in comparison with Jersild's report (41), rural children show more fear of animals than do city children. Excluding man, sixty-nine per cent of these rural children feared animals most where Jersild's study (41) showed thirty-eight per cent. He found, however, that rural children are less afraid of the occult, the supernatural, death, and dead people than city children are.

In 1929, Means (55) undertook a study of the fears of 1,000 women students of Alabama College. The lists of their fears prepared by these young women yielded 490 separate fears, which were finally grouped under 349 titles. Means (55) found that the average girl at Alabama College admitted having seventy-eight fears. She found significant differences between the fears of freshmen and sophomores, as a group, and juniors and seniors, as a group. The freshmen and sophomores checked approximately

twenty more fear-words on the inventory than the members of the latter two classes. Questions then raised by the investigators were: Had college experience or simply maturity dissipated the fears which had disappeared? Is intelligence the explanation for the decreased number of fears? She observed that, at the same time they had lost some fears, the mature students had acquired other types of fears, which were present in smaller numbers among the freshmen and sophomores. In disagreement with other investigators, Means (55) thought that the real explanation lay in the differences in intelligence, although she gave no evidence in support of this assertion.

#### Abnormal Fears

It was early recognized that there were two distinct forms or degrees of fear. Ribot (70), for example, wrote that the psychology of fear included two states, to be studied quite distinctly. There is a primary, instinctive, unreasoning form and a conscious and reasoned fear posterior to experience. He discussed morbid emotions, introducing the word, phobias, into psychological literature.

Baldwin (3) defined pathological fear as "solicitude, mental distress or agitation; either in dread or anticipation of some sorrow or trial, as a general

apprehensiveness of misfortune. Its specific expression may be recognized in the worried aspect of the features and attitude, and in a feeling of constriction and distress in the praecordial region. It is a frequent symptom in various forms of nervous weakness and of mental disease. It characterizes conditions of degeneracy."

Baldwin (3) prepared the following definitions: An obsession is (a) "the explanation of marked neurotic and abnormal mental symptoms in a patient as due to the persevering efforts of an evil spirit to gain mastery over him. (b) The persistent and irresistible presence of an idea or emotion; in this sense equivalent to an Imperative idea."

"Phobia (3) is a suffix in general use to indicate excessive or morbid dread of an object, as agoraphobia, fear of open spaces. Such phobias are symptomatic of weakened conditions of the nervous system, and occur in cases of neurasthenia, hysteria, etc., as well as in persons of quite normal mental health."

English (23), although he had no definition for fear, wrote: "Psychoneurosis is characterized by anxiety or dread without apparent object or cause." Warren (77) wrote that anxiety is: "an emotional attitude or sentiment concerning the future, characterized by an unpleasant alternation or mingling of dread and hope."

"In Freudian usage the term, anxiety (23), represents a combination of apprehensions, uncertainty, and fear, with special reference to their bodily manifestations; anxiety may be of the neurotic type or the reaction to the presence of an actual external situation; in both cases it is the reaction of the ego to danger."

Bennet (4) found that anxiety is a combination of psychological and somatic features. The psychopathological feature is a morbid anxiety. The somatic component of this state is one or more of the physiological accompaniments of normal fear. The difference between normal tension or anxiety and pathological or morbid anxiety lies in the fact that morbid anxiety arises when there is no obvious sign of danger. In fact, the reaction in anxiety is to an inner, unconscious, and thus unrecognized danger to the personality.

Obsessive fears are fears out of all usual proportion to the dangerousness of the object. Even the thought of the object or act, entirely apart from its presence or even probable presence in the near future, may cause a dread or a terror unknown to the majority of people. Obsessive fears are characteristic and symptomatic of the physical and psychic structure of each individual who has them. They are, by their very nature, the choice of the individual. A phobia (15), an excessive or morbid dread

of an object, is a substitute function which is adapted to the unconscious and desired life goal of the patient. It is generally considered that a phobia is more extreme than an obsessive fear but is of the same description. There is much overlapping in the use of these terms, and much careless usage.

An obsession (84) is a state of being besieged by an idea, thought, memory, or feeling which recurs in spite of the better judgment of the patient. A compulsion is a nervous or mental abnormality which compels one to perform strange or irrational acts, often in spite of his recognition of their irrationality and against his better judgment.

Ziegler (84) found from his study of thirty-six mental patients that compulsions often afforded relief from an obsession. Feelings of unreality are affective or emotional states in which the environment or the patient's body seem unnatural despite actual knowledge to the contrary. The various obsessions which presented themselves in these thirty-six patients were those of fear of telling a lie, fear of disease, fear of dirt, fear of hunger, fear of getting away from home, and fear of being in crowds. The patients had interesting and unusual reactions to these fears, usually of a compulsive nature, which made it difficult for them to get along in society as it is,



and which gave society peculiar interpretations of their actions.

Normal anxiety usually disappears with the passing of the difficult situation but, according to Ey (24), abnormal anxiety in one form of expression is manifested in the delirium and the obsessions of the hypochondriac. This form of anxiety might be called "constitutional anxiety". Sudden shock (13) sometimes results in a form of anxiety called "pathological cowardice". This (28) was shown in the "shell shock" of World War I and the psychoneuroses of World War II, many cases of which did not even leave the United States nor were they all actually inducted. "Melancholy anxiety" (24) may be either passive or active. In both phases, there is a constant fear of disaster and a tendency toward suicide. The "anxiety of hallucination" is based on unfortunate situations which exist only in the mind of the afflicted.

Fairbairn (25) wrote that "morbid anxiety is a perverted manifestation of the fear instinct which, in the case of neurotic conflicts, has been stimulated to activity as a protection against the threatening libido." When the instinct of escape is frustrated, the emotion of fear is aroused. Fairbairn also agreed with Williams (80) that anxiety is merely fear become chronic. Fenichel (26) believed that an attitude of avoidance of situations or

parts of situations should be termed the counter-phobic attitude. He (27) described them in Remarks on Common Phobias as often repressed aggressive impulses, early frustrations, or unconsciously feared punishment; but most frequently a combination of unconscious temptation with anticipation of punishment. He found the common factor to be regression or the returning backward toward infantile mental processes and ideas, for the purpose of seeking the relative security of being protected by adults, and believed that the neurotic helplessness which the patient experiences as loneliness and lack of human contact is derived from remobilization of infantile instinctual conflicts.

Of various functional illnesses, or those having no known physiological bases (37), the one most frequently met by the medical profession in its practice is that of the anxiety state. Mental symptoms of the anxiety state are constant feelings of tension and apprehension, headache, irritability, insomnia, difficulty in concentration, desire to be alone, phobias, general feelings of mental weariness, and feelings of unreality and depersonalization. Physical symptoms are dilated pupils, tremors of outstretched hands, tachycardia, increased pulse pressure, flushing, faintness or giddiness, excess or ill-timed perspiration, breathlessness, attacks of diarrhea,

frequent micturition, motor restlessness, feelings of suffocation, depressed libido, and transient glycosuria. Diagnosis is more difficult when only one symptom is present.

By means of the Rorschach Technique, Jolles (42), anxiety was found in the great majority of the thirty-four cases of mentally defective persons examined. Serious emotional difficulties were revealed by this analytical technique which is based considerably on the interpretation of ambiguous designs and pictures, and which otherwise might not have been discovered according to this author.

Young men and women (45) who have been suddenly plunged into intellectual occupations involving much physical and mental strain and responsibility, sometimes show such symptoms of abnormality as cerebral trauma, or exhaustion of the whole organism and especially of the central nervous system, mental deterioration, feelings of fatigue, marked irritability with explosive temper, headaches, fainting spells and, at times, depression as a reaction to a sense of insufficiency. A comparative "showed the highest incidence of such changes to be among manual workers who, because of the revolution, were engaged in highly specialized work for which they were not prepared and which was beyond their ability."

Often the neurotic person (51) will express his

psychic disturbance in terms of physical disability. Some of these are asthma, indigestion, and compulsions. The symptoms are always the recognizable manifestations of assumed physical defects, the existence of which in turn offers a defensive explanation to the neurotic for his failure to achieve his self-determined goal, a means of escape from what is to him an intolerable situation.

Another manifestation (57) of abnormal fears or anxiety is projected in the isolated personality. These solitary individuals would like to take their proper places in the social life which surrounds them, but feel unable to do so. Some of these people actually retreat to isolated communities in which people are few in number and widely scattered, others seek more densely populated communities in which they are unknown and avoid making friends or even acquaintances as much as possible, while others enclose themselves in shells of aloofness or irritability to such a degree that they are alone in spirit even in congested environments.

The commonest psychosis (57) and one of the most important forms of serious mental illness is schizophrenia or split personality. It comes from an unendurable disappointment or disappointments, resulting in psychic wounds which cause unassuageable anger to occur in persons with special sensitiveness and with inadequate devices for

psychological adjustment. This anger may for long periods, even years, be hidden beneath behavior indicating humility, timidity, or conservatism. The breakthrough of this hostility marks the overt schizophrenic. Not always does the released hostility manifest itself in aggressive and violent direct action, but may at times show itself in such physical symptoms as chronic pains in the abdomen, back, or head. It is from the ranks of the mild schizophrenics that many of the political and social radicals are recruited.

Sometimes personality disorders (61) are expressed in skin disorders such as reported on patients who suffered from exudative skin eruptions and angioneurotic edema. Mittelman (61) considered this manifestation to be caused by longing for affection and care, the fear of abandonment and attack, feelings of helplessness, hostility, aggression, hurt self-esteem, guilt, self-depreciation, and self-abasement, as well as other manifestations.

Traumatic neuroses (62) may occur either in actual accident or just as often in non-traumatic conditions. They may assume the form of neurasthenia (fear, anxiety, escape) or of hysteria (shifting sensory and motor disturbances without organic cause).

Low back pains without organic complication (65) were symptoms (complaints) found in twenty-five military

patients who had been in military service for an average length of six years. In all cases, evidence of personality defect was found--immaturity, dullness, hypochondriasis, anxiety state, or neurosis in childhood.

Preston and Antin (68) made a study of children of psychotic parents. This study was a careful psychiatric history of all of the children under eighteen years of age whose parents had been admitted to three public mental hospitals. Reports of their diagnostic psychoticism were studied and the findings compared with similar studies of children of normal parents and children who were or had been in child-placing agencies. From these studies, the authors (68) found that children of psychotic patients do not present greater need of psychiatric assistance than children of normal parents do, and rather less than the wards of the child-placing agencies.

Ripley (72) investigated 150 patients with depressive reactions. Although the intensity of the mood disorders varied, there was a predominance of reactive depressions, or states of depression beyond those normal to confinement in a hospital. The findings suggested that the environment, the severity of the physical sickness, and deep-seated personality factors rather than the age of the patient or type of organic disease were the determining dynamic features. The commonest etiological factors were

concern over physical illness or disability, marital or family difficulties, and inadequate work or school adjustment.

As civilization increases (75, 56) so does the consumption of alcohol. Repression and compensation are the two great psychological factors in the excessive use of alcohol. Alcohol provides release from repression and induces an alcoholic daydream in which wishes are fulfilled, compensating for the unpleasant realities of daily life. Marshall (56) found that a group of alcoholic males who were confined in an institution for the insane had come from early environments which were generally superior. They had not learned to fight life's battles well, and had become alcoholic as a compensation for the defeats which they had had to accept because they had not learned to be properly aggressive.

These findings bear out the statement that Hall (34) made to the effect that, after study of alcoholism in dogs, Hodge found excessive fear to be the most characteristic psychic mark of the inebriate dogs.

War veterans have been the subject of several studies in connection with their neuroses and anxieties. Alexander (1) found many types of aggressive reactions among former combat veterans. He cited instances of behavior directed against a specific person who incurred the patient's

hostility but which had apparently been displaced to another either similar person or to a symbol; and other instances of aggressive hostility directed indiscriminately against any and all people. These aggressive episodes are regarded as the natural consequences of prolonged or severe anxiety or emotional tensions. . . .

Another observation (13) of wartime, or post-war, neurosis was made by Coplans while he was in charge of the London patients of the Ex-Services Welfare Society. Five hundred twenty-seven men, at least eighty per cent of whom were laborers, were seen eight years or longer after the armistice in World War I. Usually the cases showed histories of periodic breakdown at work. These breakdowns were referable to one or several of the following causes: inability to master a task, however simple; actual weakness and fatigue; inability to concentrate; or ill-temper and quarrelsomeness--or several of these. The anxiety type of mental attitude was most frequently found. These men, after a period of observation, were sent to an industrial training center where they were taught by gradual stages to become self-supporting.

Some soldiers adjust well in the Army but develop anxiety attacks at the prospect of returning to their families (21). These are persons with unresolved conflicts for whom the Army serves as an escape. Returning home



reactivates the internal dangers for the soldiers; these dangers are considered greater than the external dangers possible in the Army situation.

Only a small per cent (32) of soldiers of World War I diagnosed as suffering from shell shock had been exposed to actual concussion by shell. The majority of these were chronic or potential neurotics and were consequently unsuited for military service. "They are failures, they cannot make a success in life, they have a distorted outlook on the realities of life. Unconsciously they develop pathological fears, phobias, fixed ideas, obsessions, states of anxiety, depression, sense of inferiority, extreme timidity, mysticism, and strong superstition. They fear responsibility, they lack critical capacity and therefore are unable to control emotional situations by their intellect."

While Gordon's position is largely correct, it is somewhat extreme. Fenton (28) found that many of the "shell shockees" could get along quite well in the environments to which they were accustomed. Usually, these were simple environments; but, occasionally, they were not. Many of these neurosis cases recovered when they were returned to their familiar surroundings. Others have not recovered at the present time. A cynical comment by some unknown person that the Armistice cured more cases

of shell shock or neurosis than the medical officers ever did has a large element of truth in it.

#### Causes of Fears

Fears, especially neurotic fears, have many and varied causes. Many of these causes are known, but investigators feel that many of them are as yet unknown. For many years little or nothing was known about methods for the correction of these fears. Intense and concentrated effort in overcoming them was undertaken widely during the first World War, owing to the discovery of the great loss in both money and man-power when men with unsuspected fears that crippled both them and the military efficiency of the armed forces eventually broke down and had to be sent to hospitals because they became unbalanced emotionally and in conduct.

Not only are methods of correction of fears now being studied a great deal, but methods of preventing neurotic fears in their early origins during the childhood years are being investigated as conducive in the long run to the most effective way of securing adults well enough integrated to take life as they find it and not to break under it. It is even better to mold individuals who can shape their lives to their purposes and triumph over annoyances and disappointments.

Hall (34:158; 161; 162; 198; 210; 247) discussed the belief of the origin of fears through previous psychic life and "atavistic echo". He seemed to feel that many fears are traceable to man's animal predecessors and to dangers known and vivid to primitive man in the dawn of human consciousness.

Morton (63:114) wrote that the anxiety neurosis has a physiological basis. He (63:115) disagreed with Freud that sex is at the base of all neuroticism or anxiety. He stated that the child, in respect to fears, is very much like primitive man. "He fears the strange and unfamiliar because he does not understand it." He stated that there are two main reasons for the inferiority-fear sentiments of childhood not having been more generally recognized. The first of these is the "reproach of fear". "A child refuses to wear his heart on his sleeve . . . He will suffer in silence, and even lie to those he loves best rather than reveal the great reproach."

The second is the disguising of fears in order that the person will not have to recognize them and admit them openly even to himself. "More particularly (63:116), however, fear assumes such strange disguises, such bizarre forms and shapes, that it is rarely recognized by the layman. Thus the inferiority-fear sentiment may appear in compensatory phantasies not readily interpreted." "The

flight (63:113) of the child into a neurosis is the historic flight from fear."

Freud (30) stated: ". . . we are inclined to see in the anxiety state a reproduction of the trauma of birth", but Jersild and Holmes (41:255) asserted that they found only negligible differences in fear scores between children who had experienced difficult births and those who had not. Henderson (39) found the primary basis of fear to be separation of child from mother at birth. Despert (17) corroborated this view of the origin of anxiety in his conclusion that "unfavorable birth conditions are important contributing factors in the genesis of anxiety in young children. . ." Although Kestenberg (48) did not state his belief unequivocally in the actual birth separation, he did say: "The earliest basic fears of children are the fear of unpleasantness which are linked to the mother's absence and develop into fears of loss of love."

Miller (59) cites Freud as saying that the actual separation of the child from its mother at birth brings about fear because of loss of security which is at the basis of all fear. She cited Stekel as saying that fear can always be reduced to fear of the unknown and is symbolized by death. To Stekel all fear was ultimately the fear of death.

Kenworthy (47) stated that the child, according to

her experience, who has had an easy birth is definitely of more placid disposition and has fewer fears and anxieties. The child suffering from birth trauma needs more calm, more peace, less threat, and not too much overcare. This atmosphere gives it a better chance to overcome the elements of anxiety which are part of the pattern of its life, predisposed by the psychic traumata of its birth.

Anxiety is caused principally by two things, according to Levy (53). These two are: 1) neglect and rejection of the child, which causes feelings of insecurity, thus causing anxiety; and 2) oversolicitude, which prevents the child from maturing and having confidence in himself.

Hebb (38), after a review of the whole problem of anthropoid fear, attempted to formulate a hypothesis of the causes and nature of fear. His evidence indicated that anthropoid fears of inert, mutilated, or dismembered bodies are spontaneous. His hypothesis proposes that "fear originates in the disruption of temporally and spatially organized cerebral activities; that fear is distinct from other emotions by the nature of the processes tending to restore equilibrium". He asserted that the sources of fear involve conflict, sensory deficit, or constitutional change.

"We have begun (43) to realize that much of our conduct which we formerly believed to be rationally planned

is really the direct outcome of impulse and emotion. Rational explanations may occur as afterthoughts," according to Jones. One of these emotions is, of course, fear and its auxiliary, anxiety.

Emery (22) asserted that "self-love" results in subsequent fears. These fears are concerned with school failure, failure in love, or failure in anything believed to be of importance. He stated further that he had dealt with several students who had not been allowed to be independent from their parents, and were frustrated and afraid as a result. They did not know what to do, nor how to go about obtaining what they desired. The fears disappeared only when they recognized that they had the ability to cope adequately with situations.

Emery (22) laid most of the fears of these college students at the door of family insecurity. He asserted that fear of severity in discipline or fear of losing parents' love is almost sure to be carried over into adolescence and beyond and tends to paralyze the fundamental drives and activity in general.

Valentine (76) considered that some fears, at least, were innate. His observations led him to believe that two fears--fear of animals and fear of the uncanny--are innate.

In an article entitled Neurotic Anxieties in Children

and Their Prevention, Bergman (5) found that neurotic anxieties arise from contact with some other person who has neurotic fears, from sudden overwhelming fear experiences, and from psychic conflict.

Guilt and anxiety are still used and will probably continue to be used as means of social control (6). The things we come to feel guilty or anxious about are acquired through the experiences we encounter in living. In the use of guilt and anxiety to control conduct, certain psychohygienic precautions must be taken if, in making an individual good, we do not wish to make him mentally ill. The use of criticism, the withholding of affection, the fostering of guilt-feeling on the parts of parents may produce in their children life-long guilt and anxiety neuroses. Another unhealthy consequence of the misuse of these two controls is the danger of unfitting human beings to criticize social institutions wisely and to build better ones.

The detrimental effect (66) of the routine and impersonal following of hospital rules is a cause of serious emotional problems in many children. Fear due to strange and confusing surroundings and people, possible regression due to lack of developmental opportunity, or feelings of rejection are types of emotional attitudes which may occur.

Ridenour (71) blamed homes broken by divorce, desertion, or separation for the withdrawing tendencies shown by a group of children tested by him.

The questionnaire results from 230 graduate students indicated (78) that children who were severely disciplined usually became adults who hated their parents, quarreled with associates, were unable to lead mature and independent lives, and were socially maladjusted, over-conscientious, fearful, and unhappy. This severity in home discipline was associated with poor marital adjustment on the part of the parents, with social and economic handicaps, neglect or suspicion of the children, and with archaic religious ideas.

Homes which lack harmony (8) and intimacy between parents and children give rise, occasionally at least, to the wish of about thirty per cent of adolescent boys and girls never to have been born. This wish may be considered as an evasive attempt at adjustment or a way out of difficulties and indicates a poorly adjusted personality in the child.

Fenichel (27) blamed repressed aggressive impulses, early frustration, or unconsciously feared punishment for many common phobias. Etiological factors (37) for anxiety state are hereditary predisposition, environmental stress in childhood, environmental stress in the present or



recent past, and frustration of the sexual life.

Sometimes people very much wish to take their proper places in the social life which surrounds them but feel unable to do so (57). This abnormal mental state may be caused by geographic isolation, being an only child, esoteric home training, unusual poverty or wealth, pathological parents, or physical defects. Beliefs in imaginary defects may be built up by the imaginative comparison of oneself with others, or by the influence of parents, playmates, or other colleagues.

Ripley investigated the depressive reactions in 150 cases in a general hospital (72) and decided that the environment, the severity of the physical sickness, and deep-seated personality factors rather than the age of the patient or type of organic disease were the determining dynamic features of the depressive reaction. He further asserted that the commonest etiological factors were concern over physical illness or disability, marital or family difficulties, and inadequate work or school adjustment.

Among manifestations of fear is the feeling of inferiority. According to Claparede (9) this feeling originates in the checking of the dominating tendency, which is a natural tendency to man in that he has to struggle for his existence. It is also natural to the child who is endeavoring to assert his personality. The feeling of

inferiority, begun often in children when they meet physical and social obstacles which make him feel his inferiority, is sometimes abnormally developed through the mistakes of educators. Sometimes compensation develops and triumphs; sometimes the compensation only disguises the inferiority and produces only a disguise which manifests itself in various ways: substitution, consolation, stimulation, vengeance, and various exploits. If compensation is entirely lacking, the inferiority complex needs to be treated.

". . . in essence, only the unknown is terrifying," said Williams (80). Williams considered most fears not hereditary but learned, even though unwittingly, and stated that mental set is responsible for many physical defects and conditions.

Credner (14) in a discussion of the means that a nervous individual has for gaining social security stated that whatever the attitudes, they may all be traced to childhood experiences.

Considerable attention has been given by psychologists to the effects of war as the cause of emotional imbalance, especially fear imbalance. Alexander (1) found that unduly aggressive reactions were the natural consequence of the anxiety or accumulated emotional tensions and its overcompensation. Fenton (28) found anxiety about

unknown conditions as well as undue fatigue and mild illness might cause shell shock quite apart from battle experience.

Coplans (13) regarded the following causes to blame for neurasthenia and shell shock in 527 cases of ex-service men: inability to master a task, actual weakness and fatigue, inability to concentrate; ill-temper and quarreling.

Another very great source and cause of fears is physical handicaps, such as deafness. Springer and Roslow (74) found the neurotic scores of deaf children to be much higher than those of hearing children tested. Welles (79) found hard-of-hearing adults more emotional, more introverted, and less dominant than the hearing group tested.

It would appear that any environmental condition which is unusual or severe or which tends to set the child or the adult apart from other people may result in fear, anxiety, or neurosis.

#### Correction of Fears

Treatment or correction of fears has, of necessity, lagged behind the diagnosis. Experimenters have, however, from the early days naturally been interested in the prevention and cure.

Hall (34:242) and many other writers regarded fear as

a useful emotion. He asserted that fear is necessary to the continuation of life. "Awe and sublimity are perhaps the most refined forms of fear." Everybody needs fear in some form and degree always. He (34:243) asserted also, however, the following about excessive fear, which he considered a very bad thing to have: "One of the very worst things about excessive fear seems to me to be that it makes people selfish, profoundly and dominantly selfish, as few other things do. This and its frequent association with weakness lie at the root of the instinctive aversion to tell our fears."

He (34:240) observed that most current textbooks on psychology contained little or nothing helpful on fear. He considered no problem more unsolvable and none more charming for speculation. "To feel a given fear no longer over but beneath us, gives an exquisite joy of growth." "Whether to fly or fight (34:243) is the problem, and adjustment must be ready for either . . . Complete knowledge often eliminates not only fear, but even reverence." He believed (34:247) that child adjustment is one of the deepest and most important problems of pedagogy. He did not go further into methods of treatment in his Study of Fears, but it should be remembered that this was one of the earliest modern studies of fear.

Williams (80:160) attached great importance to the

effects of fear. He asserted, "Many national polices are founded upon fear, as has been clearly shown forth during the aftermath of the World War." "But though fear has a protective value as the root of prudence yet when it leads to paralysis of effort it cannot be tolerated by the noble man contending against circumstance: Fear is the first of the four natural limitations which must be transcended if true nobility is to be achieved . ." He believed fear the greatest stimulant to foresight (80:166), the mother of prudence, "and it is the prudent who survive and the fool-hardy who perish. It is those who learn to fear wisely who survive."

He designated fear as the foundation of respect for others. He pointed to the spoiled child as "a daily witness to abnegation of the fear motive by obtuse parenthood." He asserted further: "But ideally this may develop into Aristotle's perfect virtue, i.e., good behavior pursued for its own sake, expressed elsewhere as 'the perfect love which casteth out fear'."

Williams (80:173) declared the necessity for an adequate understanding of the groundwork of fears in order that a truer set of the mind might be acquired. He cited the example of a soldier whose crippled hand, the result of an unidentified fear, had been cured by electricity. The soldier thought this was a physical ailment, and that

the handicap had been cured without effort on his part. When a relapse occurred, the soldier was taught and convinced that this trouble was a product of his own imagination and will. He was taught how to deal with it himself, and he remained well as a result.

"It is impossible (Williams (80:176) to overcome fear by direct opposition. The affirmation 'I am not afraid' carries with it its own negation." Williams considered that dread was best brought under control by diverting the mind towards a ludicrous aspect of a situation or to a phase of the situation which interested without alarming. "The remedy, of course (80:184), is the realization that one's own part in the great scheme of things is not of transcendent importance, and that to fulfill one's obligations is a greater thing than to avoid pain." He declared the principle most potent of all in the dispelling of fear is the saturation of the mind by the sense of obligation to right until it becomes second nature, so that the motives for cowardice do not enter the mind.

In the clarification of this statement, however, he continued: "But in persons who do not become fully self-conscious early in life, there survive the base relics of the fears of childhood; and no loftiness of motive or high-mindedness will dispel these, even though by great courage one learns to overcome them. . . . It is not by

courage that these fears should be met, but by understanding of their nature and a re-examination of the situations which arouse them, with a view to resetting the mind regarding them." "Mere exhortation (80:201) is useless. Affirmations even by the patient's self are in themselves inefficacious, even though a mode of therapeutics is based upon the principle of the gradual penetration of the mind by affirmations, even the most absurd, by means of frequent repetition."

He continued (80:204): "Like all acquisitions a synthetic reorientation requires not only the analytic foundation and the reconstruction, but it must be fixed and enrooted by the repetitions which all mental acquisitions require. These need not be explicit utterances before the physician. It is through reflection that roots of thought penetrate the mind most deeply."

"To this dictum (80) the objection is often made that the patients already introspect overmuch; but the objection is misstated; for it is not the fact that they introspect that is deleterious, but the matter of the introspection which hurts. During treatment, instead of ruminating the old fruitless thoughts with their distressing feelings, the patient is obliged to reflect upon an entirely different aspect of these incommoding imaginings. Furthermore, he reaches a solution because he is forced

to penetrate deeply to the foundations upon which his thought rests, without equivocation or the self-deceptions which have rendered his own ruminations dishonest. . . . When a solution of distressing problem has been reached it no longer besets. . . . Constructiveness is no longer impeded by a consciousness of insecure foundations. Integration of personality is no longer blocked from within, the conditions of healthy psychological growth are attained. Potentialities are unlocked; activity is restored." Thus did Dr. Tom Williams cure his anxiety-ridden patients.

Fairbairn (25) drew the conclusion that permanent abolition of anxiety can come about only through the removal of the element of danger from the endopsychic tendencies causing the menace. Credner (14) believed that insight into the origin and meaning of fears as defense reactions is necessary in order to gain pose and real security.

Seven years later than the publication of his Dreads and Besetting Fears, Williams (81) asserted that hospital morale often has much to do with hastening or retarding recovery in states of anxiety. He declared that successful therapy depends upon fully facing, rather than disavowing, both the difficulty and its causes, and that only by keeping the entire problem focal can deconditioning be



successfully managed. He considered that morbidity often results from letting the details fade into the margin of consciousness, and that enlightenment should be the goal, not distraction or oblivescence.

Dreikurs (19) agreed with Williams (80) that self-knowledge may be both useful and harmful. He declared that as long as it was concerned with recognition of the patient's relative social position or with his own thoughts and feelings it is useless. It then leads to asocialization, rationalization, and discouragement. When taken up as a means of fitting the individual into society in a useful manner, he regarded it as a means for the correct estimation and appropriate alteration of a false plan of life.

Claparede (9) declared that the prophylaxis for inferiority demands the reformation of the entire traditional system of education, which has not yet learned how to reconcile the individual's aspirations with the necessities of collective life. The curative treatment, according to this writer, should consist in encouraging the child. He insisted that showing affection for the child is the best way to preserve him from a feeling of inferiority.

Emery (22) wrote that "one cannot block the impulses for a period of years and then expect them to blossom

wholesomely when the child has reached the fictitious age of discretion. Each impulse should be recognized as it emerges, and given wholesome direction as it unfolds and develops . . . Fear for ourselves and fear of ourselves and of our impulses are significant forces in the conflict out of which integration arises."

Gesell (31), in common with Hall (34) and Williams (80), considered fear often very wholesome. He asserted that the key to many a perplexing problem in the management of fears and terrors lies in the development of fortitude even in early childhood. "Fortitude is the ability to endure and to cope with pain." He (31) considered prevention superior to treatment, and listed a number of commonsense rules of prevention. Some of these rules are:

- 1) Do not plant seeds of unwholesome fear, bogies, undue worries, or exaggerated threats.
- 2) Keep the child away from unnecessary and artificial fears, especially in picture shows and books.
- 3) Nourish the child's trustfulness in life. Do not let him entertain suspicion, doubtings, unsatisfied curiosity.
- 4) Respect his fears. Do not deride them or shame him. Do not indulge in scoldings or false threats, cajolings or rewards. Remember that this is not a problem of discipline but of character building.

5) Get at the basis of fears through questioning and conversation with the child, rather than through argument to him.

6) Do not attempt to destroy the fear. Rationalize it, moderate it, temper it.

7) Do not shame the child for cowardice, but praise him for fortitude. Commendation builds self-confidence; condemnation undermines it.

Jersild and Holmes (41:139) wrote that factors within the self such as growth, maturity, experience, tend to help in overcoming fears. Sometimes it is accomplished by deliberate rationalization, as in the case cited of the woman who overcame her fear of dying by convincing herself that life was not worth living anyhow. It may be done by self-discipline, principally in the form of forcing oneself into contact with the feared object or situation.

These two writers (41) asserted that benefits may be derived from fears and that it is indeed hard to draw the exact line between those that are harmful and those that are beneficial. Fear may serve as an irritant that promotes constructive achievements, with the benefits so won outweighing the distress caused by the fears. In the end, fears may have a seasoning effect on personality and may produce greater eventual hardihood in the face of

adversity, rendering the individual a more agreeable and sympathetic human being.

The best available methods (41) should be used to promote the child's skill in dealing with the projects from which he withdraws and to find ways by means of which he may grow accustomed to facing the issue that he fears.

Clark (10) offered the opinion that child analysis may offer the hope of treatment for pre-psychotic fears and prevent their bursting into full flower in adult years. He recommended use of the play technique in which the child dramatizes the various conflicts that block the normal libidinal development. He asserted his agreement with Freud in writing that play fantasies are subject to the laws of dream interpretation outlined by Freud in showing condensation, displacement, symbolization, and reversals. He laid most anxieties to child-parent conflicts, and asserted that when child analysis is done effectively, it becomes possible for the child to develop normal sexuality, with the formation of a tolerant and varied super-ego being possible. He remarked that child analysis is not yet conceived as a sure and easy road to prevention of adult neuroses and psychoses, but that further work in this field will be very important for mental hygiene.

In dealing with the shellshocked, Coplans (13) found

that the broken-down unskilled laborer-patient recovered by having training at an industrial training center where he was taught by gradual stages to become self-supporting. Treatment was directed toward restoring self-confidence.

Jones (44) believed that the child can be prepared for certain kinds of fears by preparing him so that an unexpected stimulus will have less potency to disturb him. Fears can be forestalled by familiarizing a child with certain conditions while he is too young to be disturbed by them. Fears can be removed by associating the feared object with another object which is a stronger stimulus for a desirable response. "Although fears, especially in adults, may be the expression of underlying maladjustments which cannot be so easily dealt with, many childhood fears yield readily and completely to this direct treatment."

Jersild and Holmes (41:337) reached the conclusion through their varied experiments that deficiency in ordinary motor skills, especially if caused through overprotection and lack of discipline, may render the child more susceptible to fear in his social contacts. If he cannot climb, throw, fight, and tumble, if he cannot keep pace with his playmates, he feels insecure in his social relationships and shies away from contacts with people. If he has a deficiency in the field of social skills, in manners and techniques of courtesy, he also may have a sense

of insecurity. These authors considered that many of the apprehensions concerning failure and ridicule are rooted in inadequate social and motor skills. In like manner, they believed later fears of assuming responsibility are no doubt often rooted in inadequate "home-spun training." The correction of these difficulties lies in the training given to these children so that they are able to compete with their fellows.

To continue with the conclusions of these authors (41:348), they believed that mild fears that cripple people in the activities they wish to and sometimes must pursue should be destroyed if at all possible, or better yet, be avoided in youth. Often such mild fears may persist and have major effects, such as causing a person to abandon a career for which he is eminently suited and pursue one in which he finds neither success nor satisfaction.

Mira (60) declared that the antidote for fear is self-affirmation and belief in action. He considered that fear will disappear in proportion to man's capacity to control his destiny. He asserted further that to fight against fear is the most urgent task of social psychotherapy and that on its result depends the fate of the world. He declared its highest form to be transcendence of self, i.e., love.

Dybrowsky (20) found that the students who attempted

to reduce fear in overcoming a uniform and monotonous task through balancing it by intellectual methods actually caused their tension of fears to be higher. On the other hand, those who balanced their fears by pleasant thoughts showed improvement.

Treatment of some insanities by employing cardiazol and triazol therapy (12) has seemed to show that the majority of remitted or recovered cases showed no fear. There was no evidence that fear exerts a curative influence in convulsion therapy.

Henderson (39) claimed that the best antidote to fear is frank discussion and avoidance of secrecy and repression.

Conn (11) is another investigator who believed in play therapy for fearful children. He offered the opinion that the play interview offers the child opportunity for objectification and immediate re-shuffling of perspectives. For the first time, the child finds himself secure in a personal relationship.

In order to find some means of combating truancy and other anti-social behavior, a special class of maladjusted boys in a public school was treated by a group psychodrama technique (73). Shoobs (73) considered this method of treatment more successful than the usual method of individual interviews. He recommended psychodrama as a method

of personality and character training, particularly for older children. The method consists of encouraging the child to act out his thoughts as he wishes, either alone or with a small group.

Witmer (83) set down the details of ten case studies with successive interviews between child and psychiatrist, done according to a uniform plan. She stated that earlier therapy concerned itself with modifying the child's environment; the newer therapy with modifying the child itself--partially because the environment often cannot be modified and partially because the modification of the child is more important.

Bergman (5) conceded that a warm, loving atmosphere in the home is the best prevention for any type of maladjustment. Combating of morbid fears by means of simple rather than complex directions was declared to be best (2) for a group of private patients. The author (2) considered it a matter of giving his patient (a woman) simple elucidation to the effect that her fears were not of the objects she thought she feared (in this case, closed and high places and knives) but of the sensations and feelings aroused in her when in the presence of those objects. Lucid, simple directions were given her to command her muscles to counteract the suggestions of danger by doing the very things she claimed that she feared to do. This



author (2) further claimed that the simplicity of the rules renders them capable of being remembered and employed in a situation in which complex explanations and directions would be forgotten and therefore not employed.

Prevention and cure of anxiety in childhood must be associated with the development of the child's responsibility, the growth of his self-confidence, and the preservation of his confidence in those who guide and support him asserted Kramer (50).

While encouragement to catharsis through frank discussion may prove helpful in anxiety cases (37) it is better to exert effort to lessen environmental stress.

Flescher (29) considered that electric shock represents the best therapeutic method in mental diseases in which the individual has been forced into the position of being unable to get rid of mobilized aggressions except by direct action.

Menninger (58), however, believed that treatment for schizophrenia is not by shocking the patient but rather by placing the patient in an environment in which it is not necessary for him to be afraid of his own fearful aggressiveness and resentment. The patient should by all means be removed from situations which he cannot stand.

Kelley and Thompson (46) reported that, from their experience, insulin as an adjunct in the therapy of

anxiety states acts physiologically to combat the autonomic imbalance of anxiety, making for a gain in weight lost, exerting a definite sedative action, and making for improvement towards the end of the first week of symptoms of acute anxiety. The insulin treatment period is optimum at twenty-one days, varying somewhat for the patient. The authors stressed, however, that the insulin treatment does not change an individual's psychological situation. That must be left to psychotherapy. Insulin therapy does, however, act as a profound suggestion-method in that the patient feels that something is being done and that it is evidenced in his wanting to eat. This frame of mind, according to the authors (46), makes him more amenable to psychotherapy.

Although the author (32) did not state the methods by which to accomplish the desired end, he asserted that therapy in the anxiety state consists in restoring confidence to the patient, a quality which is always lacking in acute anxiety.

## CHAPTER III

## A Study of the Fears of College Students

In 1929, Marie H. Means (55) began a study of the fears of the college women students at Alabama College, Montevallo, Alabama. One of her principal aims, and the only one which she realized at all completely, was the preparation of "a fear schedule". This consisted, in its final form, of three hundred and forty-nine of the most commonly and the most greatly feared objects or ideas among groups of students at this women's college in the Old South. This schedule was prepared from a total of four hundred and ninety different fears listed by a thousand of these women college students. The additions of other lists of fears in the later years of her study did not add new fears to the original list. The four hundred and ninety fears named were reduced to three hundred and forty-nine, to eliminate those mentioned only rarely. The exact criteria of this selection were not given. In the lists of fears submitted by these women, the numbers on the individual lists ranged from zero to twenty-eight. It would have been interesting to learn whether those who listed no fears were unusually brave or just lazy.

After the fear schedule had been developed, it was given to a thousand Southern college women at Alabama College and at Women's College at Montgomery, Alabama, in

order that they might rate their fears of the objects or ideas on a scale of one to five, inclusive. An omitted score meant either "no knowledge of" or "no fear of" the object or idea. A score of one meant a very slight fear. A score of five meant a most intense fear. These students were asked to list, as far as they knew them, the origins of any of the fears which they had. Only thirty-eight per cent of these thousand women indicated any knowledge of the origins of their fears. Of this number, thirty-one per cent knew, or claimed to know, the origin of only one of their fears. About seventy per cent of the fears of known origin were due to personal experience. The thousand students who rated their fears on the schedule were much the same group of individuals as those who had submitted the original lists of fears.

The fear schedule was submitted to one hundred and thirty of these women for a second rating, and coefficients of reliability for frequency scores and weighted frequency scores were found. The former was  $.71 \pm .033$ ; the second was  $.54 \pm .047$ . The numbers of fears checked on the two ratings were practically identical--with means of  $75.02 \pm 3.08$  and  $74.83 \pm 48.10$ .

Means placed far more emphasis on the frequencies with which the fear stimuli were rated than she did upon the ratings, but she included a table showing the average

extent to which each of the fear stimuli was feared as shown by the ratings. This material is shown in Table I of this study.

The writer of this thesis became interested in the subject of the fears of college students because she herself had had many fears as a child. She believed it would be interesting to repeat Means' study with a group of students of a later generation who had just passed through the severest and longest war period in the history of the United States and who lived in a different area of the Nation, with different traditions and different outlooks on many aspects of life. It was also desired to obtain data from veterans of World War II while they were still available and while they were yet interested in problems of this kind because they were still in a college atmosphere.

A first step in the present study was the submission of Means' list of fear stimuli to some thirty graduate students with a request for suggested additions to this list. These were: atom bombs, bedbugs, being hypnotized, black cats, cobwebs, cooties, death from childbirth, epileptics, forgetting names, high water, Ku Klux Klan, mothers-in-law, Orientals, small places, social errors, stepping on others' feet, step-parents, and ticks. Words in Means' list omitted for any one of several reasons

were: being mutilated, being seduced, disobeying conscience, fast logs, foxes, insane people, teachers, and volcanoes. The second step was the preparation of the directions for rating the fear stimuli. These were the same as Means' directions except that they were fuller and that they included a seventh rating, i.e., dislike. This was done for the reason that most of the thirty local graduate students desired such a rating in order that they might express the disgust which they felt at some of the stimulus words or at the idea of their evoking fear in anyone.

The list of 360 stimulus words was then mimeographed and presented for rating to as many students as could be reached conveniently and in numbers believed to be large enough to present reasonably valid data. The total number of schedules was 137. Of these, six were completed by freshman women who were not veterans of the Armed Services in World War II, four were completed by freshman men who were not veterans, eight freshman men who were veterans (there were no freshman women veterans in this study), eight sophomore women non-veterans, two sophomore men non-veterans, two sophomore women veterans, nineteen sophomore men veterans, twenty-four junior women non-veterans, three junior men non-veterans, one junior woman veteran, eleven junior men veterans, twenty senior women

non-veterans, no senior men non-veterans, one senior woman veteran, eleven senior men veterans, four graduate women non-veterans, two graduate men non-veterans, three graduate women veterans, and eight graduate men veterans.

The directions, which were on each schedule, were:

"Please grade the following-named fears according to their intensity in your own case. Read over much of the list before you mark any of them. Place a "1" before those items which you fear very slightly in comparison with your other fears; a "2" before those in which the feeling is slightly more intense; a "3" before those which you believe to be about average in intensity; a "4" before those which are quite intense; and a "5" before those which are very intense. Place "0" before those which you do not fear at all. In this grading, your first estimate is probably the best one; but you may change a grade given if you so desire. Mark a "D" before those which you dislike, but do not fear at all."

These directions were supplemented by oral instructions that the word itself was to be considered as a fear stimulus, e.g., the word, crocodile, was to be considered but the idea of being shut in a small pen with a large crocodile was not unless this possibility arose naturally as a part of the associations with the stimulus word. Anyone would be fearful under conditions of actual danger

but, if the probability of these conditions really occurring was very remote, the conditions of such danger were not to be brought into the ratings artificially.

The data were gathered during the winter and spring quarters of 1947-48 from students in Oregon State College. They were told not to sign their names to the schedules but to write in the names of their college classes or years, their sexes, and to check that they were or were not veterans of the recent war. They were asked to rate every stimulus word in the schedule. The few schedules which were incomplete were not included in the compilation of the data for this thesis.

The list of stimulus words and the average ratings which they received from the total group in this study and in Means' study are shown in Table I below.



TABLE I

AVERAGE RATINGS GIVEN EACH STIMULUS WORD IN THIS  
STUDY AND IN MEANS' STUDY

Stimulus	Rank order in local study	Average score in local study	Means' average score	Means' rank order position
Death by burning	1	3.16	4.09	4
Snakes	2	3.12	4.06	1
Atom bombs*	3	3.02		
Explosions	3	3.02	3.32	70
Auto accidents	5	2.90	3.53	14
Death of loved ones	6	2.88	4.05	3
Painful death	7	2.82	3.94	29
Alligators	8	2.80	3.19	50
Death by drowning	9	2.78	3.79	12
Death by murder	9	2.78	3.94	19
Death by suffocation	11	2.76	3.88	21
War	11	2.76	3.80	24
Being blind	13	2.68	3.90	9
Reckless driving	13	2.68	3.46	8
Deep water	15	2.60	3.27	99
Operations	15	2.60	3.36	78
Failing school subjects	15	2.60	3.29	45
Fast driving	15	2.60	3.08	157
Mad dogs	19	2.58	3.44	7
Tigers	20	2.54	3.91	47
Death by starvation	21	2.52	3.85	49
Being friendless	21	2.52	3.39	110
Being crippled	23	2.50	3.74	64
Death from childbirth*	23	2.50		
Hurting others' feelings	23	2.50	2.87	58
Quicksand	23	2.50	3.15	73
Having abnormal off- spring	27	2.48	3.79	46
Making low grades	27	2.48	3.07	75
Failing school tests	29	2.46	3.19	45
Death by asphyxiation	30	2.44	3.71	117
Being scalded	30	2.44	3.54	59
High places	30	2.44	2.85	217
Mismatching	33	2.42	3.28	53
Sharks	33	2.42	3.83	44
Murderers	35	2.40	3.58	16

TABLE I (Continued)

Stimulus	Rank order in local study	Average score in local study	Means' average score	Means' rank order position
Being choked	36	2.38	3.55	42
Making social blunders	36	2.38	2.61	154
Scorpions	36	2.38	3.75	31
Slow death	36	2.38	3.84	17
Being burned	36	2.38	3.44	27
Cancer	41	2.36	3.78	2
Leprosy	42	2.34	4.02	39
Bad health	43	2.32	3.49	84
Corpses	43	2.32	3.17	77
Forgetting at a recital	43	2.32	3.06	108
Misfortune to loved ones	43	2.32	3.45	25
Paralysis	43	2.32	3.74	72
Spiders	43	2.32	3.10	18
Being criminally assaulted	49	2.28	3.70	74
Being disfigured	49	2.28	3.76	36
Gorillas	49	2.28	3.58	41
Wildcats	49	2.28	3.77	40
Bees	53	2.26	2.42	126
Being shot	54	2.24	3.58	67
Hornets	54	2.24	2.79	32
Pain	54	2.24	2.85	178
Watching dying persons	54	2.24	3.36	98
Being penniless	58	2.22	3.02	177
Being poisoned	58	2.22	3.16	141
Being ridiculed	58	2.22	2.83	123
Lions	58	2.22	3.95	28
Diving	62	2.20	2.90	113
High water*	62	2.20		
Being high tempered	64	2.18	2.91	170
Losing confidence in self	64	2.18	3.03	93
Whirlpools	64	2.18	3.24	87
Disappointing others	67	2.16	3.05	52
Losing friendships	67	2.16	3.13	137
Being a pest	69	2.14	2.74	163
Being sterile	69	2.14	3.06	284
Exercising poor judgment	69	2.14	2.60	152

TABLE I (Continued)

Stimulus	Rank order in local study	Average score in local study	Means' average score	Means' rank order position
God	69	2.14	3.55	210
Becoming fat	73	2.12	3.09	119
Big bodies of water	73	2.12	3.14	257
Caves	73	2.12	2.55	212
Hemorrhages	73	2.12	3.44	86
Being criticized	77	2.10	2.62	100
Venereal disease	77	2.10	3.97	43
Becoming deaf	79	2.08	3.54	57
Being embarrassed	79	2.08	2.60	91
Insanity	79	2.08	3.76	38
Being dependent	82	2.06	2.97	184
Being unpopular	82	2.06	2.83	149
Dynamite	82	2.06	3.01	55
Sarcastic people	85	2.04	2.30	265
Social errors*	85	2.04		
Being disappointed in love	87	2.02	3.20	112
Being entrapped	87	2.02	2.82	230
End of world	87	2.02	3.34	143
Stage fright	87	2.02	2.94	97
Lizards	91	2.00	2.83	79
Losing teeth	91	2.00	3.15	144
Apes	93	1.98	3.18	85
Bulls	93	1.98	4.09	5
Dying people	93	1.98	3.36	98
Bedbugs*	96	1.96		
Electricity	97	1.94	3.08	106
Panthers	97	1.94	3.75	35
Tuberculosis	97	1.94	3.83	11
Wasps	97	1.94	2.75	34
Wolves	97	1.94	3.60	71
Bears	102	1.92	3.46	62
Being falsely accused	102	1.92	3.23	121
Dentists	102	1.92	2.61	241
Liars	102	1.92	2.97	127
Centipedes	106	1.90	3.04	147
Epileptics*	106	1.90		
Sneaking people	106	1.90	2.63	76
Floods	109	1.88	3.37	92
Forgetting names*	109	1.88		
Being sinful	111	1.86	3.28	146

TABLE I (Continued)

Stimulus	Rank order in local study	Average score in local study	Means' average score	Means' rank order position
Earthquakes	111	1.86	3.48	90
Exerting bad influence	111	1.86	2.78	200
Being followed	111	1.86	2.84	145
Dam breaking	115	1.84	3.25	174
Formal entertainments	115	1.84	2.21	203
Hypodermic needles	115	1.84	2.79	103
Rats	115	1.84	3.04	114
Being cut	119	1.82	3.07	102
Convicts	119	1.82	2.83	80
High tempered people	119	1.82	2.35	231
Performing publicly	119	1.82	3.00	131
Typhoid fever	119	1.82	3.49	101
Being lost	124	1.78	2.99	166
Childbirth	124	1.78	3.69	61
Guns	124	1.78	3.20	68
Heart failure	124	1.78	3.42	89
Idiots	124	1.78	2.74	81
Illness of loved ones	124	1.78	3.52	26
Thieves	124	1.78	3.00	56
Train accidents	124	1.78	3.54	65
Being selfish	132	1.76	2.60	195
Being unconventional	132	1.76	2.25	307
Marriage	132	1.76	2.87	254
Screams	132	1.76	3.06	37
Slippery streets	132	1.76	2.34	205
Being caught in a misdemeanor	137	1.74	2.80	251
Being rebuked	137	1.74	2.59	242
Cyclones	137	1.74	3.50	13
Ether	140	1.72	3.00	160
Influenza	140	1.72	2.71	209
Leeches	140	1.72	2.99	124
Pellagra	140	1.72	3.61	153
Adhesions	144	1.70	3.07	244
Being stranded	144	1.70	2.56	290
Disobeying parents	144	1.70	3.03	168
Firecrackers	144	1.70	2.31	191
Not living up to ideals	144	1.70	3.02	118

TABLE I (Continued)

Stimulus	Rank order in local study	Average score in local study	Means' average score	Means' rank order position
Steam	144	1.70	2.39	328
Being robbed	150	1.68	2.83	179
Dark	150	1.68	2.95	122
Sudden noises	150	1.68	2.77	82
Yellow jackets	150	1.68	2.82	23
Being surprised from rear	154	1.67	2.58	246
Being lonely	155	1.66	2.66	233
Pneumonia	155	1.66	3.59	88
Being slandered	157	1.64	2.95	219
Falling	157	1.64	2.85	172
Prowlers	157	1.64	2.66	107
Sudden death	157	1.64	3.08	190
Being deceived	161	1.62	3.04	63
Earth caving in	161	1.62	3.10	173
Lightning	161	1.62	3.35	30
Burglars	164	1.60	3.46	10
Reciting in class	164	1.60	2.36	196
Unknown	164	1.60	2.70	253
Small places*	167	1.58		
Stepping on others' feet*	167	1.58		
Infuriated people	167	1.58	2.68	208
Airplanes	170	1.56	2.79	312
Big machinery	170	1.56	2.53	150
Doctors	170	1.56	2.21	314
Hell	170	1.56	4.15	115
Hippopotamuses	170	1.56	3.24	129
Hypocrites	170	1.56	2.76	176
Storms	170	1.56	3.30	51
Suicide	170	1.56	3.90	94
Swamps	170	1.56	2.60	283
Being alone at night	179	1.54	3.25	33
Being frightened	179	1.54	2.91	165
Boats	179	1.54	2.27	308
Receiving telegrams	179	1.54	2.55	169
Screaming	179	1.54	2.92	228
Bats	184	1.52	2.78	105
Being sarcastic	185	1.50	2.63	234
Drugs	185	1.50	2.71	223
Mysterious people	185	1.50	2.57	175

TABLE I (Continued)

Stimulus	Rank order in local study	Average score in local study	Means' average score	Means' rank order position
Smallpox	185	1.50	3.58	108
Ticks*	185	1.50		
Being struck	190	1.48	2.97	180
Breaking ankle	190	1.48	2.69	215
Dogs	190	1.48	2.08	199
Future	190	1.48	2.66	250
Misdirected affections	190	1.48	3.33	130
Being depressed	195	1.46	2.97	156
Being peeped at	195	1.46	2.88	164
Jealous people	195	1.46	2.69	207
Too many offspring	195	1.46	3.53	161
Vampires	195	1.46	3.01	292
Footlogs	200	1.44	2.19	256
Night noises	200	1.44	3.11	60
Pistols	202	1.42	3.30	20
Public opinion	202	1.42	2.53	197
Crayfish	204	1.40	1.43	229
Drunken men	204	1.40	2.99	15
Eels	204	1.40	2.85	167
Fleas	204	1.40	2.25	316
Old age	204	1.40	2.99	188
Railroad crossings	204	1.40	2.80	140
Revealing thoughts	204	1.40	2.63	276
Sleeping unprotected	204	1.40	3.20	194
Slipping	204	1.40	2.20	268
Assuming responsi- bility	213	1.38	2.74	206
Acids	214	1.36	2.66	111
Haunted houses	214	1.36	2.79	148
Peculiar noises	214	1.36	2.83	95
Roaches	214	1.36	2.72	189
Sleepwalking	214	1.36	2.85	236
Crabs	219	1.34	2.57	183
Disfigured people	219	1.34	2.51	136
Hyenas	219	1.34	3.54	96
Buffaloes	222	1.32	3.22	135
Medicine	222	1.32	2.33	267
Cemeteries	224	1.30	2.75	185
Climbing	224	1.30	2.56	300
Cooties*	224	1.30		
Gossipers	224	1.30	3.15	125

TABLE I (Continued)

Stimulus	Rank order in local study	Average score in local study	Means' average score	Means' rank order position
Having tantrums	224	1.30	3.22	221
Hawks	224	1.30	2.41	279
Knives	224	1.30	2.46	245
Missing trains	224	1.30	2.44	222
Skeletons	224	1.30	2.41	202
Being vaccinated	233	1.28	2.39	227
Circus apparatus	233	1.28	2.74	298
Morons	233	1.28	2.47	204
Throat mopped	233	1.28	2.23	263
Being tardy to class	237	1.26	2.08	275
Chameleons	237	1.26	3.03	262
Itch	237	1.26	3.01	104
Being awakened at night	240	1.24	3.07	134
Expressing an opinion	240	1.24	1.90	261
Fainting people	240	1.24	2.70	235
Fogs	240	1.24	1.95	327
Gypsies	240	1.24	2.54	214
Hearses	240	1.24	2.57	239
Tramps	240	1.24	2.73	54
Wild parties	240	1.24	3.15	128
Blood	248	1.22	2.34	181
Deserted houses	248	1.22	2.49	116
Elephants	248	1.22	2.76	158
Holes in the ground	248	1.22	2.23	286
Superior individuals	248	1.22	2.17	299
Thunder	248	1.22	2.60	218
Bridges	254	1.20	2.23	280
Choosing wrong friends	254	1.20	2.67	139
Doctors' offices	254	1.20	2.48	232
Eating in some places	254	1.20	2.10	260
Razors	254	1.20	2.61	226
Sirens	254	1.20	2.74	193
Being homesick	260	1.18	2.99	201
Dragons	260	1.18	3.38	239
Fire	260	1.18	3.53	22
Mice	260	1.18	2.75	132
Mosquitoes	260	1.18	2.29	273
Sleep-walkers	260	1.18	2.65	182
Traffic jams	260	1.18	2.38	237

TABLE I (Continued)

Stimulus	Rank order in local study	Average score in local study	Means' average score	Means' rank order position
Being kidnapped	267	1.16	3.22	151
Drinking intoxicants	267	1.16	3.41	186
Finding man in room	267	1.16	3.53	66
Hunchbacks	267	1.16	2.60	255
Sleep talkers	267	1.16	2.40	282
Superiors	267	1.16	2.31	303
Future attitudes	267	1.16	2.96	278
Changeable moods	274	1.14	2.83	220
Devil	274	1.14	3.80	159
Future disposition	274	1.14	2.80	272
Ghosts and apparitions	274	1.14	2.98	269
Wild dates	274	1.14	3.05	142
Canned goods	279	1.12	1.99	295
Cobwebs*	279	1.12		
Fire escapes	279	1.12	2.24	289
Being alone	282	1.10	2.77	213
Fire whistles	282	1.10	2.94	162
Life	282	1.10	2.92	285
Silent people	282	1.10	2.11	332
Barbed wire	286	1.08	2.19	266
Horseflies	286	1.08	2.25	288
Horses	286	1.08	2.03	224
Mothers-in-law*	286	1.08		
Mules	286	1.08	2.06	216
Ice picks	291	1.06	2.10	306
Lighting stoves	292	1.04	2.43	311
Strangers	292	1.04	1.97	310
Worms	292	1.04	2.73	120
Ku Klux Klan*	295	1.02		
Opossums	296	1.00	2.46	238
Frogs	297	.98	2.50	252
Ghost stories	297	.98	2.35	248
Muddy roads	297	.98	2.64	83
Being an old maid	300	.96	3.19	171
Negro men	301	.94	3.12	48
Crowds	302	.92	2.55	301
Fate	303	.90	2.86	247
Monkeys	303	.90	2.39	277
Skating	305	.88	2.33	291
Pigs	306	.87	1.89	317
Descending steps	307	.86	2.68	259
Elevators	307	.86	2.18	315



TABLE I (Continued)

Stimulus	Rank order in local study	Average score in local study	Means <sup>1</sup> average score	Means <sup>1</sup> rank order position
Snails	309	.84	2.75	240
Wind	309	.84	2.93	155
Being hypnotized*	311	.80		
Cats	311	.80	2.22	296
Crowds of one's own age	311	.80	2.54	322
Spike heels	311	.80	2.04	335
Kangaroos	315	.78	3.12	225
Fire engines	316	.76	2.27	270
Indians	316	.76	2.24	281
Step-parents*	316	.76		
Fortune tellers	319	.74	2.21	274
Mystery stories	319	.74	2.09	302
Fish	321	.72	1.79	329
Geese	321	.72	2.10	330
Honor board members	323	.70	2.21	313
Owls	323	.70	2.70	249
Ants	325	.66	1.89	336
Coal chutes	325	.66	2.23	323
Foreigners	325	.66	2.43	294
Old people	325	.66	1.89	347
Policemen	325	.66	2.17	343
Black cats*	330	.64		
Chickens	331	.62	1.78	320
Goats	331	.62	2.10	258
Oxen	331	.62	2.50	211
Birds	334	.54	1.83	338
Cows	334	.54	2.10	198
Eating in a crowd	334	.54	1.98	325
Going to sleep	337	.52	2.10	346
Married men	337	.52	2.51	309
Orientals*	337	.52		
Bicycles	340	.50	2.35	340
Turtles	340	.50	2.56	264
Swings	342	.48	1.88	337
Buses	343	.46	2.11	305
Negro women	343	.46	2.64	293
Opening letters	343	.46	2.22	326
Travelling	346	.44	2.00	334
Grasshoppers	347	.42	2.25	304
Unmarried men	347	.42	2.52	324

TABLE I (Continued)

Stimulus	Rank order in local study	Average score in local study	Means' average score	Means' rank order position
Theatrical people	348	.40	2.29	348
Squirrels	350	.38	2.16	339
Shooting stars	351	.36	1.91	331
Telephones	352	.34	2.50	318
Clouds	353	.32	2.66	271
Ascending stairs	354	.30	2.59	321
Preachers	354	.30	3.13	344
Chimney sweeps	356	.12	2.00	342
Bananas	357	.06	2.75	345
Rabbits	357	.06	1.95	341
Balloons	359	.03	2.76	333
Nuns	360	0	2.24	319
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Being mutilated**			3.74	69
Volcanoes			3.44	133
Insane people			3.34	6
Being seduced			3.13	243
Foxes			2.84	187
Disobeying conscience			2.75	192
Fast logs			2.64	297
Teachers			2.44	287

# Means' rank order was based more on frequency of rating than on degrees of rating, whereas the rank order for the local group was based on degree of rating averaged among the whole group.

\* Stimulus words added to Means' list in this study.

\*\* Stimulus words in Means' list dropped in this study.

Table I shows that, with one exception, the ratings made by Means' group on the fears aroused by these stimulus words were much larger than the ratings made by the Oregon State College students. This exception was the word, "Crayfish", for which the Means' average rating was 1.48, while the local rating for this word was 1.40. The next most similar ratings were, for the two groups, on "Bees", with a rating of 2.42 by the Means group and 2.26 by the local group, or a difference of .16 between the two; and for "Making Social Blunders", with ratings of 2.38 and 2.61 respectively, or a difference of .23. Why the Oregon State College group should rate "Making Social Blunders" 2.38 and "Social Errors" as 2.04 is not apparent to the writer. Possibly the "Making Social Blunders" seemed to be more in the class of personal reproaches than did "Social Errors", which might be assumed to refer as much to the errors of others as to oneself. The one was included as a check on the other.

While this group of Southern college women in 1929-35 might have been expected to list more expressions of fear than a group of Western young men and women in 1947-48, the differences in the sizes of the ratings were unexpectedly large. Being fearful may have been regarded as a mark of refinement by the first group. Not being fearful may have been caused, in part at least, by the

recent war-time experiences, the Western outlook on life, and to hesitancy in admitting mild fears which actually existed. The inclusion of the rating of "D" (dislike) in the schedule for the local group may have influenced the decisions to some extent also. The local graduate students marked a large number of the stimuli as disliked but not feared.

The largest amount of fear in the local group was aroused by "Death by Burning" (3.16) while, with the Means group, it was "Hell" (4.15). The least amount of fear in the local group was aroused by the stimulus word, "Nuns" (0), while with the Means group, it was "Crayfish" (1.48).

The range of the ratings was larger for the local group than for the Means group. Ratings by the local group extended from 0 to 3.16. For the Means group, they extended from 1.48 to 4.15, or a distance of 2.68 rating points.

Among special groups of fears, which it was believed might be of interest, were "Death and Causes of Death", with an average of 2.49 for the local group and 3.76 for the Means group. In this group, the stimulus, "Death by Childbirth", was marked high ("5") by an equal number of men and women. Several wives of veterans had nearly died in childbirth, and this had made a profound impression on numerous men students. For "School Relations", such as

"Low Grades" and "Failing School Tests", the local group averaged 2.29, while the Means group averaged 2.99. Under the heading, "Personal Relations", two groups were specified: a) "Concern for Others", which averaged 1.90 for the local group and 2.83 for the Means group; and b) "Concern for Self", with an average rating of 1.93 for the local group and 2.68 for the Means group. Under the grouping, "Diseases and Causes of Diseases", the average rating for the local group was 1.85 while, for the Means group, it was 3.42. The average rating of the local group for "Religious Words and Ideas" was 1.75 and, for the Means group, 3.41. "Love and Marriage" averaged 1.48 in terms of fears for the local group and 3.05 for the Means group. Under this heading, the stimulus, "Being an Old Maid", brought an average of .96 fears with the local group but an average of 3.19 for the Means group. However, this stimulus word was rated by men as well as women in the local group, and the ratio of women to men in Oregon State College was as one to three while the students in Means' study were in womens' colleges. The local average for "Animals and Insects" as a group was 1.41, as compared with 2.77 for the Means group. The stimulus, "Becoming Deaf", seemed to arouse a high degree of fear in both groups, with an average rating of 2.08 for the local group and 3.54 for the Means group. "Being Blind" yielded an

average of 2.68 for the local group and of 3.90 for the Means group.

In Table II are presented the average ratings of the fears of the Oregon State College students by classes and by groups within classes.

TABLE II

## AVERAGE RATINGS OF FEARS BY OREGON STATE COLLEGE STUDENTS

	Women non- veterans	Men non- veterans	Women veterans	Men veterans
Freshmen				
Av. score	2.14	.95	--	1.82
No. of students	6	4	--	8
Sophomores				
Av. score	1.51	.58	.90	2.09
No. of students	8	2	2	19
Juniors				
Av. score	2.30	1.98	.27	2.06
No. of students	24	3	1	11
Seniors				
Av. score	1.63	--	1.64	1.73
No. of students	20	--	1	11
Graduates				
Av. score	1.64	1.87	1.69	1.79
No. of students	4	2	3	8
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Av. score for group	1.91	1.35	1.25	1.88
No. of students	62	11	7	57

The group which showed the largest average amount of fear ratings was the junior women non-veterans, with an average score of 2.30. This group was followed by the freshmen women non-veterans, with a score of 2.14. The sophomore men who were also veterans averaged 2.09 fear ratings, while the junior men veterans averaged 2.06. The lowest averages were those of the junior woman veteran (one person only), with a score of .27, and the sophomore men non-veterans, with a rating of .58 (two persons only). These numbers are so small that they mean nothing as indications of what the average ratings of larger groups of students in the same classifications would be. The men who were veterans and the women who were not had the largest average amounts of fear from these stimulus words.

Table III shows the number of "5's" used by the Oregon State College students in rating their fears as aroused by these stimulus words. A rating of "5" meant an intense fear for the kind of situation involved in this study.

TABLE III

TOTAL NUMBER OF "5's" MARKED BY OREGON  
STATE COLLEGE STUDENTS

	Women non- veterans		Men non- veterans		Women veterans		Men veterans	
	No. stu- dents	No. "5's"	No. stu- dents	No. "5's"	No. stu- dents	No. "5's"	No. stu- dents	No. "5's"
Freshmen								
	6	91	4	27	0	0	8	151
Av.	(15.2)		(6.8)		--		(18.9)	
Sophomores								
	8	41	2	7	2	14	19	178
Av.	(5.13)		(3.5)		(7.0)		(.98)	
Juniors								
	24	258	3	37	1	1	11	164
Av.	(1.08)		(12.3)		(1.0)		(14.9)	
Seniors								
	20	98	0	0	1	6	11	19
Av.	(4.9)		--		(6.0)		(1.73)	
Graduates								
	4	5	2	9	3	68	8	11
Av.	(1.3)		(4.5)		(22.7)		(1.37)	
<hr/>								
Totals	62	493	11	80	7	89	57	523
<hr/>								
Average No. of "5's"	7.9		7.3		12.9		9.2	



Among the college classes or years, the largest average number of "5's" was marked by the graduate women students (22.7), although the highest percentage of over-all fear ratings was marked by the junior women non-veterans. Some of the graduate women had more large fears, while more of the junior women had milder fears. The next highest percentage of "5's" was marked by the freshman men veterans, with an average of 18.9. The junior women non-veterans averaged 12.3 in number of "5's" marked.

As a group, among the male and the female veterans or non-veterans, the women veterans, of whom there were seven in the five classes from freshmen to graduates, averaged the highest average number of "5's", i.e., 12.9. The next highest average score was by men veterans (9.2) of whom there were fifty-seven.

The high rating of fears by the veterans may in part be accounted for by the strain of war experiences. Grounds for this assumption might be found in the high ratings for "Atom Bombs, War, and Deaths and Injuries" caused by war experiences, such as "Death by Burning, Death by Choking, Death by Drowning", and others, and such injuries as "Being Blinded". Some of these veterans reported more awareness now of worry than they had been conscious of during their war experiences. One particular instance of this kind of worry is a startled reaction to

fire sirens and to the passage overhead of large airplanes.

In a tabulation of all stimulus words marked "5" by the local group, the word which received the greatest number of "5's" was "Atom Bombs", with a total of 32; the next highest was "Death of Loved Ones", with a total of 28. "Death by Burning", which was rated highest in the over-all average by the local group, received the third highest number of "5's", or 27. The stimulus, "War", was marked "5" by 22 of the local group. "Being Blind" and "Death by Murder" received 20 each of "5" ratings. Among the names of diseases given a high number of "5" ratings, "Cancer" led with 13.

The group of stimuli referring to death by various causes, 11 in number, rated 181 "5's". In this group, an equal number of men and women, or 4 each, marked the stimulus, "Death by Childbirth", with a "5". "Snakes", the second highest rated stimulus in the local over-all rating, received 16 "5's".

## CHAPTER IV

## SUMMARY AND CONCLUSIONS

## Summary

The study of fears has, for many years, been of interest to psychologists. It has been clearly determined that many, if not most, of our maladjustments to life and even many of our physical ailments, extending from minor peculiarities to phobias, are caused by fears. These fears, innate or acquired, known or unknown to the possessor, have aroused mounting interest in late decades. The growth of the mental hygiene, psychoanalysis, and psychiatry movements has made each of them an accepted field of study and of practice. Excellent techniques have been developed for discovering and correcting fears, or better yet, for finding ways of preventing them, especially in children.

In future years, mental hygiene and psychiatry will be more needed than they are today in adjusting individuals to life as it is. The contagion of hysteria which has increased as the nation has become more crowded and as society has become more stratified will, in all probability, increase. If it does, more and more people will have more and more tensions and fears which will deserve correction.

Interest in fears has been especially great since World War I, at which time their great power for the destruction of efficiency was perceived in the so-called cases of "shell shock". In the interval between the two great wars, "industrial shell shock" became a recognized entity. With the Second World War an accomplished fact, with a possible World War III in the offing, and with the current economic and social tensions a large factor in the lives of many people, it is natural that the study of fears is now receiving extensive additional attention and will continue to require more in the years to come. The importance of the study of fears has received added impetus with the establishment of the fact that even small children and babes in arms suffer from anxiety states. In many instances, these states of anxiety are carried over into adulthood.

Anxiety, defined as chronic fear, may lead to neurasthenia, a crippling state of mental and physical being in which an individual is usually a liability or a potential liability to society. At best, the neurasthenic is not the individual that he should be in order to cope with the disappointments and irritations of life and to make the most of his life. Phobias, obsessions, and compulsions are abnormal fears which not only handicap individuals but which are partly responsible for the alarming increase

in the number of inmates of hospitals for the mentally ill and for much of the strife and tension in the world today.

There are many causes, both tangible and intangible, for anxiety states or fears. Broken homes, especially those broken by divorce or separation; neglect; lack of parents' love; too severe discipline; extreme laxness in discipline; and overprotection are some of the principal causes of childhood states of anxiety and chronic fears.

Although some fears appear to be outgrown by adolescence, others may be acquired at that time, principally those which deal with social problems. At least a third of the fears arising during childhood have been shown to continue into the adult years. Feelings of distrust of man for man in the business world are at base the expression of the fear psychosis.

Among the fears experienced by all classes of people from babies to adults are fear of animals, of physical harm, of the strange and uncanny, of the phenomena of nature, and above all, of death. Physical disabilities such as blindness, deafness, and lack of or poor motor control also cause maladjustments and anxiety states. It would appear that any environmental condition which is unusual or severe or which tends to set the child or the adult apart from other people may result in fear, anxiety, or neurosis.

Most investigators have regarded a reasonable amount of fear as beneficial and even necessary to the continuation of life, to foresight, to respect for others, and even to good citizenship and integrated individuality. The establishment of reasonable self-confidence in one's ability to meet with reasonable adequacy the problems of life which one is likely to meet is the best solution for states of unreasonable fear.

A comparison of the fears aroused by a similar group of stimulus words in a group of Southern college women in 1929-35 and a group of Oregon State College students in 1947-48 consisting of both men and women of whom many were veterans of World War II showed the latter group to have many fewer and milder fears than the former. The things feared and the extents to which they were feared were also markedly dissimilar. The influence of World War II was shown in the responses of the veterans and the non-veterans among the Oregon State College students but not among the students in the women's colleges. The male veterans and the women who were not veterans showed greater amounts of fear than the male non-veterans (who were mostly quite young) and the female veterans. The female veterans, however, feared more greatly those things which they did fear. The male veterans were more fearful of those things which they feared than either the male or female

non-veterans were.

That the possibility of war was in the minds of these Oregon State College students was shown by the ratings given to the stimulus words, "Atom Bomb", "Death by Burning", "War", "Being Blind", and similar words. That the students were not entirely self-centered was shown by the high ratings given to the stimulus words, "Death of Loved Ones" and "Death by Childbirth". That the fears which one has are often the result of personal experience is shown by the last stimulus word above. The wives of several veterans had nearly died in childbirth. An equal number of men as of women marked this stimulus as highly fear arousing.

Among the College groups or classes, the women graduate students had the largest number of extreme fears. In a comparison of the veterans and non-veterans, the women veterans had the largest number of extreme fears although the freshman women non-veterans had the largest average amount of fear. Certain fears or tensions were said by some veterans to be more sharply in their consciousness at present than they had been during the excitement of combat.

### Conclusions

1. College women in two institutions in Alabama in

1929-35 had noticeably more fears and were more fearful, according to their reactions to this fear schedule than Oregon State College students were in 1947-48.

2. In the over-all ratings of fear stimuli by Oregon State College students, non-veteran women showed the largest amounts of fear. The men veterans had the next largest amounts of fear. The junior non-veteran women had the largest amounts of fear as a group. The freshman women non-veterans were next, and the sophomore men veterans were third.

3. In the ratings showing the most intense feelings of fear, the women veterans showed the largest average number and the men veterans the next largest number. The men non-veterans had the smallest average number of extreme fears of the four groups. The graduate women marked the largest number of extreme fears. The junior men veterans marked the smallest number.

4. War experiences, especially those relating to death and injuries, played a large part in the marking of fears by both veterans and non-veterans. Other kinds of stimuli that received high ratings in the over-all scores were "Snakes and Auto Accidents".

5. Many fears of great intensity are acquired and retained through both personal and vicarious experiences after individuals reach adulthood. This is shown by the



fact that the fear stimulus, "Atom Bombs", unknown to the general public before 1945, received the largest number of ratings as an extreme fear and was given the third highest average rating as a fear-arousing stimulus by the local group, including both veterans and non-veterans. Fear of snakes, which is generally conceded to be an acquired fear, usually learned in childhood, was given the second highest over-all rating by the local group and the first rating by the Means group.

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A P P E N D I X

## RATING SCALE FOR PERSONAL FEARS

Please grade the following-named fears according to their intensity in your own case. Read over much of the list before you mark any of them. Place a "1" before those items which you fear very slightly in comparison with your other fears; a "2" before those in which the feeling is slightly more intense; a "3" before those which you believe to be about average in intensity; a "4" before those which are quite intense; and a "5" before those which are very intense. Place "0" before those which you do not fear at all. In this grading, your first estimate is probably the best one; but you may change a grade given if you so desire. Mark a "D" before those which you dislike, but do not fear at all.

Class \_\_\_\_\_ Sex \_\_\_\_\_ Veteran \_\_\_\_\_ Yes  
(Freshman, Sophomore, etc.) \_\_\_\_\_ No

___ Acids	___ Being choked
___ Adhesions	___ Being criminally assaulted
___ Airplanes	___ Being crippled
___ Alligators	___ Being criticized
___ Ants	___ Being cut
___ Apes	___ Being deceived
___ Ascending stairs	___ Being dependent
___ Assuming responsibilities	___ Being depressed
___ Atom bombs*	___ Being disfigured
___ Auto accidents	___ Being disappointed in love
___ Bad health	___ Being embarrassed
___ Balloons	___ Being entrapped
___ Bananas	___ Being falsely accused
___ Barbed wire	___ Being followed
___ Bats	___ Being friendless
___ Bears	___ Being frightened
___ Becoming deaf	___ Being high tempered
___ Becoming fat	___ Being homesick
___ Bedbugs*	___ Being hypnotized*
___ Bees	___ Being kidnapped
___ Being a pest	___ Being lonely
___ Being alone	___ Being lost
___ Being alone at night	___ Being peeped at
___ Being an old maid	___ Being penniless
___ Being awakened at night	___ Being poisoned
___ Being blind	___ Being rebuked
___ Being burned	___ Being ridiculed
___ Being caught in a mis-	___ Being robbed
deamor	___ Being sarcastic

___ Being scalded	___ Crabs
___ Being selfish	___ Crayfish
___ Being shot	___ Crowds
___ Being sinful	___ Crowds of one's own age
___ Being slandered	___ Cyclones
___ Being sterile	___ Dam breaking (flood)
___ Being stranded in a strange	___ Dark
place	___ Death by asphyxiation
___ Being struck	___ Death by burning
___ Being surprised from the	___ Death from childbirth*
rear	___ Death by drowning
___ Being tardy to class	___ Death by murder
___ Being unconventional	___ Death by starvation
___ Being unpopular	___ Death by suffocation
___ Being vaccinated	___ Death of loved ones
___ Bicycles	___ Deep water
___ Big bodies of water	___ Dentists
___ Big machinery	___ Descending steps
___ Birds	___ Deserted houses
___ Blood	___ Devil
___ Boats	___ Disappointing others
___ Black cats*	___ Disfigured people
___ Breaking ankle, etc.	___ Disobeying parents
___ Bridges	___ Diving
___ Buffaloes	___ Doctors
___ Bulls	___ Doctors' offices
___ Burglars	___ Dogs
___ Buses	___ Dragons
___ Cancer	___ Drinking intoxicants
___ Canned goods	___ Drugs
___ Cats	___ Drunken men
___ Caves	___ Dying people
___ Cemeteries	___ Dynamite
___ Centipedes	___ Earth caving in
___ Chameleons	___ Earthquakes
___ Changeable moods	___ Eating in a crowd
___ Chickens	___ Eating in some places
___ Childbirth	___ Eels
___ Chimney sweeps	___ Electricity
___ Choosing wrong friends	___ Elephants
___ Circus apparatus	___ Elevators
___ Climbing	___ End of world
___ Clouds	___ Epileptics*
___ Coal chutes	___ Ether
___ Cobwebs*	___ Exercising poor judgment
___ Convicts	___ Exerting bad influence
___ Cooties*	___ Explosions
___ Corpses	___ Expressing an opinion
___ Cows	___ Failing school subjects

- |                               |                               |
|-------------------------------|-------------------------------|
| ___ Failing school test       | ___ Hornets                   |
| ___ Fainting people           | ___ Honor-board members       |
| ___ Falling                   | ___ Horseflies                |
| ___ Fast driving              | ___ Horses                    |
| ___ Fate                      | ___ Hunchbacks                |
| ___ Finding man in room       | ___ Hurting others' feelings  |
| ___ Fire                      | ___ Hyenas                    |
| ___ Firecrackers              | ___ Hypocrites                |
| ___ Fire engines              | ___ Hypodermic needles        |
| ___ Fire escapes              | ___ Ice picks                 |
| ___ Fire whistles             | ___ Idiots                    |
| ___ Fish                      | ___ Illness of loved ones     |
| ___ Fleas                     | ___ Indians                   |
| ___ Floods                    | ___ Infuriated people         |
| ___ Fogs                      | ___ Insanity                  |
| ___ Footlogs                  | ___ Itch                      |
| ___ Foreigners                | ___ Jealous people            |
| ___ Forgetting at a recital   | ___ Kangaroos                 |
| ___ Forgetting names*         | ___ Influenza                 |
| ___ Formal entertainments     | ___ Knives                    |
| ___ Fortune tellers           | ___ Ku Klux Klan*             |
| ___ Frogs                     | ___ Liars                     |
| ___ Future                    | ___ Leeches                   |
| ___ Future attitudes          | ___ Leprosy                   |
| ___ Future disposition        | ___ Life                      |
| ___ Geese                     | ___ Lighting stoves           |
| ___ Ghosts-apparitions        | ___ Lightning                 |
| ___ Ghost stories             | ___ Lions                     |
| ___ Goats                     | ___ Lizards                   |
| ___ God                       | ___ Losing confidence in self |
| ___ Going to sleep            | ___ Losing friendships        |
| ___ Gorillas                  | ___ Losing teeth              |
| ___ Gossipers                 | ___ Mad dogs                  |
| ___ Grasshoppers              | ___ Making low grades         |
| ___ Guns                      | ___ Making social blunders    |
| ___ Gypsies                   | ___ Marriage                  |
| ___ Haunted houses            | ___ Married men               |
| ___ Having abnormal offspring | ___ Medicines                 |
| ___ Having tantrums           | ___ Mice                      |
| ___ Hawks                     | ___ Misdirected affections    |
| ___ Hearses                   | ___ Misfortune to loved ones  |
| ___ Heart failure             | ___ Mismatching               |
| ___ Hell                      | ___ Missing trains            |
| ___ Hemorrhages               | ___ Monkeys                   |
| ___ High places               | ___ Morons                    |
| ___ High tempered people      | ___ Mosquitoes                |
| ___ High water*               | ___ Mothers-in-law*           |
| ___ Hippopotamuses            | ___ Muddy roads               |
| ___ Holes in the ground       | ___ Mules                     |

_____ Murderers	_____ Skeletons
_____ Mysterious people	_____ Sleeping unprotected
_____ Mystery stories	_____ Sleep talkers
_____ Negro men	_____ Sleep walkers
_____ Negro women	_____ Sleep walking
_____ Night noises	_____ Slippery streets
_____ Not living up to ideals	_____ Slipping
_____ Nuns	_____ Slow death
_____ Old age	_____ Small places*
_____ Old people	_____ Smallpox
_____ Opening letters	_____ Snails
_____ Operations	_____ Snakes
_____ Opossums	_____ Sneaking people
_____ Orientals*	_____ Social errors*
_____ Oxen	_____ Spiders
_____ Owls	_____ Spike heels
_____ Pain	_____ Squirrels
_____ Painful death	_____ Stage fright
_____ Panthers	_____ Steam
_____ Paralysis	_____ Stepping on others' feet*
_____ Peculiar noises	_____ Step-parents*
_____ Pellagra	_____ Storms
_____ Performing publicly	_____ Strangers
_____ Pigs	_____ Sudden death
_____ Pistols	_____ Sudden noises
_____ Pneumonia	_____ Suicide
_____ Policemen	_____ Superior individuals
_____ Preachers	_____ Superiors
_____ Prowlers	_____ Swamps
_____ Public opinion	_____ Swings
_____ Quicksand	_____ Telephones
_____ Rabbits	_____ Theatrical people
_____ Railroad crossings	_____ Thieves
_____ Rats	_____ Throat mopped
_____ Razors	_____ Thunder
_____ Receiving telegrams	_____ Ticks*
_____ Reciting in class	_____ Tigers
_____ Reckless driving	_____ Too many offspring
_____ Revealing thoughts	_____ Traffic jams
_____ Roaches	_____ Train accidents
_____ Sarcastic people	_____ Tramps
_____ Scorpions	_____ Travelling
_____ Screaming	_____ Tuberculosis
_____ Screams	_____ Turtles
_____ Sharks	_____ Typhoid fever
_____ Shooting stars	_____ Unknown
_____ Silent people	_____ Unmarried men
_____ Sirens (whistles)	_____ Vampires
_____ Skating	_____ Venereal disease

- \_\_\_ War
- \_\_\_ Wasps
- \_\_\_ Watching dying persons
- \_\_\_ Whirlpools
- \_\_\_ Wildcats
- \_\_\_ Wild dates
- \_\_\_ Wild parties
- \_\_\_ Wind
- \_\_\_ Wolves
- \_\_\_ Worms
- \_\_\_ Yellow jackets

Please add others of your own  
not listed here:

*Sharks*

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