



# EFFECTS OF PHOBIAS ON MENTAL HEALTH OF INDIVIDUALS IN ACTIVITIES OF DAILY LIFE (ADL) DESCRIPTIVE STUDY

<sup>1</sup>S.Vedavathi, <sup>2</sup>Prof Evangeline

<sup>1</sup>Researcher Student, <sup>2</sup> Assistant Prof Evangeline

<sup>1</sup>MSC Psychology,

<sup>1</sup>JAIN UNIVERSITY, BENGALURU, INDIA

**Abstract:** Phobias are one of the most prevalent anxiety disorders, marked by persistent and irrational fears of objects, situations, or environments. A phobia becomes diagnosable when a person begins organizing their lives around avoiding the cause of their fear. It is more severe than a normal fear reaction. People with a phobia have an overpowering need to avoid anything that triggers their anxiety. Although often trivialized, phobias can significantly impair mental health and hinder the performance of activities of daily living (ADL), which include self-care, social participation, occupational functioning, and community mobility. Individuals with phobias often experience intense fear, avoidance behaviors, and physical symptoms such as sweating, trembling, or panic attacks, which can severely restrict independence and quality of life. Over time, such restrictions may result in chronic stress, generalized anxiety, depressive symptoms, and social isolation. A descriptive survey research design was adopted for this study. Data were collected from a selected sample of participants using a structured questionnaire designed to assess the presence of phobic symptoms, their severity, and their impact on mental health and daily functioning. The study focuses on the relationship between phobia-related anxiety and the ability of individuals to perform everyday tasks effectively.

Individuals experiencing severe phobic symptoms reported greater difficulty in performing daily activities and maintaining social and occupational functioning. The study concludes that phobias have a significant impact on both mental health and daily life activities. Early diagnosis, counselling, and therapeutic interventions are recommended to improve coping mechanisms and enhance the quality of life of affected individuals.

## Introduction

Introduction Mental health is an essential component of overall well-being, directly influencing how individuals think, feel, and act in daily life. Among the many psychological disorders, phobias are highly common, yet often overlooked. A phobia is defined as an excessive and irrational fear of a specific object, activity, or situation, leading to avoidance behaviours and significant distress

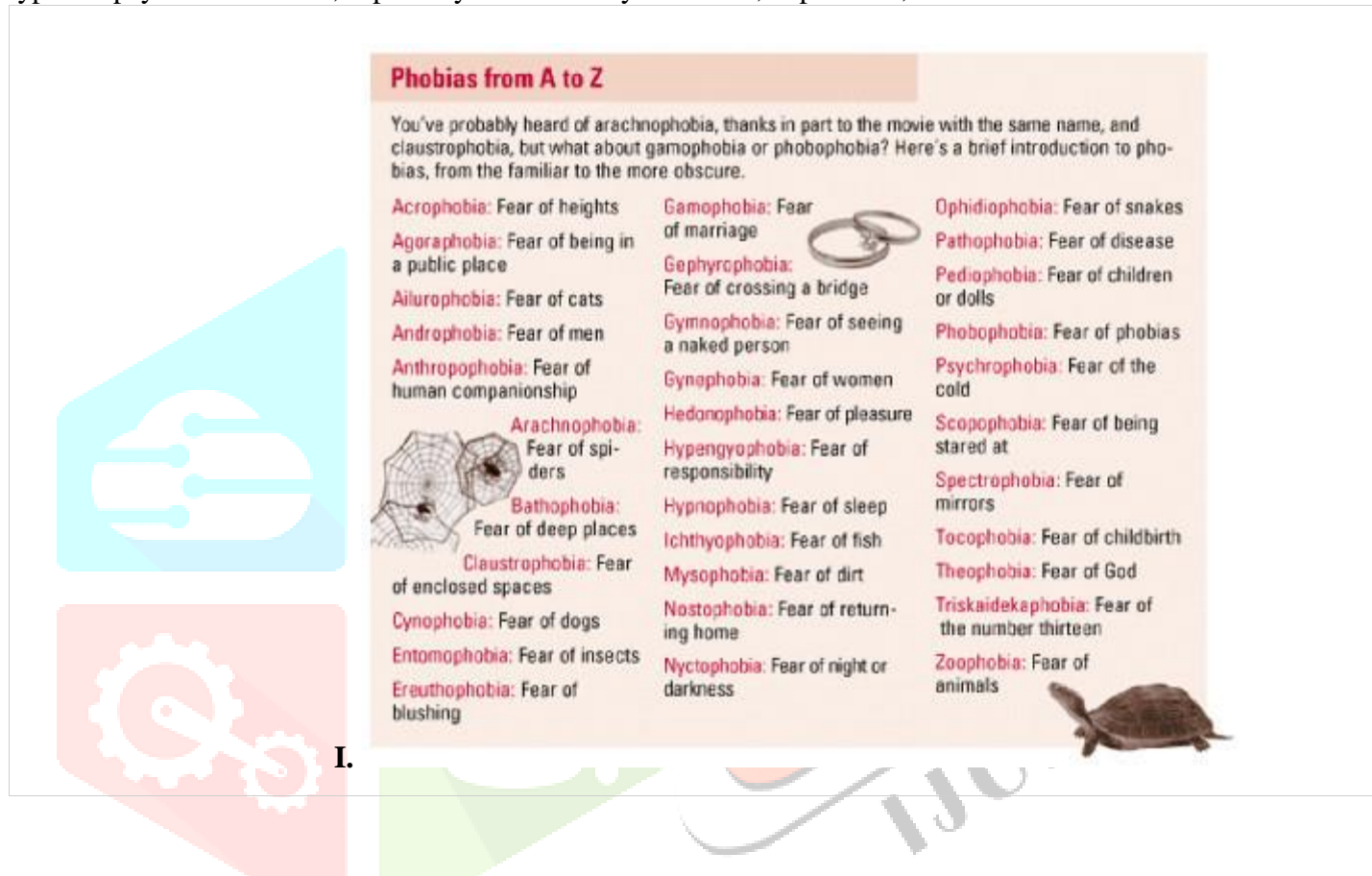
A phobia is an exaggerated and irrational fear.

The term 'phobia' is often used to refer to a fear of one particular trigger. However, there are three types of phobia recognized by the American Psychiatric Association (APA). Phobia is commonly understood as an intense fear of a particular object, situation, or activity. However, according to the American Psychiatric Association, phobias are broadly classified into three main types: specific phobia, social phobia (social anxiety disorder), and agoraphobia. Specific phobia refers to an excessive fear of a particular object or

situation, such as heights, animals, darkness, or injections. Social phobia involves an intense fear of social situations in which an individual may be judged, embarrassed, or negatively evaluated by others. Agoraphobia is the fear of situations or places from which escape may be difficult, such as crowded areas, public transport, or open spaces. These phobias can significantly affect an individual's mental health and interfere with activities of daily living.

### Fears during Childhood

Certain fears are normal during childhood. That's because fear can be a natural reaction to feeling unsure and vulnerable — and much of what children experience is new and unfamiliar. Childhood phobias occur most commonly between the ages of 5 and 9, and tend to last a short while. Most longer-lasting phobias begin later in life, especially in people in their 20s. Adult phobias tend to last for many years, and they are less likely to go away on their own, unless they are treated. Phobia can increase an adult's risk of other types of psychiatric illness, especially other anxiety disorders, depression, and substance abuse.



YOUNG KIDS OFTEN HAVE FEARS OF THE DARK, BEING ALONE, STRANGERS, AND MONSTERS OR OTHER SCARY IMAGINARY CREATURES. SCHOOL-AGED KIDS MIGHT BE AFRAID WHEN IT'S STORMY OR AT A FIRST SLEEPOVER. AS THEY GROW AND LEARN, WITH THE SUPPORT OF ADULTS, MOST KIDS ARE ABLE TO SLOWLY CONQUER THESE FEARS AND OUTGROW THEM.

SOME KIDS ARE MORE SENSITIVE TO FEARS AND MAY HAVE A TOUGH TIME OVERCOMING THEM. WHEN FEARS LAST BEYOND THE EXPECTED AGE, IT MIGHT BE A SIGN THAT SOMEONE IS OVERLY FEARFUL, WORRIED, OR ANXIOUS. PEOPLE WHOSE FEARS ARE TOO INTENSE OR LAST TOO LONG MIGHT NEED HELP AND SUPPORT TO OVERCOME THEM.

WHILE A MILD FEAR MAY NOT DISRUPT DAILY FUNCTIONING, A CLINICAL PHOBIA OFTEN LIMITS ONE'S INDEPENDENCE AND ABILITY TO PERFORM ROUTINE ACTIVITIES. FOR INSTANCE, AN INDIVIDUAL WITH AGORAPHOBIA MAY AVOID TRAVELING TO WORK OR SCHOOL, WHILE A PERSON WITH SOCIAL PHOBIA MAY WITHDRAW FROM PROFESSIONAL OR ACADEMIC SETTINGS. OVER TIME, THESE LIMITATIONS COMPROMISE NOT ONLY FUNCTIONAL ABILITY BUT ALSO EMOTIONAL STABILITY, LEADING TO POOR QUALITY OF LIFE.

SINCE ACTIVITIES OF DAILY LIVING (ADL) FORM THE FOUNDATION OF INDEPENDENCE, ANY DISRUPTION CAUSED BY PHOBIAS HAS BOTH PSYCHOLOGICAL AND SOCIAL CONSEQUENCES. EXPLORING THIS RELATIONSHIP IS CRUCIAL FOR UNDERSTANDING THE BROADER IMPACT OF PHOBIAS ON MENTAL HEALTH AND FOR IDENTIFYING INTERVENTION STRATEGIES.

## SYMPTOMS OF PHOBIA

The symptoms of phobia are:

Excessive, unreasonable, persistent feelings of fear or anxiety that are triggered by a particular object, activity, or situation.

Feelings that are either irrational or out of proportion to any actual threat. For example, while anyone may be afraid of an unrestrained, menacing dog, and most people do not run away from a calm, quiet animal on a leash.

Avoidance of the object, activity, or situation that triggers the phobia. Because people who have phobias recognize that their fears are exaggerated, they are often ashamed or embarrassed about their symptoms. To prevent anxiety symptoms or embarrassment, they avoid the triggers for the phobia.

Anxiety-related physical symptoms. These can include tremors, palpitations, sweating, shortness of breath, dizziness, nausea, or other symptoms that reflect the body's "fight or flight" response to danger. (Symptoms such as these may lead to diagnosis of panic disorder.

### 3.1 Population and Sample

The study was conducted on a sample of 50 participants selected from the general population. Participants were chosen

Using the simple random sampling method to ensure equal representation and reduce selection bias.

#### Inclusion Criteria

- Individuals aged between 18 and 50 years
- Individuals experiencing fear or anxiety related to specific situations, objects, or social environments
- Participants willing to provide informed consent

#### Exclusion Criteria

- Individuals with severe psychiatric disorders other than phobia
- Participants unwilling to participate in the study

### 3.2 Data and Sources of Data

#### Tools for Data Collection

- Data were collected using a **Standardized questionnaire** consisting of close-ended questions based on a **Likert scale**.
- The questionnaire assessed:
  - Standardized questionnaires (e.g., *Fear Questionnaire*, *Generalized Anxiety Disorder Scale – GAD-7*, *Patient Health Questionnaire – PHQ-9*).
  - ADL assessment checklist (Katz Index of ADL, Lawton IADL scale).
  - Semi-structured interviews to assess daily challenges and coping strategies. Scales to Measure Mental Health Impact
    - Beck Anxiety Inventory (BAI)
    - 21-item scale measuring severity of anxiety symptoms.
    - Generalized Anxiety Disorder Scale (GAD-7)
    - Screens for generalized anxiety disorder, often co-occurring with phobias.
    - Patient Health Questionnaire (PHQ-9)
    - Measures depression severity, since phobias often lead to depressive symptoms.
    - Hamilton Anxiety Rating Scale (HAM-A)
    - Clinician-administered measure of anxiety and tension levels.
- type of phobia
- severity of fear
- anxiety symptoms
- emotional distress
- impact on daily activities
- social and occupational functioning

## RESEARCH METHODOLOGY

- **Research Design:** Descriptive and Quantitative study. The present study adopted a quantitative descriptive survey research design to examine the effects of phobias on the mental health of individuals in activities of daily living. A descriptive design was considered appropriate because it helps in collecting measurable data and describing the relationship between phobic symptoms, mental health status, and daily functioning among individuals.

### Research Problem

- The study focuses on understanding how different types of phobias affect the mental health and routine activities of individuals in their day-to-day lives.

### Procedure for Data Collection

The questionnaire was distributed to participants after explaining the purpose of the study. Consent was obtained before data collection. Participants were asked to respond honestly based on their experiences. Confidentiality and privacy of responses were maintained throughout the study.

### Ethical Considerations

Informed consent was obtained from all participants before the study. Participants were assured that their responses would remain confidential and used only for academic purposes.

### Sample and Sampling Technique

The study was conducted on a sample of 50 participants selected from the general population. Participants were chosen using the simple random sampling method to ensure equal representation and reduce selection bias.

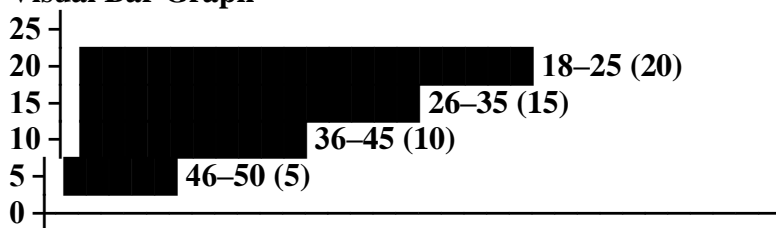
### Data Analysis and Interpretation

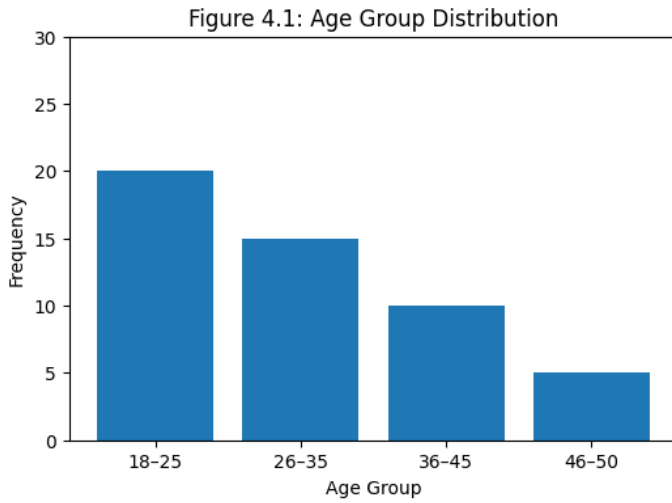
Presents the analysis and interpretation of the data collected from 50 participants regarding the effects of phobias on mental health and activities of daily living (ADL). The data were analysed using frequency, percentage, and graphical representation.

### Demographic Distribution of Participants by Age

Age Group	Frequency	Percentage
18–25 years	20	40%
26–35 years	15	30%
36–45 years	10	20%
46–50 years	5	10%
Total	50	100%

### Visual Bar Graph





**Interpretation:** The majority of participants (40%) belonged to the 18–25 years age group.

**Types of Phobia Reported**

Type of Phobia	Frequency	Percentage
Specific Phobia	22	44%
Social Phobia	18	36%
Agoraphobia	10	20%
<b>Total</b>	<b>50</b>	<b>100%</b>

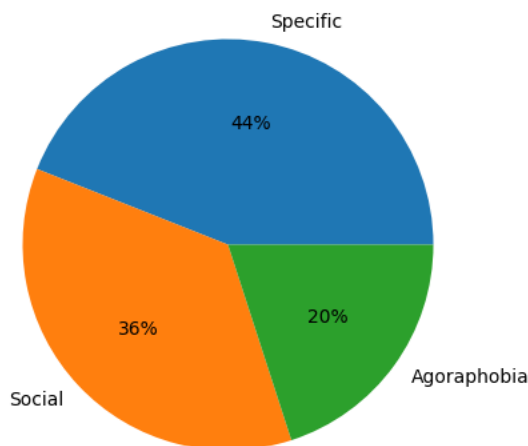
**Visual Bar Graph**



**Percentage View (Pie Style)**

- Specific Phobia → 44%
- Social Phobia → 36%
- Agoraphobia → 20%

Figure 4.4: Percentage Distribution

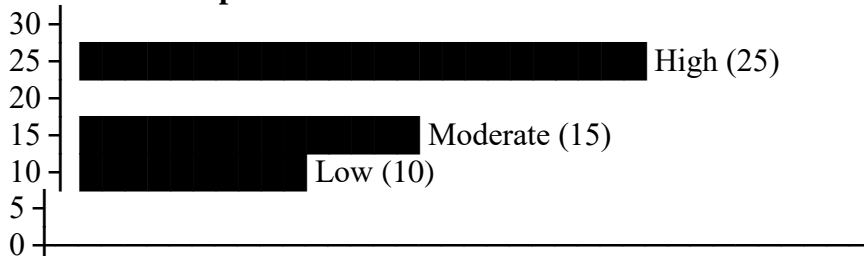


**Interpretation:** Specific phobia was the most commonly reported type.

#### 4.4 Impact on Mental Health

Response	Frequency	Percentage
High impact	25	50%
Moderate impact	15	30%
Low impact	10	20%
<b>Total</b>	<b>50</b>	<b>100%</b>

#### Visual Bar Graph

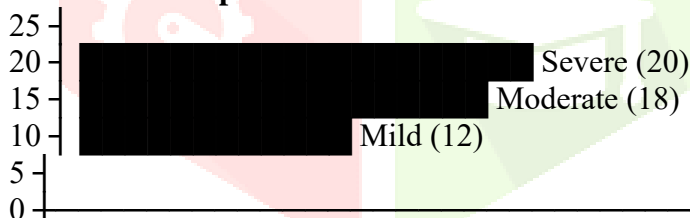


**Interpretation:** Half of the participants reported a high impact on mental health.

#### 4.5 Effect on Activities of Daily Living

Level of Difficulty	Frequency	Percentage
Severe difficulty	20	40%
Moderate difficulty	18	36%
Mild difficulty	12	24%
<b>Total</b>	<b>50</b>	<b>100%</b>

#### Visual Bar Graph



**Interpretation:** 40% of participants experienced severe difficulty in daily living activities.

#### 5. Expected Outcomes

- Identification of the extent to which phobias interfere with different domains of ADL (self-care, work, social, and community participation).
- Evidence of increased anxiety, depressive symptoms, and reduced self-esteem in individuals with severe phobias.
- Recognition of the bidirectional relationship: phobias impair ADL, which further worsens mental health.
- Recommendations for integrating psychotherapy, behavioural interventions, and social support systems to improve independence and well-being.

## Discussion

Phobias are not simply exaggerated fears; they are disabling conditions that impact an individual's daily life. The findings indicate that phobias significantly influence the emotional, psychological, and functional well-being of affected individuals.

The study revealed that individuals with phobias experience high levels of anxiety, fear, stress, and avoidance behaviour, which negatively affect their routine daily activities. Participants reported difficulty in performing regular tasks such as travelling, social interaction, work-related activities, and even self-care in severe cases.

The results further suggest that phobias are strongly associated with mental health issues such as generalized anxiety, panic symptoms, emotional distress, and depressive tendencies. This is consistent with previous psychological studies which state that persistent irrational fear can lead to chronic anxiety and reduced quality of life.

In relation to activities of daily living, the study found that phobias lead to avoidance of certain places, situations, or objects, thereby reducing independence and social functioning. For example, individuals with social phobia may avoid public interactions, while those with agoraphobia may hesitate to leave their homes.

Thus, the study confirms that phobias have both direct and indirect effects on mental health and everyday functioning.

The consequences extend beyond fear itself—leading to psychological distress, financial challenges, social isolation, and poor quality of life. Addressing phobias early through counselling, exposure-based therapy, and coping training can significantly reduce these effects

## IV. Results

### Conclusion

Based on the findings of the study, it can be concluded that phobias have a significant negative impact on the mental health of individuals and their ability to perform activities of daily living. Phobias not only produce intense fear responses but also interfere with normal functioning by promoting avoidance behaviours and psychological distress. The study highlights that, when left untreated, phobias may lead to severe anxiety, depression, social withdrawal, and a reduced quality of life.

Furthermore, phobias significantly impair mental health by restricting daily activities, limiting personal independence, and increasing emotional distress. However, with timely and appropriate interventions such as **Cognitive Behavioural Therapy (CBT)**, exposure therapy, relaxation techniques, and strong social support, individuals can effectively manage their fears, regain control over their activities of daily living, and improve their overall quality of life.

This study therefore emphasizes the importance of awareness, early diagnosis, and holistic treatment approaches for individuals struggling with phobias in order to promote better mental health and functional well-being.

### Annexure: Informed Consent Form

Title of the Study: *Effects of Phobias on Mental Health of Individuals in Activities of Daily Living (ADL)*

Researcher: S.Vedavathi

M.Sc.Psychology

JAIN (Deemed-to-be University), Bengaluru

Research Guide: Prof.Evangeline

Assistant Professor, Department of Psychology

Participant Information

You are invited to participate in a research study examining how phobias influence the mental health and daily functioning of individuals. Your participation is voluntary and intended solely for academic research purposes.

The purpose of this study is to understand the psychological and functional impact of phobias on activities of daily living, including social interaction, occupational functioning, self-care, and emotional well-being.

The questionnaire will take approximately 10–15 minutes to complete.

Confidentiality

All responses will be kept strictly confidential and used only for academic research. Your identity will not be disclosed in any report, publication, or presentation.

Voluntary Participation

Your participation is completely voluntary. You may withdraw from the study at any time without penalty.

#### Consent Statement

I have read and understood the above information. I voluntarily agree to participate in this study.

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Researcher Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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