A CASE REPORT ON CLAUSTROPHOBIA

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ABSTRACT

OBJECTIVES: The purpose of the study is to explore the course of Claustrophobia and to determine the efficacy of psychotherapeutic management to mollify the symptoms associated with Claustrophobia and to improve the client's overall functioning. **Research Design**: Case study **Sample and method:** The present study was carried out in Kalpana Chawla Govt. Medical College, Karnal (Haryana) and 45-year-old married female was included. Treatment plan was formulated according to psychotherapeutic management wherein different management techniques were utilized to modify the client's confusion and behaviour.

KEYWORDS: Claustrophobia,CBT

INTRODUCTION

A phobia is a fear that significantly impairs a person's ability to go about their daily lives. A life-impairing action is avoiding the dreaded thing or situation (Schowalter, 1994). There are numerous types of anxiety disorders, according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). These include selective mutism, particular phobias, generalized anxiety disorder, panic disorder, social anxiety disorder, and separation anxiety disorder. The specific phobias can be further divided into kinds related to animals, the natural world, situations, and blood injection injuries (Muris, et.al.).

Claustrophobia: - Claustrophobia is a specific phobia where one fears closed spaces (claustro means closed).

One of the anxiety disorders, claustrophobia is defined by a fear of enclosed and cramped spaces. Claustrophobia is thought to be one of the most common pathological anxieties, along with agoraphobia. Patients with claustrophobia experience discomfort and even anxiety in enclosed spaces, such as elevators, cramped rooms without windows, hallways, attics, basements, etc. The trait of claustrophobic persons is that they never shut the door to the room and always strive to stand close to the exit so that they can escape the room quickly. When a person is unable to leave the location whenever she wishes, such as in an elevator, airplane, or train carriage, the anxiety is considerably more severe. Most individuals make effort to avoid using elevators and prefer to take the stairs instead. Additionally, claustrophobia is defined by a person's dislike of large crowds since their movements are restricted there and the throng creates the illusion of a tight space (Nerdy, 2022). People with claustrophobia are not afraid of enclosed spaces in and of themselves; rather, they are afraid of what

might occur there. While agoraphobia is widely understood to be a dread of what might happen in public, such as having a panic attack, claustrophobia can also be viewed in this light—the majority of claustrophobic patients report feeling confined. Most enclosed spaces involve some degree of movement limitation and trapping. Animals are vulnerable "in situations of confined space" without a doubt, and people could also be. Experimental neuroses can be easily created in animals when they are kept in a small space (Wolpe, 1968). People who experience claustrophobia worry about suffocating. People who experience claustrophobia see this extremely acute and expected aspect as a serious threat. When in a small place, many claustrophobic people worry they will suffocate, which is frequently accompanied by a feeling of being out of breath.

Epidemiology: - The prevalence of claustrophobia ranges from 7.7% to 12.5% throughout the course of a year (Wardenaar, et.al., 2017). Women are more likely than men to experience particular phobias (Burstein, et.al., 2012). According to research, among those under the age of 16 there is a 1 in 10 prevalence of anxiety disorders (Muris, et.al.). A 2007 European study examined numerous studies from various institutions and found that between 1% and 15% of patients receiving MRIs reported having claustrophobia; on average, 2.3% of patients required sedation or were unable to be imaged as a result (Dewey, et.al, 2007).

Prognosis: - Claustrophobia patients frequently experience a prolonged course of their anxiety illness, which raises the risk of developing other psychopathologies (Muris, et.al.). According to studies, phobias among teens were more prevalent and the disease started younger. Patients with situational and blood-injection-injury-specific phobias were shown to have the strongest correlations with measures of impairment and severity in the same investigations (Burstein, et.al., 2012). Animal phobias were less associated with heightened feelings of despair and anxiety than were phobias of the natural world.

A CASE REPORT

According to the patient: - Mrs. X, 45 yrs. old female, Sikh, Married, belonging from higher Middle-class family, A Resident of Karnal (Haryana), Reported with the Chief Compliant of fear while locked in a room or in a lift or in a car/flight. Also, she mentioned that they have their only son living in Germany and they now have to shift in Germany with their son. But due to this fear Mrs. X is not able to sit in the flight. She has also tried to travel in some domestic flights to come out of this phobia, but all these things gone in vain and have wasted a lot of money. She informed that whenever she is in these phobic situations she feels headache, anxiety, fear of being dead, secretion of sweat, pain in legs and arms, unconsciousness (sometimes). She has been suffering from this problem since her childhood.

According to Informant: - Rubbing hands due to anxiety and fear, shouting, crying, dizziness, spanking on the door, Patients husband described that during their marriage days, patient was quite afraid of being in to lifts only. But, along with the time this thing continues to increase and now she has developed severe fear from some more situations, like closing a room's door, sitting in a car with its windows shut, switching off the lights, boarding in a flight. Husband also mentioned that they have to go to Germany to live with their son. But due to her wife's fear they are not able to go. So, to get rid of this problem, once they tried to travel in a domestic flight from Amritsar to Delhi. But immediately after the take-off of the flight, Mrs. X started screaming and crying, scratching her hands and got unconscious. Due to this, the flight crew member considered

seriously and they decided to do an emergency landing and later they didn't allow the patient to board again. So, they had to return to Amritsar by bus.
Patient lives in a small family with her husband, father-in law, and mother-in law. Her overall interpersonal relationship with family was uneasy on that time.

ON MENTAL STATUS EXAMINATION(MSE):
Her attitude towards examination was cooperative and communicable. General appearance of patient was normal. She wears clean clothes, hair was well, Eye to eye contact was maintained, voice was clear, audible, speech was soft. Subjectively patient reported "I AM OK" objectively appeared sad and worried. She was oriented to time, place, and person. Attention and concentration were good. Immediate, recent and remote memory was intact. Fund of knowledge was average level. Cognitive functions were intact. Personal and social judgement was impaired. Insight grade 1- awareness to illness but blaming to external factors.

Objectives to be focused: -

- Establishing a therapeutics alliance with the patient
- To develop insight about the nature, course and prognosis of Claustrophobia
- To motivate patient to take counselling sessions
- Clear the misconception about the illness of Claustrophobia
- Continue to function normally.
- Managing your symptoms.
- Relapse management.

Psychotherapeutic Management (Types and techniques of intervention)
Psychoeducation: Psychoeducation was made available to the patient and his family in order to educate them on the illness' nature, course, treatments, and prognosis as well as to dispel any preconceptions they may have about it. As the client had little chance of recovering, this was done to help the client deal with the disease better. There are also instructions on how to cut back on repetitive medical exams and investigations.

Family Therapy: Inform family about patient's condition, necessity of medication, and value of counselling sessions. Regular medication use will aid in improvement. Involve the patient's relatives in the activities.

Cognitive Behaviour therapy: Structured therapy in which the patient learns about phobias and anxiety and is urged to face and alter the specific beliefs and behaviours that trigger fear.

Relaxation and visualization exercises: Deep breathing exercises, meditation, and muscle-relaxing activities can all be used to manage negative thoughts and anxiety.

Exposure therapy: To assist you overcome your fear, it progressively introduces you to the frightening scenarios. At initially, you might only examine a picture of a confined area. Then, with the aid of your therapist, you gradually get closer to being in a small place.

Therapy process

Session 1: A clinical interview and the collection of the patient's case history took place during the first session. Establishment of a therapeutic relationship with the patient to enable her to share his experiences, feelings, and difficulties, and to learn about her illnesses, anxiety and panic attack, as well as her family and social interactions, before learning how her illnesses began.

Session 2: Family members first participated in a psychoeducational session about the nature, origin, and prognosis of the patient's illness. This session's primary goal is to provide information about description of the symptoms of claustrophobia. To relieve the patient's own anxiety and help her grow more

self-assured.

Session 3: Making the patient capable of releasing her emotional and psychological feelings was the main goal of this session. The patient was also informed that everyone has their own solutions to problems and that it is important to identify, mobilise, and educate others about different perspectives on how to define problems, define situations, and solve problems. She was informed of the problem-solving coping mechanisms.

Session 4: CBT use various techniques and self-help strategies and self-help strategies to help a person with claustrophobia reduce and manage their anxiety and panic attacks symptoms. It helps people examine the thoughts, feelings and behaviours that relate to symptom or situation.

She was encouraged to recognize and discuss events that cause excessive anxiety and ranks them from most to least stressful. This is frequently described as a hierarchy of fears. It has been told to her that she seeks to replace unproductive mental patterns with more constructive, realistic methods of approaching these circumstances. She moves up the hierarchy from the least triggering (such as using an elevator) to the most triggering (such as setting in locked room), she was encouraged and modelling was provided to gain confidence and eventually stop being afraid of enclosed spaces. You have to learn to identify, reassess and modify your thinking and learn to solve problems to improve your coping abilities. Instead of avoiding your phobia, confront it and also learn to maintain mental and physical calmness.

Session 5: Patient was given relaxation techniques that helped her to relax at time when she feels anxious and feel panic attacks when. Yoga, morning and evening walk has been suggested to the patient.

Relaxation exercise:

Patient was made to breathe deeply when she feels panic and fear. She was asked to close her eyes and take deep and slow breath. Air fills your lungs when you inhale deeply, and you feel your lower tummy lift. Deep breathing helps the lungs receive a full supply of oxygen, and as a result, the heart rate and blood pressure decrease.

Mindfulness meditation:

She was made to sit quietly and focus on her natural breathing and visualizing a soothing scene. Distraction is a good way to block off fear. Keeping in mind that you are secure and using meditation can help you relax your body and mind

Positive affirmations:

When the panic starts to set in, find a mantra for yourself, an affirmation, or anything else you can repeat to yourself to calm yourself. Try saying something like, "I'm not in danger, I'm safe," or "This feeling is fleeting and it'll pass."

Session 6: Exposure Therapy: In this session she was trained to use Deep breathing and relaxation exercise when she was exposed with elevator. Step by step her triggering stimuli were presented as the user focuses on achieving bodily and mental relaxation. They eventually reach a point where she can face her fear without being nervous.

DISCUSSION

The present study is to explore the course of Claustrophobia and to determine the efficacy of psychotherapeutic management to mollify the symptoms associated with Claustrophobia and to improve the client's overall functioning. With some modifications of standard behavior therapy procedures, behavioral treatments have been successfully utilized with a broad range of clinical problems, including depression, management of dementia and problems of family caregivers, retraining of self-care skills, and management of severe behavioral problems (e.g., Carstensen &

Edelstein, 1987; Hussian, 1981; Pinkston & Linsk, 1984).

CONCLUSION

Six sessions were held with the patient. Later the patient reported the therapist considerable improvement in terms of symptoms. She reported that her distress, health related worries are now in control, and now she felt confident and result revealed more improvement in her problem (claustrophobia) than individuals with simple medical service.

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