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PUBLIC PERCEPTION OF THE AWARENESS OF PHOBIA AND PHOBIA EXPERIENCES AMONGST RESIDENTS OF BENIN METROPOLIS

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Abstract
Phobia, a common anxiety disorder that is marked with constant fear of social situation is a global concern which knows no race, religion or colour. Although, it is a common social-medical phenomenon, it would appear that most individuals do not really know what it means nor what it entails. Infact, the awareness level of people who experience this state of anxiety that often leads to their own embarrassment has become a source of concern to scholars. This study therefore seeks to examine public perception of the awareness of phobia and phobia experiences amongst residents of Benin metropolis. The study employed a qualitative approach to gather data from twelve interviewees who were purposively sampled through the snowballing technique. Information were got with the aid of in-depth interviews and analysed using the thematic analysis with Atlas-ti 8. Findings from the study reveal that many people are not aware of the existence of phobia, that overbearing nature of parents, environment, age, temperamentare some of the underlying causes in the development of phobia and that its experience is frightening and is embarrassing. The study suggests that Government, Non-Governmental Organisations and the media should embark on enlightenment programmes vis a vis the existence, causes and management of phobia, persons with phobia should not be seen as weak, nuisance, shy, dull, insane etcetera, but as people going through some form of torture and that need help to cope and overcome their phobias.

Key words: Anxiety, anxiety disorder, fear, panic attack, phobia.

Introduction

Everybody experiences fear at one time or the other, that means humans have things they are afraid of that makes them uneasy. People might try as much as they can to avoid those things that rises their fear or discomfort and still go about their daily activities. But when this fear disrupts their everyday activities, such that they cannot function properly in their assigned roles, then it becomes a senseless / an irrational fear; even when they know that the cause of the fear or discomfort is actually harmless and will presents no form of danger to them, then such personshave a phobia. A phobia is a type of an anxiety disorder, meaning flight or terror in Greek. It is an extreme, irrational fear of an animal, object, place or situation that most people would not fear, (Ugiagbe, 2012, Palmer & O' Broin, 2008).

Phobia have been in existence for many years, Hippocrates's work on 'The Seventh Book of Epidemic' was about a study he carried out on one of his patients, who was experiencing irrational fear for the sound of flute at night, which normally he loves to listen to in the day time. Although not actually named phobia but he was working on phobic problem. The word phobia was coined by Celsus, and first used in 1786, later in 1801, then consequent use was later recorded from the 1800s. (Korgeski, 2009). Phobic fear is triggered by a situation or object that is actually not a source of danger.The intriguing part of it is that, these sources of phobias do not normally cause any form of fear or discomfort to other persons. For example, when a lion suddenly enters a gathering of people, they will all scamper for safety. But when a spider crawls into a gathering of the same set of people, only one or none of them might scamper for safety. People who have phobias either avoid the situations they fear or are intensely anxious when in contact with their source of phobic fear. Persons with phobias may develop panic attacks either in the situation or at the thought of being in the situation of their phobia. Phobias are among the most common psychiatric disorders, which is generally not taken seriously either by the physicians, the sufferers or by the families or friends. (Grace, 2017; LeBeau, Glenn, Liao, Wittchen, Beesdo-Baum, Ollendick, & Craske, 2010; Palmer & O' Broin, 2008).

Statement of the problem

Most times we do not understand nor seek to understand the reason why some people behave or react to certain situation/ things the way they do. Some see these actions or behaviours as strange and irrational or laughable. It is sometimes assumed that a person that refuses to take the last/ inner sit in a commercial bus is proud. A person with phobia may sometimes feel stupid / foolish, embarrassed, or even depressed after encountering his/her source of phobia with some spectators around. Most often, the persons cannot give the reason or explanation for the irrational fear of their source of phobia. Le Beau et al, (2010), found out in their study that some of these persons with phobia feel a sense of fear of danger, harm from the object or situation, fear of being trapped, fear of physical symptom, disgust and revulsion and some are unable to identify the primary focus of fear. Scholars have argued that a phobia is more than a simple fear as it develops when an individual start to organize his life around avoiding the very thing, he is afraid of. Such could be an object, animal, place or situation. Phobia are not normally under a voluntary control, can't be reason and entails an avoidance behavior which is one of the major reasons that maintains anxiety. A greater understanding of the origins of phobia is desired

especially as research to date is limited by the relatively small number of studies on phobia (Hudson & Rapee,2000). In fact, studies on phobia is on its elementary stage (Hudson & Rapee,2000). Although, there seem to have been a relatively small numbers of studies in this area, there is however there appear to be no

This study therefore interrogates awareness level of people about phobia and the mental torture that persons with phobia go through.

Research Questions

1. Do you know of the existence of phobia amongst people in Benin metropolis?
2. What are the causes of phobia amongst people in Benin metropolis?
3. What is a phobia experience like amongst people in Benin metropolis?

Research Objectives

This study was designed primarily to examine the awareness of phobia and phobia experiences. The specific objectives however included:

1. To find out the awareness level of phobia amongst people within Benin metropolis?
2. To identify the causes of phobia amongst people in Benin metropolis?
3. To examine the phobia experience of people within Benin metropolis?

Brief Review of Related Literature

Introduction

The concept phobia generally refers to an excessive and irrational fear of a thing which could occur when the thing feared presents. Many people have one kind of phobia which is usually linked to something specific and this can be quite challenging as a lot of time is spent worrying that it may occur or in the alternative, find a way of avoiding it. The point needs to be made here that it is not all feelings of nervousness that is phobia. This implies that some nervousness is normal as in the case of going on a date or giving a speech. These instances can actually cause one to have butterflies I the stomach (Stephen, Alama, Anderson & Palmer, 2008).

Some scholars hold the view that there are some individuals who have phobia or have experience it without knowing that what they are experiencing. Some of such persons just think, it is one off feeling that comes and goes (Korgeski, 2009)

Broad Classifications of Phobias

There are two broad classification of phobias – Specific/Simple and Complex phobia. **Specific/Simplephobias** are an anxiety about a single object, situation or activity, for example, animals or insects, such as spiders, snakes, or closed space, fear of heights or storms, blood, injection. Sometimes specific phobias involve a situation, such as flying or using an escalator, or being in a situation that may lead to a feared event such as vomiting or choking. (Palmer & O' Broin, 2008). Therefore, a person who cannot stand the sight or presence of a spider and decide to abandon his or her room or office till the spider is removed has specific / simple phobia or a student that cannot go to the last floor of the department to register or see the course level officer for rectification of some important

issues in his or her academic records because of the fear of high has a simple/specific phobia.

Complexphobiais further divided into: Social phobias and Agoraphobias. These types of phobias have more disruptive or disabling impact on the person's life than specific phobias. They develop or manifest when the individual is already an adult, because at younger age, they are not easily noticed. **Social phobia** is the fear of interacting with or be around people, with the feeling that you will be criticized or embarrassed. people with social phobia have negative expectations about themselves and their performance even before they carry out any activity. They usually think and feel that people will laugh at them or are laughing at them, either because of the way they walk, talk, dress etc. **Agoraphobia** is the fear of open space or public places, person with agoraphobia feels / believe if anything happens, there will be difficulty to get an escape route. (Ananya, 2019, Grace, 2017, Nielsen,& Cairns, 2009).

Mills (2011), stated clearly the difference between fear and phobia. According to her, Fear is a form of anxiety triggered by a situation or an object, that is normally a source of harm or danger. It is sensible and a realistic action. For example, if you run or scream when you see a Lion it is normal and reasonable, because lions are dangerous animals. But when you run when you see an object for example, a fly, feather, spider, or situation like being in a market place crowded with people, which of course people generally would not get scared of, then you have a phobia. Therefore, a phobia is an exaggerated or unrealistic sense of danger about a situation or an object. This might make you try as much as possible to start organizing your life around and avoiding the source of the anxiety.

Specific Phobia according to Kay &Allan (2006), is a very common anxiety disorder and they are ignored by clinicians and researchers, only few individuals with specific phobias go for treatment. That is, people with phobia hardly seek for help concerning their phobic fear or go for treatment / counselling because most of them do not even know that it is a mental disorder and that it can be treated. Anxiety is a future-oriented mood state in which the individual anticipates the possibility of threat and experiences a sense of uncontrolled focus on the upcoming negative event. Furthermore, Richa (2016) also stated that **anxietydisorder** is a mental, emotional, and behavioral problems. It has the highest prevalence rate among psychiatric disorders. It is a feeling or action that is/ has been prolonged, irrational, disproportionate and severe, which occurs in the absence of stressful events or stimuli that also interfere with everyday activities of an individual, **Anxiety** on the other hand, is a subjective feeling of unease, discomfort, apprehension or fearful concern accompanied by a host of autonomic and somatic manifestations. Anxiety is a normal, emotional, reasonable and expected response to real or potential danger, and a phobia is much more than anxiety.

Etiological Factors in Phobia

There appears to be various multifactorial factors which do lead to the development of phobia amongst people in human society. Negreiros & Miller (2014) in their study identified overbearing nature of parents as a key factor in the development of phobia by children. On their part, Spence & Rapee (2016) opined that stress, strain and traumatic

experiences more often than not increase the risk level in phobia development. Scholars such as Lahey, Krueger, Rathouz and Waldman (2017) have however argued that phobia experiences depend largely on shared unique causal factors across differing first order dimension. This view is supported by the works of Jarralla, Al-Omari, Al Towairiqu Saadic (2006) which revealed that environment plays a vital role in the development of phobia. Environmental factors such as lack of warmth, attitudes of parents, and caregivers, as well as overprotective nature of parents have a way of enhancing anxiety in children.

The totality of the arguments that have been canvassed by scholars seem to suggest that people who have a negative experience of panic attack linked with a particular situation tend to have phobia as a result of that. Besides, one's age, temperament and if a member of one's family has development phobia, may trigger or lead to the development of phobia

According to Palmer & O'Broin (2008), the causes of phobias is not specific, there is no outright answer to why people develop anxiety disorder or phobias. They opined that it could develop as a result of frightening situations or events, in which the person experienced a panic attack. They also believed that it could run in the family but they were not actually sure it was hereditary, and they believed it could be learnt. In other to understand how and why a person develops a phobia, we will be looking at the Rachman's pathway of fear. According to Kay and Allan, (2006), Many phobias begin after a traumatic event, many patients do not recall the specific onset of their fear. Therefore, the Rachman's pathway of fear is used here to determine the causes or reason for an individual developing a phobia.

Stanley Rachman's Pathways to Fear Development (1977)
According to Rachman's model, there are three path way to the developing of fear, direct conditioning, vicarious acquisition and informational and instructional pathways.
Direct Conditioning is a previous unpleasant experience of hurt or frightened by the phobic object or situation. This model could be applied / used to explain development of fear for millipedes of second narrator. Due to her previous disgusting and frightening experience with her play mate/neighbour, she developed a specific phobia for millipedes. Which is summarized as a terrifying personal encounter (Haslam, 2012).
Vicarious Acquisition is witnessing another person's fright, traumatic event or seeing someone behaving fearfully in the present of a phobic object or situation. Most children whose have either of the parents or any other close relative/ friends with a phobia could over the years of witness the person's reaction also develop a phobia. A person could also develop a phobia after witnessing the death and burial of one mother, father or close relative, left inside the coffin alone and placed inside the mother earth six feet below and covered. The model further explained that due to previous embarrassing situation in a presentation/ public speaking or public place, a person might develop a social phobia, for the future fear of been embarrassed publicly.
Informational and Instructional a person might develop a phobia for anything that he or she has evil or dangerous information constantly about, that is, receiving threatening information. It was also noted the verbal and visual information are very influential in the

acquisition of fear/ phobia. According to Ranchman, the constant occurrence or announcement of plane crashes can make a person develop flying phobia. He also stated that constant warning against an object, a place or situation, might make a person develop a phobia for that thing (Coelho, & Purkis, 2009). A female child who is constantly been told / warned about rape, sexual abuse, might develop fear for close contact and association with male alone. Also due to the incessant kidnapping cases in Nigeria, some persons might get agitated when a car keeps driving behind them for a long time, thinking they might be trailing them for possible kidnap. It was noticed that the first respondent said she does not want to be trapped inside the room or the rear of a vehicle, in case there is a sudden outbreak of fire or a sudden accident so that she can easily escape, because there were cases of people who were trapped either in the car or inside a house during fire incidents. She has a future fear.

System of Fear or Phobic Experiences

People experience phobia and fear through three separate systems, which are physical, behavioural and mental system. This system brings into focus by explaining the ordeal people with phobia experience or go through when in contact with their phobic object or situation, or even when they think about it, that is they haven't come in contact with it but just imagining it. When they come in contact with the phobic object, situation or think about their source of phobia, they become very anxious and might even have a panic attack, which may later lead to embarrassment or depression after the episode.

The physical system: when in contact with their phobic object / situation,they experience physical sensations like dizziness, sweeting, palpitations, chest discomfort, breathlessness, feelings of unreality, numbness, tingling etc.

The behavioural system: when in contact with their phobic object / situation, they display some forms of activities designed to reduce the fear.They might run / escape, avoid the object / situation (avoidance) and rely on protective behaviours that will help them cope better.

The mental system: people with phobias have fearful thoughts and predictions, which increases their phobias / fear. They always think or imaging that something bad will happen or some form of harm will come to them when they are in their phobic situation or in contact with their phobic object. For example, the constant thought fire engulfing the house while you are sleeping with the doors and windows locked. (Mills, 2011).

Methods and Materials

The study employed a qualitative exploratory design to examine public perception of the awareness of phobia and phobia experiences amongst residents in Benin metropolis. The research essentially relied on the in-depth interview as its data collection tool. The in-depth interview guide had questions on few demographic variables of the interviewees, while the exploratory questions centred on awareness of phobia and phobia experience. Twelve participants were purposively sampled through the snowballing technique. Prior to the commencement of the interview sessions, participants were duly informed of the essence of the study and they were free to withdraw at any stage of the session if they felt uncomfortable at any time. The information gathered were analysed based on the guidelines for thematic analysis as enunciated by Terry, Hayfield, Clarke & Braum (2017).

Presentation and Discussion of Findings
The presentation of the data is presented in line with specific objectives of the study.

Objective 1: The awareness level of phobia amongst people within Benin metropolis?
Information gathered from the field revealed that there are quite a number persons who were not aware of phobia or that they have phobia while others got to know of its existence later in life This view appears to be the regular mindset among the participants and bears no respect for gender or social setting. This was expressed by one of the informants thus:

> At first, I wasn't aware of phobia but recently someone told me I have phobia, and he explained what phobia was to me (IDI, 2022. Female).

Similarly, this position was strengthened by two IDI participants who in their innocence said:

> Until now, I didn't know what phobia is, might have heard of it, but don't know what it meant. (IDI, 2022. Male).

While the other said:

> I don't know what a phobia is, have not heard of it before (IDI, 2022. Female).

Another informant simply said:

> I got to know of phobia when I enter the university (IDI, 2022. Female).

Only one of the informants was clear on herawareness of the concept phobia

> I am aware of what a phobia is. (IDI, 2022. Female).

Discussion
The data above, shows that only two of the respondents had some form of awareness of what a phobia is. the data further showed that they only recently got to understand what a phobia is. during the IDI session, when the researcher asked if they know of somebody who has fear for something or situation that they will termed funny or not fearful at all, they acknowledge that they knew such persons. The findings show that people might not understand the word phobia, but they understand what an irrational fear is. The findings of this study support the earlier views of Korgeski (2009) who held the view that there are some individuals who have phobia or have experienced it without knowing what they are experiencing. Some of such persons just think, it is one off feeling that comes and goes.
Objective 2. The causes of phobia amongst people in Benin metropolis?

Information gathered from the field revealed that there are several underlying causes of phobia development and these varies from individual to individual. Many of the informants emphasized this view in their different responses to the causes of phobia. A male informant asserted thus:

> I don't really know the cause of phobia, but whenever I am in a tiny space or behind a closed door, I feel something evil or dangerous will happen. Like fire outbreak. I have heard of people

> trapped inside their homes or vehicle during fire outbreak (IDI, 2022. Male)

Another respondent simply said:

> Mine was caused by my past experience with millipedes. I had a neighbor who hunt them and put them inside tins with kerosene inside, before placing them on the fire just for the fun of it, I met them doing it and it was really disgusting. The millipedes stretched like a spring or snake and I ran away, couldn't sleep that night the scene kept coming back (IDI, 2022. Female).

One of the respondents put the cause thus:

> I believe that it is caused by evil forces like witches or charm (a curse) to hinder the man from getting married (IDI, 2022. Male).

Two respondents that know persons with phobia believes that:

> I don't know the cause of the said phobia, but the parent said that it was what killed their daughter in her previous life and when she came back she became scared of the object. (IDI, 2022. female).
>
> I can't really say, but may be the person is too weak, shy and fearful (IDI, 2022. Male).

Discussion

The data above suggests that some respondents have a future fear of a dangerous event occurring, fear of been trapped inside a room or a vehicle. While others had experiences that was disgusting and frightening to her. Her phobia was born out of her past experience. Infact, the data clearly show that the causes of phobia are varied. The finding of this work lends further credence to the views of Lahey, Krueger, Rathouz and Waldman (2017) have however argued that phobia experiences depend largely on shared unique causal factors across differing first order dimension.

Objective 3. Phobia experience of people within Benin metropolis?

On this objective, different respondent narrated their experiences thus. A respondent with Claustrophobia stated that:

> She experiences the fear for small space, she cannot even shut her room door. She will not take the rear sit in a vehicle. She tried once but ran out, she felt like fainting or as if she was going to die. She said she feels she has been trapped. Someone had showed me some understanding in a public vehicle, he allowed me took his place at the front of the vehicle. While others thought she was choosy (IDI, 2022).

Another respondent with Simple/Specific phobia puts her experience thus:

> She reported that she cannot face a millipede, she ran as if she has seen a very dangerous animal or a monster. People are always angry at her and some stares make her very uncomfortable, when she jumps or run out of the way whenever she comes in contact with millipede. Some had made a rude remark about her action and she was really embarrassed (IDI, 2022).

While a respondent that knows someone with social phobia stated:

> The respondent noted that their tenant does not speak with female folks, he only speaks with the male folks. When a female approach he disappears. some neighbours will send young ladies to visit him he will lock himself inside. Some started use girls to extort money from him, he will just pass the money through the window and they were always coming to ask him for money. Though, he was a very generous man. (IDI, 2022).

Similarly, a respondent that knows a person with Specific/Social phobia said:

> Our neighbour a little younger than I am cannot touch "Garri" but she eats food made from "Garri" which is 'Eba'. Once her sister poured it on her body, she screamed and ran away, removing her clothes and trying to dust the 'Garri' off her clothes and body. If it's on the floor she will jump over it and run away (IDI, 2022, Female).

Lastly, one respondent that knows a person with Social Phobia held that:

> She reported that her friend and schoolmate cannot speak in a gathering of people. She said although she talks when they are together, amongst friends but in the class or else where she cannot. She affirms that her friend will rather die than to climb up a podium to address the class (IDI, 2022, female.).

Discussion

The above data shows that the respondents has be faced with their phobic fears and has been embarrassed, made fun of or has been taunted with the source of their phobic fear. Furthermore, people seem not to understand their plights. Only in rare cases have they been understood.

Conclusion and Recommendations

This study reveals that most persons with phobia and those around them do not know that they have anxiety disorder, which is a mental disorder. Some of them are unaware that phobia is a known case or issue and that it is not particular to them. Some of them have never thought of going for help concerning their phobia, while some don't even know that it is termed phobia. Some of the significant others in the life of the respondent believes that their relative is been hunted by evil forces, have some issues in their previous life which is now taunting them in this present life (reincarnation). Some think they are just over reacting or weak.

Attention should be drawn to phobia awareness, so that people with phobia will get the necessary help they need. The general public should also be made aware of this anxiety disorder, take for example a person with a social phobia might be required to partake in group discussion, paper presentation, project defense and the examiner / audience might conclude that the person is not eloquent even if that person happened to be the best student in the class or group.

Families with children or persons with phobia should assist them to seek for professional help. They should be made to know that it is not spiritual but anxiety disorder, therefore, a psychiatrist will be of help to them. People with phobias should not be seen as weak, nuisance, shy, dull, insane etcetera but as people going through some form of torture and that need help to cope and overcome their phobias.
Schools and other bodies should take note of their students, staff etcetera, in order to understand their predicaments.People should not make jest of people with phobia or ridicule, taunt/ frighten them with the object of their phobias. At an early age when the phobia is still mild, parent should quickly seek medical help when they discover any of their child is having an unreasonable and persistent fear of anything or situation.
Finally, if adequate awareness is giving to people concerning phobias, people with phobia will not be embarrassed or depressed after encountering their phobic object or situations. Simply because people around them will always give them the necessary support and will show more understanding to their plight. Those with social phobia will not be so shy to talk, associate or interact freely with people.

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