

In our life phobias come naturally to us. Phobias are extreme fears that we have. Examples can include fear of mice, heights, cars, spiders, insects, and many more. Our phobias can be created by our primary caregivers and if we have had any traumatic experiences related to the phobia. The Pavlovian condition is a method used for phobia states that a phobia is a conditioned response to a stimulus. The stimulus turns into fear-eliciting from the result of being paired with a fear-elicited unconditioned stimulus. An example can be if a person named James was never afraid of spiders but then was bitten by one which caused a really bad reaction. When being bitten by the spider, James had fear, panic, and anxiety which was then correlated to spiders. The unconditioned stimulus would be the spider bite, the unconditioned response would be the fear, panic, and anxiety when the spider bite happened and the conditioned response would be all spiders in general. Since James was bitten by a spider and had a bad reaction, he is now afraid of spiders since he correlates them with fear, panic, and anxiety from the incident. During this lab we will look at the degree of trauma that certain items are related to a student's phobia for that specific item and to look at the question of whether the primary caregiver phobias correspond between the student's phobia. When a student has a traumatic experience they will create a phobia from the experience and a student's primary caregiver's phobia will correspond to the student's phobia.

The method used for this lab was a survey/questionnaire which the general procedure was for students to fill out the survey. The participants were students of intro to psychology. In the survey there were three subscale surveys. The first subscale survey was to get information of the degree of phobia of each object/situation from the student filling it out. The scale of the was: none = 0, mild = 1, moderate = 2, and severe = 3. The objects/situations that were listed in the first subscale survey were cats, dogs, insects, spiders, mice, storms, closed spaces, airplane

flying, automobiles, and heights. The second subscale survey was to get information of the degree of phobia from the students primary giver. The scale of it was: none =0, mild = 1, moderate = 2, and severe = 3. The objects/situations that were listed are cats, dogs, insects, spiders, mice, storms, closed spaces, airplane flying, automobiles, and heights. The third subscale was to get information on any traumatic experience had with the object/situation and the severity of how bad the incident was. The scale was based on the severity of the experience: none =0, mild = 1, moderate = 2, and severe = 3. The objects/situations were cats, dogs, insects, spiders, mice, storms, closed spaces, airplane flying, automobiles, and heights.

The results of the phobia of heights are as follows. The results for the first subscale survey (which was to find out the information of the students degree of phobia of heights); the (N) is 82, the mean (M) is 1.27 and the standard deviation (SD) is 0.92. For the second subscale survey (which was to i=find out the information of the students primary givers degree of phobia of heights): the (N) is 80, the mean (M) is 1.24, and the standard deviation (SD) is 1.01. The results for the third subscale survey (which was to find out the information if the student had any traumatic experience and how the severity of the experience was): the (N) is 80, the mean (M) is 0.40, and the standard deviation (SD) is 0.74. In order to examine if there was a relationship between a students phobia of heights and the phobia of their primary caregiver, a Pearson correlation was done to asses the data. It was determined that there was no correlation between the phobia of heights and a phobia in their primary caregivers ($r = .16$). There is no statistically significant difference ($p = 0.149$, $n = 80$) between the students' phobia and the primary caregivers phobia. As a result there is no relationship between the student and primary giver phobia of heights. In order to examine the relationship of the students phobia of heights and if there was a traumatic experience that made the phobia, a Pearson correlation was done to assess the data.

The results showed that there was no correlation between the students phobia and the traumatic experience ($r = 0.17$). There is no statistically significant difference ($p = 0.126$, $n = 80$) between the two variables. Therefore there is no relationship between the students phobia of heights and the students traumatic experience to have influence on the phobia.

The results from the lab indicated that there is no correlation between a students phobia of heights and the students primary caregiver. There was also no correlation between the students phobia of heights and the students traumatic experience to have influence on the phobia. When there is no correlation it indicates that there is no relationship between the two variables. This signifies that a primary caregivers phobia doesn't have a difference in the students phobia. The initial accounts of phobia acquisition is that there should be a relationship between a student's phobia and its primary caregiver. This is due to the observational learning the student has on the primary caregiver when growing up. For phobias like animals/items there would more likely be a correlation between the caregiver and the students whereas situational phobias will most likely not have a correlation. The results were a little surprising that there was no correlation for the relationship between the primary caregiver phobia and the student as well as the students phobia and if there was any traumatic experience. Generally speaking you look up to your caregivers and follow off of what they do and what they fear. The limitations of our findings is that not everyone may have a traumatic experience with the subject of the phobia. If most students never had a traumatic experience with the situation we won't be able to determine the best results of the relationship since not everyone had an experience with the subject of the phobia. To obtain better results for the correlation between a student's phobia and if there was a traumatic experience we should only obtain data for people who actually had an experience.

