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A Study of Childhood and Late Adolescent Fear: The Role of Fear in Socioemotional Functioning

Stephanie M. Guillemette

A STUDY OF CHILDHOOD AND LATE ADOLESCENT FEAR: THE ROLE OF FEAR IN SOCIOEMOTIONAL FUNCTIONING

by

Stephanie M. Guillemette

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Advisory Committee:

Cynthia Erdley, Professor of Psychology,
Jordan LaBouff, CLAS-Honors Preceptor of Psychology
Shannon McCoy, Assistant Professor of Psychology
Michael Robbins, Research Associate Professor, Psychology Department Chair
Chris Mares, Honors College, Intensive English Institute

Abstract

The purpose of this study was to investigate the role that fear in childhood plays in socio-emotional functioning in late adolescence. In addition, the role of parental support in this relationship was examined. Participants included 70 college students, ages 18-25 years, who completed measures that assessed their fears and perceptions of social support from parents in childhood, as well as aspects of their present wellbeing (e.g., self-esteem, mood, depressive symptoms). Results interestingly indicated that, "someone in the family dying" was the most highly rated fear in both childhood and late adolescence. Also, fear of family members dying and family members becoming ill were rated higher than personal fears of death, or getting cancer for each age range. Furthermore, there were significant correlations between childhood and late adolescent fear for each of the 74 specific fears assessed. Thus childhood fear and late adolescent fear are directly linked. Lastly, analyses showed that for those with low levels of parental support, childhood fear was associated with lower wellbeing, whereas for those with high levels of parental support, there was no relation between childhood fear and late adolescent wellbeing. Results suggest that high levels of parental support serve as a type of buffer for children with fear, protecting their future wellbeing. Limitations of the present study, as well as future directions for research, are discussed.

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A Study of Childhood and Late Adolescent Fear: The Role of Fear in Socio-emotional Functioning

Beginning in infancy and continuing through the life span, individuals experience different types of fear. The nature of fear may change in response to one's developmental level and temperamental characteristics, as well as the variety of external stressors experienced. This constantly evolving process in the experience of fear is completely natural, and it is related to the "nature vs. nurture" argument because both temperamental characteristics and social experiences influence fear potential. It is stated in the 1988 book *When Your Child Is Afraid*, "Fear is an unpleasant emotion that occurs in response to a consciously recognized source of danger—real or imaginary" (Schachter & McCauley, 1988. p. 23). Fear responses, between the moderate and extreme cases, can impact a person's adjustment to specific situations in which fear is present. Fear responses include a series of hormonal, physiological, and mental changes that alter a person's state of being. These fears come in multiple categories, including animal type, nature-environment type, blood-injection-injury type, and situational type (e.g., elevators, tunnels).

Social support from parents, peers, and other key social figures can help individuals to cope with their fears. With adequate perceived social support (the person's opinion of whether he or she is indeed supported by others), individuals tend to hold, overall, a stronger sense of wellbeing (Jackson *et al.*, 2009). The purpose of the present study is to investigate the relation of fear in childhood to socio-emotional functioning in late adolescence. In addition, the role that perceived social support from parent(s) plays in the relation between childhood fear and late adolescent socio-emotional functioning is

examined. It is hypothesized that those with low levels of fear and high social support are the individuals who are best off mentally and emotionally, and those worst off will have high levels of fear and/or multiple fears as well as a lack of perceived social support.

Fear History

Avoidance of seemingly dangerous or life-threatening situations is crucial to the survival of the human species. Although moderate levels of fear are healthy for all ages, to keep human beings wary of potential dangers during their daily activities, to have an over-abundance of fear is best described as unhealthy. Extremely high fear levels can be the root of many socio-emotional problems such as anxiety, depression, poor friendships, and career difficulties. As stated by a 1999 article on social phobia, "A lifetime prevalence rate of 13.3% was reported in the National Comorbidity Survey, making social phobia the third most common psychiatric disorder in the United States [12]. Consequently, it has been argued that the older DIS/DSM-III-based studies vastly underestimated the true prevalence of social phobia [37]… Furthermore, epidemiological studies have reported that social phobia is more common in individuals who are female, younger, unmarried, poorly educated and from lower socioeconomic groups, but all reports on demographic features have not been consistent [35]" (Furmark, Tillfors, Everz, Marteinsdottir, Gefvert & Fredrikson, 1999, pp. 1 & 3). Social phobias, or "extreme" social fears as mentioned above, are alarmingly common, which can only mean that a large percentage of the US population passes through the lesser extreme phases first. Social fears adapt and change over time, influenced by the events in society that surround us. As social beings, humans rely on others for friendships, important communication,

verifications of self-worth and belonging. It has been written that many of the most common fears include talking to those of higher status, performing or speaking in public, and speaking during classes or meetings; this stems from our need not only to be social beings, but also by our need to be accepted (not judged) for our public actions (Lee, Ng, Kwok & Tsang, 2009).

Fear can emerge at any stage of life, and can have varying levels of severities (i.e., it can be long lasting or very short lived, strong or weak). Fear may disappear or decrease normally when certain threats or stressors lessen in our lives or when we learn to cope with the fear (e.g., public speaking) in more adaptive ways. Fear can be seen as a survival technique serving its purpose, but also a learned social phenomenon to avoid things that are undesirable (e.g., frogs, spiders, dirt). Fear exists in people of all ages, for there is always the potential for danger at every life stage and in every situation.

Dr. Robert Schachter discusses fear by saying it is, "A valuable emotion, helping us respond to danger by mobilizing our bodies physically and mentally. Furthermore, the fears of very young children, such as anxiety of separation or strangers, are adaptive; that is they help the infant to survive. And many fears evolve developmentally when the infant or child discovers new skills (crawling, running)… As the child learns to walk and finds he can physically leave mother, separation anxiety develops. His reaction is not unreasonable—if he does wander quietly away, he does, in fact, soon find himself lost and helpless" (Schachter & McCauley. 1988, p. 255). The research available portrays the purpose of fear as a type of protection of humans from danger.

For people who experience fear, it is not always a means of protection, but at times a burden when it is associated with excessive negative effects. Particularly those

who lack the skills necessary to cope with fear are more vulnerable to stress, anxiety, and/or depression. For example, social fears and depression are discussed in the following excerpt from a 2012 study:

> The fear of negative evaluation (FNE) is among the best established cognitive-behavioral features of social anxiety (Clark & Wells, 1995; Collins, Westra, Dozois, & Stewart, 2005; Kocovski & Endler, 2000; Rapee & Heimberg, 1997). Studies indicate that individuals with social anxiety show a more extreme level of FNE than normal controls (Weeks *et al.*, 2005). Additionally, it is noteworthy that FNE shows considerable specificity to social anxiety compared to other anxiety disorders, such as panic disorder and obsessive compulsive disorder (Ball, Otto, Pollack, Vccello, & Rosenbaum, 1995; Kotov et al., 2007; Saboonchi, Lundh, & Ost, 1999). With respect to depression, although there is no direct theoretical insight into the relationship between FNE and depression, empirical data have revealed moderate correlations between FNE and depression (Collins *et al.*, 2005; Duke, Krishnan, Faith, & Storch, 2006; Kocovski & Endler, 2000; O'Connor, Berry, Weiss, & Gilbert, 2002; Sato, McCann, & Ferguson-Isaac, 2004). Some indirect evidence has suggested that symptoms of depression are related to the fear of rejection, disapproval, and criticism (Clark, Steer, Haslam, Beck, & Brown, 1997; Sato, 2003). According to the prominent cognitive theory of depression by Beck (1976), negative thought is central to depression. It makes sense that FNE is related to depression because negative evaluation from others verifies the biased schema of personal failure and deteriorates their depressive mood (Wang, Hsu, Chiu & Liang. 2012, p. 216).

All of these negative socio-emotional effects have been examined in conjunction with human functioning once the emotions occur. In regard to the functioning of humans it is stated that memory and attention can be altered by emotional stimuli, which is due to how

emotions color specific events, in turn forming perceived memory in accordance to an event. Enhanced memory is likely to improve chances for survival as well as impact predictions about future actions regarding the emotional outcomes of situations. There are times when strong emotions can interfere with daily tasks and the perception of events to the point where it actually hinders growth, understanding, and survival. Thus, a balance of emotion in the proper settings is healthier than an overabundance of emotion (Prince, Thomas, Kragel & LaBar, 2012). Fear is an emotion that is recognized all over the world by multiple races and ethnicities; I believe that moderate amounts of fear throughout life for all people are healthy, yet an overabundance can impede growth emotionally and can hinder survival by never allowing one to fully experience the world without always having a fearful stigma.

These negative effects associated with fear are consequences of physiological changes in the body when exposed to the fear or life stressor. Increased heart rate, nervousness (sweaty palms, sweating due to nerves), anxiety, and the need for flight are all associated with fear caused by stressors, and are regulated by the release of hormones such as epinephrine, norepinephrine, and cortisol in the human body during stressful times. Since extremely stressful situations have the capability to cause fear,

> The interpretation of stress is believed to occur in the cerebral cortex of the brain based upon sensory and other input (such as from chemo-receptors). It has become common to differentiate two main types of stress categories: “emotional” (or “neurogenic”) and “physiological” (or “systematic”) (Li *et al.,* 1996; Sawchenco *et al.,* 2000). The two categories of stress act through somewhat different neurological mechanisms, but the general features are similar. Cognitive processes are involved in the assessment of the input for both categories as to whether the input represents a potential threat and, if so, whether there are coping processes to deal with the

> threat in a routine manner. If the appraisal is of the threat that cannot be coped with easily, a stress message is sent from the cortex to other brain areas. These other areas include the amygdala, the hypothalamus, the locus coeruleus and the rostral ventrolaternal medulla (RVLM) in the brain stem. These brain areas contain neurons that release norepinephrine, those that release corticotropin-releasing hormone (CRH), and those that release arginine vasopressin (AVP), with these types of neurons stimulating each other (Calogero *et al.*, 1988; Chrousos and Gold, 1992; Charmandari *et al.*, 2003)… Thus a complex series of brain pathways that involve both cognitive and autonomic areas result in the secretion of norepinephrine at nerve terminals in many organs and the release of a mixture of epinephrine and norepinephrine into the blood from the adrenal medulla. These catecholamines cause a series of physiological changes to occur in the body, including increased heart rate and blood pressure, elevated ventilation rate, released energy stores into the blood, blood preferentially routed to muscles, and so forth… (Brown, 2007. pp. 95-96).

Fear is such a unique system related to stress, that although there is much research about stress responses, the socio-emotional link among the stress responses, fears, outcomes, and coping strategies for emotional and physiological type fears are yet to be discovered.

Fear Categories

In the infant stages through early childhood there is a strong fear of separation from parents due to the fact that children are afraid of being on their own without the protection of those that love them unconditionally and will hopefully take care of their best interests and wellbeing. For the elderly, fear of disease diagnosis or even death is much more relevant. For purposes of fear and phobia diagnosis and study for those of all ages, "The subtypes of specific phobia were determined according to DSM-IV criteria based on questions in Disc-IV about what makes their child fearful. Specific phobias

include (1) animal type; (2) nature-environment type, including height, thunder, lightning, darkness, and water; (3) blood-injection-injury type including needles, blood, seeing laceration wounds, and injection; and (4) situational type, including bridges, tunnels, highways, elevators, and escalators" (Kim, Kim, Cho, Kim, Shin, Yoo & Kim. 2010, p. 630). The specific phobia categories mentioned above were used in the present study for the purpose of categorizing fear found during people's lives in normally smaller quantities than those necessary to be categorized as a phobic reaction. A phobia, or "a strong, persistent, and unwarranted fear of some specific object or situation" (Sue, Sue & Sue. 2010, p. 119), is an excess of fear in one particular category that causes a person to feel as if his or her external stressors in one specific area are too much to handle, causing the person also to significantly change his or her daily routines, friendships, and direction of attention in order keep personal safety and wellbeing at the top of one's mind, constantly.

Used to help pinpoint specific fears for diagnosis, research has been done to test the validity of these fear categories but, "these studies are scarce and provide inconsistent results" (de Jongh *et al.*, p. 142). The defining line between situation type fears and other type fears (used in various fear-related research) is up for interpretation, due to the fact that the small amount of research on this topic has not yet been standardized. However, it is stated in, *The Role of Verbal Threat Information in the Development of Childhood Fear, ''Beware the Jabberwock!''* that, "Evidence from the literature on adult phobias also shows that fears during childhood should be taken seriously. Ost (1987), for instance, interviewed adult phobic patients about the age of onset of their anxiety problems, and noted that specific phobias tend to begin at a fairly young age: animal

phobias had an onset age as early as 7 years, followed by blood phobia (9 years), dental phobia (12 years), and social phobia (16 years)" (Muris & Field. 2010, p. 130). This useful information aids in the understanding of the fear processes for each type to inform those in the counseling field; focusing on specific fear type differences allows for individually tailored help for those experiencing high levels of fear.

The Role of Social Support in the Fear Process

During the process of developing my hypotheses, I chose to focus on the question of whether individuals who experience high degrees of fear vary in their level of adjustment as a function of the social support they receive. "*Social support* is defined as the perception that one is loved, valued and esteemed, and able to count on others should the need arise. The desire and need for social support have evolved as an adaptive tool for survival, and our perceptions of the world around us as being supportive emerge from our interactions and attachments experienced early in the life course (Bowlby, 1969, 1973; Simpson & Belsky, 2008)" (Gayman, Turner, Cislo, & Eliassen. 2010, p. 881). Fears that exist during youth and late adolescence are linked to the amount of social support youths receive regarding these fears. Research on the role of social support has stated,

> Although conceptualizations and measurements of social support vary widely, it has long been clear that *perceived* social support is the most consistent and compelling indicator in relation to health benefits (House, 1981; Turner, 1983; Wethington & Kessler, 1986). Indeed, detailed reviews of accumulating research over the past quarter century leave little doubt that perceived social support is importantly connected with mortality and a wide range of physical and psychological morbidities (e.g., Cohen & Syme, 1985; House, 1987; House,

> Umberson, & Landis, 1988; Vaux, 1988). Some scholars have argued that the lack of social support represents a fundamental cause of disease (Cassel, 1976; Link & Phelan, 1995, 2000). According to House and colleagues (1988), "The determinants of social relationships, as well as their consequences, are crucial to the theoretical and causal status of social relationships in relation to health" (p. 544). Although observed more than 20 years ago (House *et al.,* 1988), to date, relatively few studies have explored early life course factors that underlie the perceived availability of social support (Gayman, Turner, Cislo & Eliassen. 2010, p. 881).

Parental support is typically the first type of *social support* that human beings receive; it is this support that plays a critical role in molding the child's future. Supportive parents are almost like a child's army during the infancy stage, fighting to keep the child safe, healthy, and free of worry. However, those who are unsupportive provide much for a child to fear. I predicted that there are numerous benefits to receiving adequate parental support and many costs to receiving inadequate parental support; negative socio-emotional, including low self-esteem, poor moods, and elevated depressive symptoms are some of the most common costs.

On average, "Exaggerated fears of injury will subside by themselves unless a parent is overprotective, insistent, for example, on doing everything for the child or warning her [or him] against imaginary dangers from ordinary events" (Schachter & McCauley, 1988. p. 125). The role of a parent is crucial in the early lives of children; even completing simple, modern day tasks such as putting Band-Aids on wounds can be hard for young children with squeamish parents who have taught them also to dislike the sight of blood. Children, in their early stages of life, learn immense amounts of information from their most important teachers, their parents, and what they learn helps

to solidify their personalities. It should be noted that learning to fear is an extremely simple task- it is an innate part of our human nature, but to overcome a fear is many times more difficult than learning it because it normally includes exposure to the fear, heightened anxiety, and other such problems.

How, then, should childhood fears be handled so that children's fears do not morph into adult phobias or stronger, long lasting fears? I predict that adequate social support, or more specifically adequate perceived social support, from parents, plays an extremely important role in coping processes associated with fear. Research on the topic of social support states, "…that social support from social networks is a protective factor that buffers the negative effects of stressful life events, and enhances physical and emotional wellbeing (Garwick, Patterson, Bennett, & Blum, 1998; Lynam, 1987; Patterson, Garwick, Bennett, & Blum, 1997), while less social support is associated with greater burden in careers (Kim, Duberstein, Sorenson, & Larson, 2005)" (Jackson *et al.*, 2009, p. 4). Children, late adolescents, and adults rely on this support for their daily functioning and the lack of this "protective factor" can lead to poor functioning.

Many socio-emotional aspects have an impact on functioning, and it is logical to say that poor social functioning is, at many times, accompanied by high anxiety and a lack of a solid social network, including a balance of peer and family relations. In a 2008 research study it was stated that, "A *high-quality relationship* is an in-group exchange characterized by high levels of information, communication, mutual support, informal influence, trust, and negotiating latitude. On the other hand, a *low-quality relationship* is an out-group exchange characterized by mistrust, formal supervision, and little support and attention" (Yi-Feng, Huang & Tjosvold. 2008, p. 1149). Thus, those who experience

high-quality relationships, parental support, and strong levels of trust are more apt to use those relationships during times of need to talk out problems, seek support, and cope socially. Another source states that, "Psychological problems that often begin to manifest in late adolescence and young adulthood, such as depression and anxiety disorders, may also have negative consequences for perceived social support" (Gayman, Turner, Cislo & Eliassen. 2010, p. 884). Based on these ideas and empirical findings, I predicted that those with parental relationships characterized by low social support are more apt to self soothe and cope alone, and ultimately have poorer wellbeing, because they do not have the same social tools as those with highly supportive parental relationships.

Current Study

My research investigated the role that fear in childhood plays in socio-emotional functioning in late adolescence. In this study, perceived childhood fear was examined for specific cases to discover what late adolescents consider the stressors during their childhoods that produced the largest potential for fear. Childhood, for the purpose of this study, was defined as ages 5-13 years.

I expected to find a significant link between social support from parents and childhood fear to self-esteem, positive mood, and depressive symptoms during late adolescence. Measuring constructs such as self-esteem, relationship qualities, levels of fear, and depression I was able to examine the relationships of these constructs to that of fear.

Hypotheses

Based on existing research, I predicted that those who report receiving little support from their parents during childhood and having high amounts of fear would be those worse off socially and emotionally in late adolescence, as presented in Figure 1.1 below. This hypothesis, called the Support-Fear Complex, was the main focus of research for this study. I also tested the hypothesis that individuals who had low levels of fear in their childhood, and who received high social support from their parents would show higher levels of wellbeing in late adolescence.

Figure 1.1

Support-Fear Complex

		Parental Support	
		Low	High
Childhood	Low		Best Off
Fear	High	Worst Off	

I predicted that for individuals who did not receive adequate social support from their parents, their childhood fears would have the potential to interfere with and affect their daily lives in terms of overall wellbeing. I expected that those with high fear in childhood would tend to be not only more withdrawn and depressed, but also to be lower in self-esteem and positive moods. This prediction was based upon the idea that without someone available to sooth and support the child, the child is made to independently face his or her fears. Children with low perceived social support may have limited social ties

in their late adolescent period, and may even have difficulty performing in academic or social situations.

It was also hypothesized that late adolescents with multiple strong fears would be more likely to have decreased self-esteem. This prediction is derived from information provided by Gayman et al. in the publication *Early Adolescent Family Experiences and Perceived Social Support in Young Adulthood,* as seen above where it is expressed that children need strong amounts of perceived social support in order to function adaptively.

Method

Participants

For this study, the PSY 100 general student pool at the University of Maine was used to gather 70 participants (18 male, and 52 female), between the ages of 18 and 25 years. The subject pool is made up of a diverse group of students with all types of majors who take Psychology 100 and have the option to participate for course credit in research projects to learn about the research experience. Participants were at least age 18 so that they could provide their own consent, and were not over the age of 25, given the focus of this study on the late adolescent period. The average age of participants was 19 years. Out of the 70 participants, 62 (89%) were from the United States of America, and 65 participants (93%) were of Caucasian/non-Hispanic background.

Measures

The Louisville Fear Survey for Childhood (LFSC). To assess individuals' fears based on their childhood memories from ages 5 to 13 years, participants rated each

of the 74 fear topics presented on the measure by using a 0-100 scale, lower numbers indicated lower amounts of fear, and higher numbers indicated higher levels of fear (see Appendix B). The original Louisville Fear Survey, published in 1973, included 60 items and was scaled on a three-point scale (1- no fear, 2- normal or reasonable fear, 3- unrealistic (excessive) fear). For purposes of the present study, fourteen supplementary items (e.g., terrorism, school violence, bullying) were added to the original 1973 version to update the list so that it reflects contemporary issues and stressors that might generate fear. The Louisville Fear Survey for Childhood was chosen because it can demonstrate, retrospectively, the things that individuals were most afraid of during their childhood. Examples of the items that were rated include but are not limited to: dentists, frogs or lizards, getting shot, and drowning.

The Louisville Fear Survey for Present Day (LFSP). To assess individuals' fears based on their current state and experiences, participants rated each of the 74 fears presented on the measure by using a 0-100 scale (see Appendix C). The original Louisville Fear Survey, published in 1973, included 60 items. For purposes of the present study, fourteen supplementary items (e.g., terrorism, school violence, bullying) were added to the original 1973 version to update the list so that it reflects contemporary issues and stressors capable of generating fear. The Louisville Fear Survey for Present Day was chosen to demonstrate the things that individuals are most afraid of during their late adolescent phase. Examples of the items that were rated include but are not limited to: dentists, frogs or lizards, getting shot, and drowning.

Quality of Relationship Inventory for Childhood 1 (QRI-C1). Quality of Relationship Inventory for Childhood 1, located in Appendix D, was chosen to examine

the relationship between the participant and a parent of his or her choice. All childhood questions such as those found in the QRI-C1 were answered retrospectively, based on the phase of childhood, defined as ages 5-13 years for the purpose of this study. The original survey, used in 1991, includes very general questions that can be used to analyze multiple types of close relationships such as parent, peer, sibling, and role model. This 20-question survey was completed by answering questions such as, "To what extent could you count on this person for help with a problem?" by using a 4-point Likert scale. Participants chose the best fitting answer to the question out of these four choices: Not At All, Very Little, Moderately, and Very Much. This scale had a high reliability for this sample, as indicated by a Chronbach's alpha; α=.919. The QRI-C1 was the primary questionnaire used to examine parental support for the purpose of this study.

Beck Depression Inventory- II (BDI-II). The Beck Depression Inventory- II, was first published in 1961, and revised 17 years later in 1978. This measure is composed, originally, of 21 multiple choice questions on topics such as loss of pleasure, agitation, changes in appetite, and sadness. Participants were presented with statements such as "Loss of Pleasure" and answers such as, "0- I get as much pleasure as I ever did from the things I enjoy, 1- I don't enjoy things as much as I used to, 2- I get very little pleasure from the things I used to enjoy, 3- I can't get any pleasure from the things I used to enjoy." Participants were able to choose one option from the list of answers ranked in order from 0-3 on a Likert scale. Higher ratings indicate greater depressed mood. For the purposes of this study, three questions were eliminated from the original set of 21 questions (Loss of interest in sex, Suicidal thoughts or wishes, and Guilty Feelings), bringing the total of BDI-II questions used for this study to 18. This instrument can be

found in Appendix E. The Beck Depression Inventory is a normed scale; the reliability of the altered form of the BDI used in the present study was high, $\alpha = 0.915$.

Positive and Negative Affect Schedule- Expanded Version (PANAS-E). The PANAS-E can be located in Appendix F, and is a measure that uses single choice, multiple choice answers. This 60-item questionnaire consists of 60 ideas that are rated on a 5-point Likert scale, including choices such as, "slightly/not at all, a little, moderately, quite a bit, and extremely. Ideas that participants have rated during their completion of the measure include but are not limited to these present moment feelings and emotions: cheerful, active, bashful, amazed, lonely, hostile, and alone. Used as a state scale for emotion, results from this section, in comparison to socio-emotional functioning and fear, may help to determine what emotions people with high or low levels of fear may possess. This scale had a high degree of reliability in this study, with a Chronbach's alpha of 0.932.

State Self-Esteem Scale (SSES). To determine self-esteem levels of participants at the time of the survey, the SSES was included in this study (see Appendix G). Participants were presented with statements, such as, "At this moment I feel that others respect and admire me," and "I am pleased with my appearance right now." They used a 5-point Likert scale to decide if they, "strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree" with the statement provided. Higher scores indicated a stronger attachment to the phrase (a strong agreement) whereas lower scores symbolized a weaker attachment to the phrase (a strong disagreement). Phrases are both positive (e.g., I feel confident that I understand things at this moment) and negative (e.g., I feel

that I have less scholastic ability right now than others). This instrument had a high level of reliability, $\alpha = 0.94$.

Demographics (DEM). The demographics portion of this study consisted of a series of six questions including race, gender, and age. Found in Appendix H, this series of questions was used to characterize the sample.

Procedure

After approval was obtained from the Institutional Review Board for the Protection of Human Subjects, the survey was uploaded to the University of Maine Qualtrics Survey Software website, where it was organized by measure, and combined to create the entire study. Once ready to begin the survey, the principal investigator Stephanie M. Guillemette, uploaded the survey link from Qualtrics Survey Software to the University of Maine Experimetrix website. Experietrix, the website used by students at The University of Maine, allows Psychology 100 students to participate in surveys and experiments to earn mandated research credit. Credit may also be gained by writing a research paper if the students choose not to participate in the current studies outlined on Experimetrix. When students accessed the Qualtrics site, they were presented with the letter of informed consent (see Appendix A). If they agreed to participate in this study, they were then given access to a battery of questionnaires that assessed fears, social support, and various aspects of socio-emotional adjustment. For the purpose of this study, seven of the questionnaires were used to examine the hypotheses. The surveys that were used for the present study are described in the Measures section, and can be found in Appendices B-H. These surveys could be completed in less than one hour, and responses

were anonymous. Participants were awarded one credit toward their research participation requirement for PSY 100.

Results

Fear Categories

When answering the Revised Louisville Fear Survey specialized for Childhood (LFSC), participants rated their level of fear for 74 different fear-causing stressors such as spiders, public speaking, and getting cancer by using a scale of 0-100 (0 being equivalent to no fear and 100 being synonymous with extreme fear). The top 10 childhood fears are displayed in table *3.1*, in order of means, highest to lowest.

For further analysis, the Louisville Fear Survey specialized for the Present (LFSP) was filled out by participants. The top 10 childhood and late adolescent fears were compared, showing a difference in the types of fear that exist at different age groups. The LFSP list of top 10 fears, found in *Table 3.2*, held many more Blood-Injection-Injury type fears (6 out of 10), and focused on constructs that are very relevant to stressors for their age (such as public speaking), and also stressors for the time period such as cancer, family members being ill, and war.

Table 3.1 **Top 10 Childhood Fears**

Rank	**Stressor**	**Mean**	**Fear Category**
1	Someone in Family Dying	63.04	Blood-injection-Injury
2	Spiders	57.81	Animal

3	Darkness	53.57	Nature-Environment
4	Nightmares	52.85	Situational
5	Dying	51.83	Blood-Injection-Injury
6	Being Alone	51.7	Situational
7	Drowning	50.96	Blood-Injection-Injury
8	Being the Victim of a Crime	50.77	Situational
9	Getting Lost	49.52	Situational
10	Seeing Faces Through a Window	46.67	Situational

Table 3.2 **Top Ten Late Adolescent Fears**

Rank	**Stressor**	**Mean**	**Fear Category**
1	Someone in Family Dying	73.06	Blood-Injection-Injury
2	Having Someone Ill In the Family	59.31	Blood-Injection-Injury
3	Dying	55.16	Blood-Injection-Injury
4	Getting Cancer	53.23	Blood-Injection-Injury
5	Being the Victim of A Crime	46.57	Situational
6	Public Speaking	44.64	Situational
7	Spiders	44.23	Animal
8	Becoming Ill	40.37	Blood-Injection-Injury
9	War	39.48	Situational
10	Drowning	38.93	Blood-Injection-Injury

Also analyzed in this study were the correlations between specific fears in childhood and late adolescence as assessed by the LFSC and the LFSP. These 74 items are listed in Table 3.3 below, showing that each childhood fear was significantly correlated with the same fear in late adolescence. In all cases, correlations were significant with *p*-values being less than .05, although the vast majority of the cases were significant with *p*-values less than 0.01. In Tables 3.3A through 3.3D display means and standard deviations for each type of fear category during childhood and late adolescence are also presented. Interestingly, "someone in the family dying" was the most highly rated fear in both childhood and late adolescence.

Table 3.3A **Correlations between Situational Type Fears in Childhood and Late Adolescence and Mean Rating (and Standard Deviation) of Each Fear by Developmental Level.**

Type of Fear	Correlation	Childhood Mean (SD)	Late Adolescent Mean (SD)
War	.463**	31.63 (27.12)	40.14 (22.89)
Poisoned Food	.629**	20.96 (20.91)	20.98 (23.08)
Being Adopted	.573**	21.79 (32.39)	4.83 (14.21)
Riots	.426*	11.78 (18.43)	11.8 (15.62)
Hell	.646**	30.27 (31.05)	16.03 (26.25)
Being the Victim of A Crime	.718**	50.77 (30.46)	46.57 (32.67)
Parents Getting Divorced	.601**	35.32 (36.58)	23.14 (31.05)
Breaking A Religious Law	.889**	18.51 (28.26)	11.38 (21.1)
Breaking A Law	.582**	31.21 (28.95)	28.15 (20.12)
Being Seen Naked	.349*	37.83 (28.26)	33.34 (26.68)
Germs	.690*	23.04 (22.03)	22.45 (22.58)
The Devil	.756**	20.08 (27.52)	13.2 (23.31)
Getting Lost	.686**	49.52 (30.59)	29.15 (27.8)
Flying in Airplanes	.711**	32.76 (28.61)	25.31 (26.77)
Heights	787**	46.16 (33.57)	37.64 (32.00)

Ghosts	.717**	38.47 (27.67)	23.16 (24.57)
Being Alone	.610**	51.69 (31.87)	37.47 (28.33)
Nightmares	.525**	52.85 (29.64)	27.4 (28.06)
Alien Space Creatures	.768**	15.10 (20.81)	9.33 (19.38)
Enclosed Spaces	.850**	34.1 (32.99)	32.20 (30.79)
Strange Rooms	.695**	26.09 (26.06)	15.34 (18.61)
Being Confined or Locked Up	.771**	41.63 (30.65)	35.44 (29.09)
Seeing Faces Through A Window	.724**	46.67 (31.77)	35.65 (31.59)
Strangers	.712**	38.77 (29.24)	20.52 (22.84)
Elevators	.755**	17.15 (23.31)	12.43 (22.25)
Tests or Examinations	.765**	31.02 (25.91)	33.73 (27.66)
Making Mistakes	.679**	40.98 (25.08)	38.93 (28.23)
Being Criticized	.670**	34.75 (24.90)	36.48 (26.66)
Social Events	.686**	25.58 (25.91)	20.91 (21.96)
Crowds	.651**	27.27 (25.58)	19.78 (21.50)
Public Speaking	.726**	46.05 (30.44)	44.64 (30.07)
School	.605**	15.4 (16.65)	19.59 (21.01)
Making Another Person Angry	.841**	29.35 (25.03)	27.82 (28.19)
Going to Sleep At Night	.725**	22.23 (25.54)	16.79 (25.50)
Separation From Parents	.483**	46.5 (30.00)	26.09 (23.26)
Parts of A House	.730**	31.88 (28.24)	15.77 (20.31)
Violation of Cultural Norms	.789**	12.12 (16.33)	7.62 (11.36)
Having Homosexual Feelings	.513**	14.09 (23.60)	14.74 (24.93)
Being Bullied	.644**	23.60 (22.35)	10.63 (13.20)
Terrorism	.507**	30.34 (26.59)	31.57 (26.59)
School Violence	.790**	19.16 (21.97)	20.93 (23.01)

Table 3. B **Correlations between Natural-Environmental Type Fears in Childhood and Late Adolescence and Mean Rating (and Standard Deviation) of Each Fear by Developmental Level.**

Type of Fear	Correlation	Childhood Mean (SD)	Late Adolescent Mean (SD)
Tornadoes	.655**	26.11 (24.92)	20.80 (21.15)
Deep Water	.770**	41.89 (29.59)	35.86 (29.76)
Drowning	.701**	50.96 (30.79)	39.48 (32.93)
Lightning	.808**	41.78 (30.62)	26.93 (28.71)
Thunder	.701**	38.69 (30.98)	21.81 (24.57)
Storms	.791**	33.71 (27.52)	22.64 (23.49)
Darkness	.692**	53.57 (31.49)	36.11 (30.36)
Fire	.748**	34.48 (27.42)	22.65 (23.41)
Climate Change	.523**	9.5 (22.08)	19.24 (27.58)

Table 3.3C **Correlations between Animal Type Fears in Childhood and Late Adolescence and Mean Rating (and Standard Deviation) of Each Fear by Developmental Level.**

Type of Fear	Correlation	Childhood Mean (SD)	Late Adolescent Mean (SD)
Snakes	.899**	44.22 (32.65)	35.37 (34.92)
Insects	.713**	37.91 (28.53)	28.10 (30.40)
Spiders	.784**	57.81 (32.59)	44.23 (34.58)
Rats or Mice	.778**	34.8 (30.43)	21.34 (24.4)
Frogs or Lizards	.891**	12.32 (20.99)	10.91 (20.16)
Dogs Or Cats	.887**	8.79 (17.76)	5.66 (14.32)

Table 3.3D **Correlations between Blood-Injection-Injury Type Fears in Childhood and Late Adolescence and Mean Rating (and Standard Deviation) of Each Fear by Developmental Level.**

Type of Fear	Correlation	Childhood Mean (SD)	Late Adolescent Mean (SD)
Someone in Family Dying	.523**	63.04 (27.2)	73.06 (25.58)
Seeing Someone Wounded	.669**	36.43 (26.82)	34.59 (27.41)
Dying	.463**	51.83 (31.40)	55.16 (35.62)
Having an Operation	.622**	46 (29.26)	33.74 (29.67)
Being Wounded	.639**	35.82 (26.45)	36.24 (28.57)
Choking	.609*	36.79 (30.15)	27.11 (25.73)
Going Crazy	.578**	17.74 (24.04)	22.12 (28.81)
Breaking A Bone	.602**	31.57 (24.68)	27.75 (26.27)
Having Someone Ill In The Family	.610**	45.25 (27.64)	59.31 (29.59)
Becoming Ill	.469**	26.54 (21.94)	40.37 (28.31)
Getting Cancer	.465**	33.66 (31.17)	53.23 (32.61)
Being Burnt	.742**	32.15 (23.91)	27.02 (26.25)
The Sight of Blood	.763**	26.39 (27.91)	25.4 (28.66)
Doctors	.719**	25.57 (23.9)	17.90 (22.60)
Dentists	.823**	28.92 (27.81)	18.57 (23.45)
Getting Shot	.520**	27.4 (26.84)	28.14 (26.51)
Hospitals	.743**	27.5 (25.68)	24.42 (30.44)
People With Deformities	.763**	24.18 (24.34)	13.80 (18.26)

*Note: *p < .05; **p<.01*

Social Support and Wellbeing

To examine the role of parental support in the relation between childhood fear and late adolescent wellbeing, participants were identified as having received high versus low parental support during childhood. Groups were formed based on a median split of

parental support scores, with those reporting parental support levels exceeding the median classified as High Parental Support and those reporting parental support at levels below the median categorized as Low Parental Support. Correlational analyses indicated that for participants who received high parental support during childhood, childhood fear experiences did not relate to late adolescent wellbeing (see Table 3.4). However, for participants who reported receiving low parental support during childhood, childhood fear was negatively and significantly related to positive self-esteem and positive mood. In other words, those who were more fearful during childhood and who had low parental support reported lower self-esteem and less positive mood during adolescence. There was not a significant correlation between childhood fear and depressive symptoms in late adolescence for either parental support group.

Table 3.4 **Correlations Between Childhood Fear and Late Adolescent Well- Being as a Function of Parental Support During Childhood**

	High Parental Support	Low Parental Support
Positive Self-Esteem (SSES)	-.23	-.381*
Positive Mood (PANAS)	-.027	-.448**
Depressive Symptoms (BDI)	.185	.221

Note: *p<.05; **p<.01.

Discussion

The purpose of this study was to examine fear and its prominence during childhood and late adolescence, as well as the relation of childhood fear to wellbeing in late adolescence for those who reported experiencing high versus low levels of parental support during childhood. Results are discussed with regard to descriptive findings concerning the experiences of specific fears in childhood and late adolescence. In addition, the relation of childhood fear to late adolescent wellbeing is described as a function of parental support received during the childhood years. Finally, limitations of the present study as well as directions for future research are discussed.

Fear Categories

The data presented in Table *3.1* indicate that my findings are similar to those reported in the book *When Your Child is Afraid,* by Dr. Robert Schachter and Carole S. McCauley. In their book, Schachter and McCauley discuss common childhood fears including those of darkness, illness/death of a parent, getting lost, being alone, and being the victim of a crime, which are all said to be common fears for those that are between ages 5-13 years, the age range that this study's participants used when retrospectively answering questions about their childhood. Childhood fear is based on survival instincts to transition from dependence to independence while still staying safe, and there are many developmental factors that play a role in this fear process. Without fear, the human race would be without self-protective instincts that drive our fight for survival and protection, for humans are a species of animal that follow Darwinian Theory, enabling those that are the fittest to survive and reproduce.

Although the majority of fears listed in Table 3.1 are not consistent with the findings of Schachter and McCauley, in regards to social fear being one of the most prominent, we can see a very interesting pattern of childhood fear types, spanning across many fear categories, such as animal type, nature-environment type, blood-injection-injury type, and situational type. Half of the fears listed would be considered situational type fears, which can be linked to situations children are afraid to face because they are foreign, unfamiliar, and can be associated with the potential for negative effects. During childhood, people learn how to adjust to the new social situations they encounter. Thus, the primary purpose of fear, being a natural survival technique, is for a slow adjustment to new social situations, items, and intellectual stressors. My prediction is that when something during childhood triggers an abnormal or extreme response to fear, it then ceases to be a harmless, natural process and starts to evolve into a problem that could escalate as far as becoming a phobia.

One very interesting fact to point out is that in late adolescence, participants are more afraid of someone in their family dying or becoming ill than they are of their own death, illness, or getting cancer! The highest fear in childhood is the same as the highest fear in late adolescence (someone in family dying), and the fear of this construct increases in age. Retrospective data on childhood fear show a mean for this stressor of 63.04, and for the same stressor in late adolescence the mean was 73.06.

The top ten fears for those in late adolescence were also examined. They were presented in Table 3.2, where we can see the apparent change between childhood and late adolescent fears. Childhood fears follow a more developmental cycle. Fears are present through all of the early life changes that children pass through, and the late adolescent

fears tend to be focused more on the "what-if's" that could happen to themselves and their loved ones that are very much a reality in their lives at the present moment. In the recent years, cancer, war, and death have had a large impact on society. One interesting outcome from the comparison of both tables presenting ratings of specific fears is the fact that in both childhood and late adolescence, participants shared the same top fear, "someone in family dying."

Analyses indicated that there were significant correlations between childhood and late adolescent fear for each of the 74 specific fears assessed. I speculate that overall this result is related to avoidance and/or extreme discomfort linked to facing childhood fears. Avoidance of, or extreme discomfort while facing childhood fears may reaffirm fears, causing them to last well into late adolescence. Intrigued by this discovery, I believe that more research should be done to analyze what factors aid in making the relationship between specific childhood and late adolescent fears statistically significant.

Social Support and Wellbeing

The findings suggest that parental support serves as a type of buffer for children with fear, balancing out their fear and wellbeing. Social support, especially support from parent figures, prevents negative outcomes for wellbeing in late adolescence, but support is likely not the sole factor involved in preventing negative outcomes in terms of self-esteem. Depression, anxiety, and school performance are all other factors that could affect wellbeing overall. Since parental support is just one of the factors that helps to keep childhood and adolescence in balance in terms of positive mood when early late adolescence/early adulthood is reached, I believe that a number of other factors, such as

temperament, social settings, peer support, and religion can act as buffers as well. My opinion is that many of these positive social interactions together will help influence overall mood, self-esteem, and general wellbeing and those with a more well-rounded network of support and positivity are those that will suffer less from fear and related depression and anxiety.

Limitations

This study has many limitations that are important to acknowledge. First, I had a very small population from which to work; my survey was targeted to introductory psychology students on the University of Maine campus who received class credit for research participation. Secondly, students received one credit point for the present survey that was completed online, and with online survey data it is difficult to verify if students are being entirely honest with their answers. Some may not want to be outliers on either end of the depression, self-esteem, or fear spectrums so alterations to their true feelings are made for the good of their image as a participant. Despite the fact that responses were anonymous, participants may still have been impacted by social desirability factors.

The next notable limitation is that the demographic data collected during the survey reveal the participant population as one that is not particularly diverse. Most students were 19 years of age, single, United States citizens, Caucasian, and native English speakers. A more diverse group of students would have allowed for greater generalization of these results to the late adolescent population. Indeed, college students in general are not representative of the entire population of adolescents, as they are generally a fairly well-adjusted group.

Another important limitation of this study was that the participants provided all the data regarding their fears, parental support, and current wellbeing. Thus, some of the relations found might be attributed to common method variance, as participants may have painted a fairly consistent picture of themselves. Finally, a key limitation of this study was the use of retrospective reporting. Participants were asked to recall their fears during childhood, along with the parental support received. It is very likely that these reports are subject to biases and distortions and could easily be colored by participants' present day functioning.

Future Research

I believe that future research for this topic should be focused on investigating which other life aspects influence wellbeing, and if those aspects aid in the reduction of fear during childhood through late adolescence. A longitudinal study of children through their late adolescent years would help us to understand the process of fear and support evolvement while almost eliminating the perceived retrospective data limitation found in this study. I also think that adding multiple reporters for each measure would be helpful, for example having parents and teachers also completing measures about the child participant's wellbeing and perceived levels of fear.

Furthermore, I believe that coping strategies play a very dynamic role in childhood fear and wellbeing, but are those with more adaptive coping strategies more apt to have an overall better wellbeing? Are those with high levels of fear, anxiety, or depression more apt to have poor coping skills? These would be great topics for future discussion, research, and analysis.

Lastly, I would like to examine the level of peer support perceived by participants for their current late-adolescent state. During college, the majority of students live with their peers, and this is a very social stage in their life. I would like to compare perceived peer and parent support during late adolescence to see which is more prominently used during fear related incidences in late adolescence.

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Appendix A

Informed Consent

You are invited to participate in a research project being conducted by Stephanie M. Guillemette, an undergraduate student in the Department of Psychology and Honors College at the University of Maine, and Dr. Cynthia Erdley, a faculty member in the Department of Psychology at the University of Maine. The purpose of the research is to identify possible connections between levels of fear and friendship quality during childhood and also late adolescence. To participate in this study, you must have had at least one childhood fear and be at least 18 years old, and no older than 25.

What will you be asked to do?

If you decide to participate in this study, you will be asked to complete a series of 11 surveys about your childhood and current fears as well as various aspects of your socio-emotional functioning. The severity of your fear(s) will be assessed, as you first rate items on a scale of 0-100 based on how afraid you were of each item (e.g., the dark, frogs) during your childhood; you then will be asked to rate the same items using the same scale, based on how afraid you are of each item now.

Most questions follow a multiple choice format (How many very worst fears did I have in my childhood? Zero One Two Three Four or More), with the exception of a few "fill in the blank" questions (What was my VERY WORST (STRONGEST) childhood fear?_____). There will be questions covering a broad array of topics including:

- The history of your fear(s)
    - I have strong memories of my childhood fear. True False
- Your self-esteem
    - I feel good about myself.
        - Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree

- Depression
    - Loss of Pleasure
        - 0- I get as much pleasure as I ever did from the things I enjoy.
        - 1- I don't enjoy things as much as I used to.
        - 2- I get very little pleasure from the things I used to enjoy.
        - 3- I can't get any pleasure from the things I used to enjoy.)
- Anxiety
    - It's hard for me to ask others to do things with me. 1 2 3 4 5
- Interactions with parents.
    - I have confided with my parents during my childhood about my fears
        - Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree

This study will help us understand the natural fear process as well as the coping mechanisms and social support specifically needed to deal with childhood fear. These surveys will take you approximately 60 minutes to complete.

Risks:

The risks associated with this study are minimal. Your time and inconvenience are the greatest risks, although it is possible that some questions may make you feel uncomfortable. If you do start to feel uncomfortable, you may stop the survey at any time. If you need to talk with a professional please do not hesitate to call The University of Maine Counseling Center at 1-207-581-1392. You may set up an appointment with them or attend their walk in hours Monday through Thursday 1:00PM-3:30PM.

Benefits:

While this study will have no direct benefit to you, this research will help us learn more about the natural process of fear, and the role that social support plays in the process of social functioning during the existence of fear in both childhood and late adolescence.

Compensation:

You will receive 1 hour of research credit for participating in this study, regardless of the number of questions you answer.

Confidentiality:

Your responses will be anonymous, given that your name will not be linked to any of your responses to the questionnaires. Data from the questionnaires will be kept indefinitely as a computer file on a personal external hard drive, and will only be used strictly for research purposes.

Voluntary:

Participation is voluntary. If you choose to take part in this study you may stop at any time and may skip any questions you do not wish to answer. You will still receive one research credit.

Clicking the "participate" option after reading this consent form gives your consent to participate in this research study.

Contact Information:

If you have any questions about the research please contact: Stephanie M. Guillemette by email at Stephanie_m._guillemette@umit.maine.edu or by phone at (207)581-6507. In addition you may contact Dr. Cynthia Erdley by email at Cynthia.erdley@umit.maine.edu or by phone at (207)581-2040.

If you have any questions about your rights as a research participant please contact: Gayle Jones, Assistant to the Protection of Human Subjects Review Board, (207)581-1490, gayle.jones@umit.maine.edu.

Appendix B

Louisville Fear Survey for Childhood

When answering this question, please rank these items on the scale below from 0-100 (zero being the least afraid and 100 being the most afraid). Slide the marker over to the number you feel appropriate for each item. You will be ranking each of the items presented on how afraid you were of each item when you were A CHILD (BETWEEN AGES 5-13).

No/Little Moderate/Average High/Extreme

0 10 20 30 40 50 60 70 80 90 100

War

Poisoned Food

Someone in Family Dying

Seeing someone wounded

Being adopted

Riots

Dying

Hell

Being A Crime Victim (ex. kidnapping, robbery, etc.)

Parents Getting Divorced

Having an Operation

Breaking A Religious Law

Breaking a Law (stealing, etc.)

Being wounded

Seen Naked

Choking

Germs

The Devil

Going Crazy

Breaking A Bone

Having Someone Ill In the Family

Becoming Ill

Getting Cancer

Getting Lost

Snakes

Tornadoes

Flying in Airplanes

Heights

Insects

Spiders

Deep Water

Drowning

Lightning

Thunder

Storms

Darkness

Ghosts

Rats or Mice

Being Alone

Nightmares

Fire

Being Burnt

Aliens/Space Creatures

Enclosed Spaces

Strange Rooms

Being Confined or Locked Up

Frogs or Lizards

Seeing Faces Through A Window

The Sight of Blood

Strangers

Elevators

Tests or Examinations

Making Mistakes

Being Criticized

Social Events

Crowds

Doctors

Dentists

Public Speaking

School

Getting Shot

Making Another Person Angry

Going To Sleep At Night

Separation From Parents

Parts of A House

Violation of Cultural Norms

Dogs or Cats

Hospitals

People With Deformities

Having Homosexual Feelings

Being Bullied

Terrorism

School Violence

Climate Change

Appendix C

Louisville Fear Survey for the Present Day

Please rank these items on the scale from 0-100 with zero being the least afraid and 100 being the most afraid. Slide the marker over to the number you feel appropriate for each item. Please answer these questions while thinking of how afraid you are of each item AT THE PRESENT MOMENT.

No/Little Moderate/Average High/Extreme

0 10 20 30 40 50 60 70 80 90 100

War

Poisoned Food

Someone in Family Dying

Seeing someone wounded

Being adopted

Riots

Dying

Hell

Being The Victim Of A Crime (ex. kidnapping, robbery, etc.)

Parents Getting Divorced

Having an Operation

Breaking A Religious Law

Breaking a Law (speeding, stealing, etc.)

Being wounded

Seen Naked

Choking

Germs

The Devil

Going Crazy

Breaking A Bone

Having Someone Ill In the Family

Becoming Ill

Getting Cancer

Getting Lost

Snakes

Tornadoes

Flying in Airplanes

Heights

Insects

Spiders

Deep Water

Drowning

Lightning

Thunder

Storms

Darkness

Ghosts

Rats or Mice

Being Alone

Nightmares

Fire

Being Burnt

Aliens/Space Creatures

Enclosed Spaces

Strange Rooms

Being Confined or Locked Up

Frogs or Lizards

Seeing Faces Through A Window

The Sight of Blood

Strangers

Elevators

Tests or Examinations

Making Mistakes

Being Criticized

Social Events

Crowds

Doctors

Dentists

Public Speaking

School

Getting Shot

Making Another Person Angry

Going To Sleep At Night

Separation From Parents

Parts of A House

Violation of Cultural Norms

Dogs or Cats

Hospitals

People With Deformities

Having Homosexual Feelings

Being Bullied

Terrorism

School Violence

Climate Change

Appendix D

Quality of Relationship Inventory I

Please answer these questions according to your relationship with a parent/guardian. You can pick any parent/guardian you choose. **Please reflect upon your childhood (between ages 5-13) to answer these questions to the best of your ability.**

The parent/guardian I choose to answer these questions about is:

Mother Father Step-Mother Step-Father Legal Male Guardian Legal Female Guardian Other

If you answered the question above with "other" please specify in the space below

_____

To what extent could you turn to this person for advice about problems?

Not At All Very Little Moderately Very Much

How often do you have to work hard to avoid conflict with this person?

Not At All Very Little Moderately Very Much

To what extent could you count on this person for help with a problem?

Not At All Very Little Moderately Very Much

How upset does this person sometimes make you feel?

Not At All Very Little Moderately Very Much

To what extent can you count on this person to give you honest feedback, even if you might not want to hear it?

Not At All Very Little Moderately Very Much

To what extent can you count on this person to help you if a family member very close to you died?

Not At All Very Little Moderately Very Much

How much does this person want you to change?

Not At All Very Little Moderately Very Much

How positive a role does this person play in your life?

Not At All Very Little Moderately Very Much

How significant is this relationship in your life?

Not At All Very Little Moderately Very Much

How close will your relationship be with this person in 10 years?

Not At All Very Little Moderately Very Much

How much would you miss this person if the two of you could not see or talk with each other for a month?

Not At All Very Little Moderately Very Much

How critical of you is this person?

Not At All Very Little Moderately Very Much

If you wanted to go out and do something this evening, how confident are you that this person would be willing to do something with you?

Not At All Very Little Moderately Very Much

How much do you depend on this person?

Not At All Very Little Moderately Very Much

To what extent can you count on this person to listen to you when you are very angry at someone else?

Not At All Very Little Moderately Very Much

How much would you like this person to change?

Not At All Very Little Moderately Very Much

How Angry does this person make you feel?

Not At All Very Little Moderately Very Much

How much do you argue with this person?

Not At All Very Little Moderately Very Much

How often does this person make you feel angry?

Not At All Very Little Moderately Very Much

How often does this person try to control or influence your life?

Not At All Very Little Moderately Very Much

Appendix E

Beck Depression Inventory

Instructions: This questionnaire consists of 19 groups of statements. Please read each group of statements carefully and then pick the ONE STATEMENT in each group that best describes the way you have been feeling DURING THE PAST TWO WEEKS, including today. Fill in the bubble beside the statement you have picked. If several statements in the group seem to apply equally well, fill in the bubble next to the one you feel fits BEST. Be sure that you do not choose more than one statement for any group, including Item 15 (Changes in Sleeping Pattern) or Item 17 (changes in Appetite).

Sadness

0- I do not feel sad.

1- I feel sad much of the time.

2- I am sad or unhappy all the time.

3- I am so sad or unhappy that I can't stand it.

Pessimism

0- I am not discouraged about my future.

1- I feel more discouraged about my future than I used to be.

2- I do not expect things to work out for me.

3- I feel my future is hopeless and will only get worse.

Past Failure

0- I do not feel like a failure.

1- I have failed more than I should have.

2- As I look back, I see a lot of failures.

3- I feel I am a total failure as a person.

Loss of Pleasure

0- I get as much pleasure as I ever did from the things I enjoy.

1- I don't enjoy things as much as I used to.

2- I get very little pleasure from the things I used to enjoy.

3- I can't get any pleasure from the things I used to enjoy.

Punishment Feelings

0- I don't feel I am being punished.

1- I feel I may be punished.

2- I expect to be punished.

3- I feel I am being punished.

Self-Dislike

0- I feel the same about myself as ever.

1- I have lost confidence in myself.

2- I am disappointing myself.

3- I dislike myself.

Self-Criticalness

0- I don't criticize or blame myself more than usual.

1- I am more critical of myself than I used to be.

2- I criticize myself for all of my faults.

3- I blame myself for everything bad that happens.

Crying

0- I don't cry anymore than I used to.

1- I cry more than I used to.

2- I cry over every little thing.

3- I feel like crying, but I can't.

Agitation

0- I am no more restless or wound up than usual.

1- I feel more restless or wound up that usual.

2- I am so restless or agitated that it's hard to stay still.

3- I am so restless or agitated that I have to keep moving or doing something.

Loss of Interest

0- I have not lost interest in other people or activities.

1- I am less interested in other people or things than before.

2- I have lost most of my interest in other people or things.

3- It's hard to get interested in anything.

Indecisiveness

0- I make decisions about as well as ever.

1- I find it more difficult to make decisions than usual.

2- I have much greater difficult making decisions than I used to.

3- I have trouble making any decisions.

Worthlessness

0- I do not feel I am worthless.

1- I don't consider myself as worthwhile and useful as I used to.

2- I feel more worthless as compared to other people.

3- I feel utterly worthless.

Loss of Energy

0- I have as much energy as ever.

1- I have less energy than I used to have.

2- I don't have enough energy to do very much.

3- I don't have enough energy to do anything.

Changes in Sleeping Pattern

0- I have not experienced any change in my sleeping pattern.

1a- I sleep somewhat more than usual.

1b- I sleep somewhat less than usual.

2a- I sleep a lot more than usual.

2b- I sleep a lot less than usual.

3a- I sleep most of the day.

3b- I wake up 1-2 hours early and can't get back to sleep.

Irritability

0- I am not more irritable than usual.

1- I am more irritable than usual.

2- I am much more irritable than usual.

3- I am irritable all the time.

Changes in Appetite

0- I have not experienced any change in my appetite.

1a- My appetite is somewhat less than usual.

1b- My appetite is somewhat greater than usual.

2a- My appetite is much less than before.

2b- My appetite is much greater than usual.

3a- I have no appetite at all.

3b- I crave food all of the time.

Concentration Difficulty

0- I can concentrate as well as ever.

1- I can't concentrate as well as usual.

2- It's hard to keep my mind on anything for very long.

3- I find I can't concentrate on anything.

Tirdness or Fatigue

0- I am no more tired or fatigued than usual

1- I get more tired or fatigued more easily than usual.

2- I am too tired or fatigued to do a lot of the things I used to do.

3- I am too tired or fatigued to do most of the things I used to do.

Appendix F

PANAS

This scale consists of a number of words and phrases that describe different feelings and emotions. Read each item and then mark the appropriate answer in the space next to that word. Indicate to what extent you feel this way at the present moment. Use the following scale to record your answers:

1	**2**	**3**	**4**	**5**
Very Slightly or Not At All	A Little	Moderately	Quite A Bit	Extremely

____ **Cheerful**	____ **Sad**	____ **Active**	____ **Angry at Self**
____ **Disgusted**	____ Calm	____ Guilty	____ Enthusiastic
____ **Attentive**	____ Afraid	____ Joyful	____ Downhearted
____ **Bashful**	____ Tired	____ Nervous	____ Sheepish
____ **Sluggish**	____ Amazed	____ Lonely	____ Distressed
____ **Daring**	____ Shaky	____ Sleepy	____ Blameworthy
____ **Surprised**	____ Happy	____ Excited	____ Determined
____ **Strong**	____ Timid	____ Hostile	____ Frightened
____ **Scornful**	____ Alone	____ Proud	____ Astonished
____ **Relaxed**	____ Alert	____ Jittery	____ Interested
____ **Irritable**	____ Upset	____ Lively	____ Loathing
____ **Delighted**	____ Angry	____ Ashamed	____ Confident
____ **Inspired**	____ Bold	____ At Ease	____ Energetic
____ **Fearless**	____ Blue	____ Scared	____ Concentrating
____ **Disgusted**	____ Shy	____ Drowsy	____ Dissatisfied with Self

Appendix G

State Self-Esteem Scale

Please answer these questions to the best of your ability, choosing only one answer per question that fits the way you are feeling at the moment most appropriately.

At this moment I feel confident about my abilities.

Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree

Right now, I am worried about whether I am regarded as a success or failure.

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

At this moment I feel satisfied with the way my body looks right now.

Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree

At this moment I feel frustrated or rattled about my performance.

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

Right now I feel that I am having trouble understanding things that I read.

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

At this moment I feel that others respect and admire me.

Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree

At this moment I am dissatisfied with my weight.

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

Right now I feel self-conscious.

Strongly Disagree DisagreeNeither Agree nor Disagree Agree Strongly Agree

Right now, I feel as smart as others.

Strongly Agree Agree Neither Agree nor Disagree DisagreeStrongly Disagree

At this moment I feel displeased with myself.

Strongly Disagree DisagreeNeither Agree nor Disagree Agree Strongly Agree

Right now I feel good about myself.

Strongly Agree Agree Neither Agree nor Disagree DisagreeStrongly Disagree

I am pleased with my appearance right now.

Strongly Agree Agree Neither Agree nor Disagree DisagreeStrongly Disagree

I am worried about what other people think of me at this moment.

Strongly Disagree DisagreeNeither Agree nor Disagree Agree Strongly Agree

I feel confident that I understand things at this moment.

Strongly Agree Agree Neither Agree nor Disagree DisagreeStrongly Disagree

I feel inferior to others at this moment.

Strongly Disagree DisagreeNeither Agree nor Disagree Agree Strongly Agree

I feel unattractive right now.

Strongly Disagree DisagreeNeither Agree nor Disagree Agree Strongly Agree

I feel concerned about the impression I am making at this moment.

Strongly Disagree DisagreeNeither Agree nor Disagree Agree Strongly Agree

I feel that I have less scholastic ability right now than others.

Strongly Disagree DisagreeNeither Agree nor Disagree Agree Strongly Agree

I feel like I'm not doing well at this moment.

Strongly Disagree DisagreeNeither Agree nor Disagree Agree Strongly Agree

I am worried about looking foolish right now.

Strongly Disagree DisagreeNeither Agree nor Disagree Agree Strongly Agree

Appendix H

Demographics Survey

Age:

18 19 20 21 22 23 24 25 26 or older

Race:

Caucasian/Non-Hispanic

African American

Hispanic

Native American

Asian

Other (please specify below)

Gender:

Male

Female

Country of Origin

_____

First Language

_____

Marital Status:

Single In a committed relationship Married Divorced/Separated

Author's Biography

Stephanie M. Guillemette was born in Biddeford, Maine on November 30, 1989. She was raised in Sanford, Maine and graduated from Sanford High School in June of 2008. While majoring in psychology, Stephanie also has spent much of her time earning a minor in French. She is a member of Kappa Delta Phi National Affiliated Sorority, an organization based in strong philanthropic ideals, and has recently served as Kappa Alpha Alpha Chapter's Vice President at the University of Maine for the 2011-2012 school year. During the past four years she also served one year on the University of Maine Mock Trial team, and has been involved in residence life on campus since the spring of 2010. Stephanie received a 4 year scholarship from Senator George J. Mitchell to support her studies at The University of Maine.

Upon graduation, Stephanie plans to earn a master's degree in behavior analysis at Simmons College in Boston, Massachusetts before entering the workforce. She plans to graduate from Simmons College in May of 2014.