TWO CASES OF PHOBIC NEUROSIS TREATED SUCCESSFULLY BY BEHAVIOUR THERAPY

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SUMMARY

The authors, a psychiatrist and a clinical psychologist, have successfully treated two cases of phobic neurosis by simple behaviour therapy consisting of Jacobson's muscle relaxation technique and systemic desensitisation, at the University Hospital, Kuala Lumpur. The two patients, who were literally housebound because of the unpleasant symptoms of their illness, were able to mobilise themselves again following therapy. The authors feel that general practitioners with some basic training in these methods will be able to bring relief to such afflicted patients. Using the same technique, other conditions such as insomnia, alcoholism and sexual deviations can also be treated.

INTRODUCTION

Phobic neurosis is an uncommon psychiatric condition which constitutes less than 5 percent of all neurotic cases. [1] Nevertheless, it is a rather emotionally distressing and crippling condition and can render the sufferer literally house-bound. Phobias can take many forms. According to DSM III, [2] the most common phobias are fear of animals particularly dogs, snakes, insects and mice, claustrophobia and acrophobia. However, in our clinical practice in Malaysia, we find that the most common phobias are fear of noise, fear of blood and fear of contamination.

This paper hopes to demonstrate how the behavioural technique of systematic desensitisation [3] can be used for the treatment of this distressing condition. In the treatment of phobias, the behaviour therapy is more economical because it does away with the requirement of understanding the psychodynamics of the patient and hence much less time is required to bring about success in the treatment of phobias.

In other countries, psychiatrists and psychologists have trained nursing assistants, mental health workers, psychiatric-trained nurses and social workers [4] for the implementation of behavioural programmes. We feel that in view of the fact that the local general population places their trust on the general practitioners, the general practitioners with some training in these methods will be able to bring relief to phobic patients by applying the systematic desensitisation (SD) technique.

The systematic desensitisation technique has three essential steps. First, the patient is taught how to relax by following Jacobson's muscle relaxation technique for two to three weeks. The next step is to set up a hierarchy of the patient's anxiety-provoking situations on a ten-point scale. The situations are very specific, detailed and concrete. Thirdly, the desensitisation session is carried out either by using imageries or *in vivo*. In systematic desensitisation with imageries, the patient is required to imagine the least anxiety-provoking situation in a relaxed condition, and stop imagining this and relax after an appropriate exposure time, say ten to twenty seconds, or as soon as he experiences anxiety. The therapist repeats the same procedure a number of times till the patient is desensitised to the situation, that is, till he no longer experiences anxiety while imagining the situation. This way he is gradually desensitised to all situations in the hierarchy. In between the sessions, the patient is encouraged to face the situations in real life and relax whenever he experiences anxiety. In the systematic desensitisation *in vivo*, the therapist gradually places the patient in the anxiety-provoking

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situations and makes him relax in those situations.

We are presenting in this paper two cases of phobias, namely (1) a case of multiple fear of noise, blood and death and (2) a case of agoraphobia (fear of crowd as well as of being alone). The two patients were successfully treated at the University Hospital, Kuala Lumpur with behaviour therapy in a relatively short period of time.

CASE I

A 31-year old single, Chinese welder presented at the out-patient's clinic complaining of a severe fear of noise made by the hammering of steel bars at his place of work. The fear was so intense that he suffered palpitations, cold hands and feet, weakness of legs and headache and was unable to continue working at the site. At home, he was fearful of the family's television set whenever the volume was tuned on loudly. Six and a half years ago, he was treated for anxiety neurosis by a psychiatrist in the University Hospital. The treatment consisted of psychotherapy and antidepressants. He had remained relatively symptom-free for the last six years.

On assessing the psychosocial stresses, it was found that two weeks prior to the onset of the fear, his paternal uncle who had pampered him, died of a heart attack. The family history revealed that he came from a low socio-economic class family and was the eldest child in a family of seven siblings. His father was an alcoholic and often scolded him. He dropped out of school at the age of 15 years and had worked as a labourer and for the past four years, as a welder in an engineering firm. Mental status examination revealed that he was tense and anxious and there was no evidence of psychosis. He listed a hierarchy of situations which, in order of increasing anxiety, were as follows:
(1) fear of walking alone and suddenly encountering gangsters; (2) fear of seeing blood; (3) fear of hearing children cry; (4) fear of being suddenly shouted at; (5) fear of dying; and (6) fear of seeing a child being choked to death by a rambutan seed.

Physical examination revealed a pulse rate of 90/min. and cold and sweaty palms. The other systems were normal.

He was treated for a period of two and a half months by brief supportive psychotherapy and Amitriptyline 25 mg. t.d.s. and Diazepam 10 mg. t.d.s but his phobias persisted. It was then decided to admit him to the ward for treatment by behaviour therapy.

He was taught Jacobson's muscle relaxation technique (Jacobson, 1938) as a first step prior to applying the systematic desensitisation technique (SD). He was systematically desensitised by the use of the technique of imagination of the fearful situation starting with the fear at the lowest rank of the hierarchy and then gradually progressing onto the highest ranking fear. Whenever he felt anxious, he was asked to stop imagining the fearful situation and then to relax by using the Jacobson's Relaxation Technique and at the same time to imagine a pleasant, relaxing and non-anxiety provoking situation. At the same time, he was given Lorazepam (Ativan) 2 mg. t.d.s. to lower his anxiety level and Amitriptyline 25 mg. t.d.s. to help him overcome his depression over the uncle's death.

He was later followed-up as an outpatient. He took a period of three months to control his phobias to an extent which allowed him to lead a comfortable life and which enabled him to go out on his own. He was gradually able to enjoy noisy Chinese sword-fighting cinema shows and to work as a fruit-seller. He was able to control himself even when he witnessed a bloody, road traffic accident in which a motor-cyclist died. In one year of follow-up, he was now well-maintained, though he occasionally required Lorazepam to lower his anxiety-level.

CASE II

A 30-year old Chinese contractor, was referred to the Psychiatric Clinic by a cardiologist of the Medical Unit of the University Hospital, Kuala Lumpur for the complaints of feeling anxious and fearful especially in crowded areas, associated with somatic complaints of tremors, headache and palpitations for a duration of three years.

He came from a middle socio-economic class family with no family history of mental illness, depression or similar phobic-anxiety attacks. He was well established in his business and had a reasonably happy marriage. For about six weeks prior to the referral, his phobic-anxiety attacks became so bad that he could not attend meetings, dinners or drive his car. The mental status examination revealed that he was rather tense and his hierarchy of phobias was as follows:

(1) Fear of fifty known people in a room;

(2) Fear of ten strangers in a closed space; (3) Fear of being alone in open and closed spaces; and (4) Fear of ten strangers in an open space.

He was treated with the systematic desensitisation technique as an outpatient.

A course of treatment sessions was planned for him at weekly intervals, each session lasting about thirty to forty minutes. Initially, he was taught the Jacobson's Muscle Relaxation Technique. Chemotherapy of Lorazepam (Ativan) 0.5 mg. b.d. et 1 mg. nocte was prescribed for the initial three weeks to reduce the anxiety level. From the second session onwards, he was systematically desensitised in a similar manner as was done for the first patient. The desensitisation process was carried out at the clinic by the clinical psychologist and the psychiatrist once a fortnight, while at home, the wife was asked to supervise the process at least once a day.

He made satisfactory progress and by the third session, he was able to enter the crowded Polyclinic Registration Counter without fear and by the fifth session, he was able to drive his own car, attend dinners and he could do without Lorazepam to allay his anxiety. He stopped attending the sessions after the seventh session because he was able to cope with his everyday activities without feeling anxious.

DISCUSSION

In addition to the drug treatment (e.g. Lorazepam, Bromazepam and Clomipramine), two main strategies have been followed in the treatment of phobias: (a) the psychodynamic approach and (b) the behaviour therapy approach. The psychodynamic approach focuses on helping the patient understand the unconscious mechanisms underlying his phobias and learn more effective techniques for coping with feared situations and his underlying anxiety. The behaviour therapy on the other hand is based on the learning theories and tends to concentrate on the maladaptive behaviour itself rather than on some presumed underlying cause. A number of-behaviour techniques such as systematic desensitisation, direct conditioning, modelling, flooding etc. have been successfully used to deal with phobias. The most preferred method of treatment for phobia has been the use of systematic desensitisation. This technique was developed by Joseph Wolpe [3] and is based on Pavlov's classical conditioning theory of learning. He reported that 90 percent of his 210 phobic patients were either cured or much improved by the systematic desensitisation treatment with a mean of 31 interviews. Since then, the systematic desensitisation technique has been extensively used by other clinicians. [6,7,8]

The systematic desensitisation technique is effective in the treatment of phobias if the patient suffers from reasonably few phobias, if he can learn how to induce deep muscle relaxation and if he can imagine the anxiety-provoking situations with appropriate emotions.

A broad spectrum of problems may be treated by the systematic desensitisation technique. These include, among others, the various kinds of phobias, sexual deviations, insomnia, alcoholism and anger. [7,8]When problems other than phobias are treated, it is assumed that disorders arise because of fears attached to specific objects and as such are similar to phobic reactions.

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