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Navigation

[Main page](#)  
[Contents](#)  
[Featured content](#)  
[Current events](#)  
[Random article](#)  
[Donate to Wikipedia](#)

Interaction

[Help](#)  
[About Wikipedia](#)  
[Community portal](#)  
[Recent changes](#)  
[Contact Wikipedia](#)

Toolbox

[What links here](#)  
[Related changes](#)  
[Upload file](#)  
[Special pages](#)  
[Permanent link](#)  
[Cite this page](#)

Print/export

[Create a book](#)  
[Download as PDF](#)  
[Printable version](#)

Languages

[Aragonés](#)  
[Aymar aru](#)

[Беларуская](#)  
[Беларуская](#)  
[\(тарашкевіца\)](#)

[Bosanski](#)

Article [Discussion](#)

Read [Edit](#) [V](#) ▾

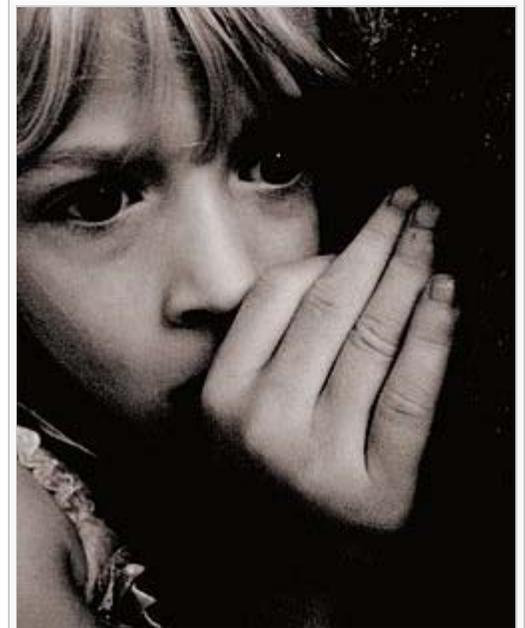


# Fear

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*For other uses, see [Fear \(disambiguation\)](#).*

**Fear** from the Greek: φόβος,phóbos, meaning "fear" or "morbid fear", is a distressing negative [emotion](#) induced by a perceived threat. It is a basic survival mechanism occurring in response to a specific [stimulus](#), such as [pain](#) or the threat of danger. In short, fear is the ability to recognize danger and flee from it or confront it, also known as the [Fight or Flight response](#). Some [psychologists](#) such as [John B. Watson](#), [Robert Plutchik](#), and [Paul Ekman](#) have suggested that fear belongs to a small set of basic or innate [emotions](#). This set also includes such emotions as [joy](#), [sadness](#), and [anger](#). Fear should be distinguished from the related emotional state of [anxiety](#), which typically occurs without any external threat. Additionally, fear is related to the specific behaviors of escape and avoidance, whereas anxiety is the result of threats which are perceived to be uncontrollable or unavoidable.<sup>[1]</sup> Worth noting is that fear almost always relates to future events, such as worsening of a situation, or continuation of a situation that is unacceptable. Fear could also be an instant reaction to something presently happening.



A scared child shows fear in an [uncertain](#) environment.

**Contents** [[hide](#)]

- [1 Varieties](#)
- [2 Common fears](#)
- [3 Causes](#)
- [4 Effects](#)
- [5 Neurobiology](#)
- [6 Fear of death](#)
- [7 See also](#)
- [8 References](#)
- [9 Further reading](#)
- [10 External links](#)

## Varieties

[[edit](#)]



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Fear can be widely classified into two types: external fear and internal fear.

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- External fear is caused by something outside of you which you are strongly motivated to avoid, for example: fear of spiders.
- Internal fear is something inside of you that you link a negative emotion, for example: fear developed out of low self esteem.

Fear can be described with different terms in relation to the degree of fear that is experienced. It varies from mild [caution](#) to extreme [phobia](#) and [paranoia](#). Fear is related to a number of additional cognitive and emotional states including [worry](#), [anxiety](#), [terror](#), [horror](#), [panic](#), and [dread](#). Experiences of fear can remain long after exposure in the [unconscious mind](#), where they may then manifest as [nightmares](#), or, in an even stronger form, night terrors. Fear may also be experienced within a larger [group](#) or [social network](#), and may be compounded by [social influence](#) and become [mass hysteria](#). Some [pathologies](#) related to fear (defined by persistent and [irrational](#) fears) can include different types of [anxiety disorder](#) which are very common, and also other more severe illnesses like the extreme phase of [bipolar disorder](#) and some kinds of [schizophrenia](#).

The experience of [distrust](#) can be explained as a feeling of mild fear or caution, usually in response to an unfamiliar or potentially dangerous person. Distrust may occur as a feeling of warning towards someone or something that is questionable or unknown. For example, one may distrust a stranger who acts in a way that is perceived as odd or unusual. Likewise, one may distrust the [safety](#) of a rusty old bridge across a 1,000-foot (300 m) drop. Distrust may serve as an adaptive, early warning signal for situations that could lead to greater fear and danger. Reassurance can usually dissolve a fear like this e.g. repeatedly doing something to gain trust in it.

**Terror** is an acute and pronounced form of fear. It is an overwhelming sense of immediate personal danger. It can also be caused by perceiving the object of a [phobia](#). Terror may overwhelm a person to the point of making [irrational](#) choices and atypical behavior. **Paranoia** is a term used to describe a [psychosis](#) of fear. It is experienced as long-standing feelings and perceptions of being persecuted. Paranoia is an extreme emotional state combined with cognitions or, more specifically, [delusions](#) that one is in danger. This degree of fear may indicate that a person has changed his or her normal behavior in extreme or maladaptive ways.

## Common fears

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According to surveys, some of the most common fears are of: [ghosts](#), the existence of [evil](#) powers, [cockroaches](#), [spiders](#), [snakes](#), [heights](#), [water](#), [enclosed spaces](#), [tunnels](#) and [bridges](#), [needles](#), [social rejection](#), [failure](#), [examinations](#) and [public speaking](#). In an innovative test of what people fear the most, Bill Tancer analyzed the most frequent online search queries that involved the phrase, "fear of...". This follows the assumption that people tend to seek information on the issues that concern them the most. His top ten list of fears consisted of [flying](#), heights, [clowns](#), [intimacy](#), [death](#), [rejection](#), [people](#), snakes, [success](#), and [driving](#).<sup>[2]</sup>

Another common fear can be the fear of public speaking. People may be expertised speakers inside a room but when it becomes public speaking, fear enters in the form of suspicion that whether the words uttered are correct or wrong because there are many to judge it.

Another common fear can be of pain, or of someone damaging a person. Fear of pain in a plausible situation brings flinching, or cringing.

In a 2005 Gallup poll (U.S.A.), a national sample of adolescents between the ages of 13 and 15 were asked what they feared the most. The question was open ended and participants were able to say whatever they wanted. The most frequently cited fear (mentioned by 8% of the teens) was terrorism. The top ten fears were, in order: [terrorist attacks](#), spiders, death, being a failure, [war](#), heights, [criminal](#) or [gang violence](#), [being alone](#), the [future](#), and [nuclear war](#).<sup>[3]</sup>

## Causes

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People develop specific fears as a result of learning. This has been studied in psychology as [fear conditioning](#), beginning with John B. Watson's [Little Albert experiment](#) in 1920. In this study, an 11-month-old boy was conditioned to fear a white rat in the laboratory. The fear became generalized to include other white, furry objects. In the real world, fear can be acquired by a frightening traumatic accident. For example, if a child falls into a well and struggles to get out, he or she may develop a fear of wells, heights ([acrophobia](#)), enclosed spaces ([claustrophobia](#)), or water ([aquaphobia](#)). There are studies looking at areas of the brain that are affected in relation to fear. When looking at these areas (amygdala), it was proposed that a person learns to fear regardless of whether they themselves have experienced trauma, or if they have observed the fear in others. In a study completed by Andreas Olsson, Katherine I. Nearing and Elizabeth A. Phelps the amygdala were affected both when subjects observed someone else being submitted to an aversive event, knowing that the same treatment awaited themselves, and when subjects were subsequently placed in a fear-provoking situation. This suggests that fear can develop in both conditions, not just simply from personal history.

Although fear is learned, the capacity to fear is part of [human nature](#). Many studies have found that certain fears (e.g. animals, heights) are much more common than others (e.g. flowers, clouds). These fears are also easier to induce in the laboratory. This phenomenon is known as [preparedness](#). Because early humans that were quick to fear dangerous situations were more likely to survive and reproduce, preparedness is theorized to be a genetic effect that is the result of [natural selection](#).

The experience of fear is affected by historical and cultural influences. For example, in the early 20th Century, many Americans feared [polio](#), a disease that cripples the body part it affects, leaving that body part immobilized for the rest of one's life. There are also consistent cross-cultural differences in how people respond to fear. [Display rules](#) affect how likely people are to show the facial expression of fear and other emotions.

Shown in the study of Stevens and Boeh (2010) revealed that "...exposure to chronic stressors alter subsequent defensive responses and fear learning in mice, in a manner that is dependent upon both the type of stress and the sex of the animal. Among male mice, chronic variable stress produced a significant inflation of contextual fear conditioning. Repeated restraint stress, while having no significant impact upon long-term fear memory, did alter exploratory behavior and the response to shock. Among female mice, chronic variable stress instead produced a specific inflation of tone fear conditioning. Repeated restraint stress, while having no impact on long-term fear memory, tended to inhibit slightly the short-term freezing response during conditioning." Here showing that females were more reluctant to go near the thing that they feared sooner than the males.

## Effects

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Fear like many emotions is very powerful. This affects us mentally and physically; personal and interpersonal consequences can arise from fear. "Self-perceived vulnerability to ataques (attacks): owing to recent ataque episodes, poor sleep, recent stressors, the self-perception of being a person with nervios (nerves)" (Hinton, Lewis-Fernandez and Pollack, 2009, p. 265) Which will lead to the fear of having a panic attack which then leads to the increase of your anxiety and "(2) hypervigilant surveying of the body and mind for emotions and somatic and psychological symptoms associated with an ataque" (Hinton, 2009, p. 265) and all this leads to an actual attack. Fear can cause dizziness, cold extremities, hyperventilation, chest tightness, shortness of breath, shakiness, a feeling of bodily lightness even derealization. "Negative emotions and somatic and psychological symptoms activate fear networks, namely, catastrophic cognitions (e.g., concern that racing thoughts indicate impending insanity, that palpitations indicate a heart attack), metaphoric associations (e.g., the combination of dizziness and fear recalling sexual abuse suffered as a child)". (Hinton, 2009, p. 265) Therefore becoming this circle of fear and panic attacks that a person can't escape from unless they calm their fears. Fears can be paralyzing to people and affect their lives in many ways. With

reoccurring attacks there are certain things a person might have to start giving up like straying too far away from home, not being able to go places without a “safe” person, going out with friends and even driving; basically giving up your freedom and now affecting your personal relationships.

Another way fear has affected human beings would be the relationships we choose to have. With fear conditioning, see fear conditioning, we have been taught at an early age either by experience or from our role models what to fear. “Beginning in the 1980s, media accounts and policy discourses increasingly equated crime and race. The result is that ‘White Americans tend to associate criminality with people of color and believe that most criminals come from racial minorities’ (Soss, Langbein, &Metelko, 2003, p. 400).” (Mears and Stewart, 2009, p. 34) Fear of being hurt, emotionally or physically, can keep us from finding relationships that could be extremely significant in our lives; we don’t fear what we know. Mears and Stewart (2009) also stated, “By contrast, Covington and Taylor’s (1991) study of Baltimore neighborhoods found that Blacks residing in predominantly White neighborhoods were more fearful of crime than was the case among Blacks in predominantly Black neighborhoods, Reflecting on the Covington and Taylor (1991) finding, Skogan (1995) observed that it accords with the idea that ‘Black residents of White neighborhoods [may face] threats or harassment and more often [may be] the targets of humiliation and contempt’(p.68).” Also if you have experience abuse in your life you might be fearful of people that would match your assailant. Fear can really cause barriers with certain communication between people.

## Neurobiology

[[edit](#)]

The **amygdala** is a key **brain** structure in the neurobiology of fear. It is involved in the processing of negative emotions (such as fear and anger). Researchers have observed hyperactivity in the amygdala when patients were shown threatening faces or confronted with frightening situations. Patients with a more severe social phobia showed a correlation with increased response in the amygdala.<sup>[4]</sup> Studies have also shown that subjects exposed to images of frightened faces, or faces of people from another race,<sup>[5]</sup> exhibit increased activity in the amygdala.

The fear response generated by the amygdala can be mitigated by another brain region known as the rostral **anterior cingulate cortex**, located in the **frontal lobe**. In a 2006 study at Columbia University, researchers observed that test subjects experienced less activity in the amygdala when they *consciously* perceived fearful stimuli than when they *unconsciously* perceived fearful stimuli. In the former case, they discovered the rostral anterior cingulate cortex activates to dampen activity in amygdala, granting the subjects a degree of emotional control.<sup>[6]</sup>

The role of the amygdala in the processing of fear-related stimuli has been questioned by research upon those in which it is bilateral damaged. Even in the absence of their amygdala, they still react rapidly to fearful faces.<sup>[7]</sup>

Suppression of amygdala activity can also be achieved by pathogens. Rats infected with the **toxoplasmosis** parasite become less fearful of cats, sometimes even seeking out their urine-marked areas. This behavior often leads to them being eaten by cats. The parasite then reproduces within the body of the cat. There is evidence that the parasite concentrates itself in the amygdala of infected rats.<sup>[8]</sup>

Several brain structures other than the amygdala have also been observed to be activated when individuals are presented with fearful vs. neutral faces, namely the occipito**cerebellar** regions including the **fusiform gyrus** and the **inferior parietal / superior temporal gyri**.<sup>[9]</sup> Interestingly, fearful eyes, brows and mouth seem to separately reproduce these brain responses.<sup>[9]</sup>

## Fear of death

[[edit](#)]

Psychologists have addressed the hypothesis that fear of death motivates religious commitment, and that it may be alleviated by assurances about an afterlife. Empirical research on this topic has been

equivocal.<sup>[*citation needed*]</sup> According to Kahoe and Dunn, people who are most firm in their faith and attend religious services weekly are the least afraid of dying. People who hold a loose religious faith are the most anxious, and people who are not religious are intermediate in their fear of death.<sup>[*citation needed*]</sup> A survey of people in various Christian denominations showed a positive correlation between fear of death and dogmatic adherence to religious doctrine. In other words, **Christian fundamentalism** and other strict interpretations of the Bible are associated with greater fear of death. *{Having read the first page of the cited report, this statement seems contradictory...}* Furthermore, some religious orientations were more effective than others in allaying that fear.<sup>[10]</sup>

In another study, data from a sample of white, Christian men and women were used to test the hypothesis that traditional, church-centered religiousness and de-institutionalized spiritual seeking are distinct ways of approaching fear of death in old age. Both religiousness and spirituality were related to positive psychosocial functioning, but only church-centered religiousness protected subjects against the fear of death.<sup>[11]</sup>

Fear of death is also known as *death anxiety*. This may be a more accurate label because, like other anxieties, the emotional state in question is long lasting and not typically linked to a specific stimulus. The analysis of fear of death, death anxiety, and concerns over mortality is an important feature of **existentialism** and **terror management theory**.

Fear of death is also known as **Thanatophobia**.<sup>[12]</sup>

## See also

[edit]

- Anxiety
- Anxiety attack
- Anxiety disorder
- Appeal to fear
- Culture of fear
- Fight-or-flight response
- Horror and terror
- Hysteria
- Nightmare
- Night terror
- Ontogenetic parade
- Panic
- Panic attack
- Paranoia
- Phobia
- Psychological trauma
- Social anxiety disorder
- Social anxiety
- Shock

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Source: Parrott, W. (2001), Emotions in Social Psychology, Psychology Press, Philadelphia.

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