



## Internet Journal of Medical Update

Journal home page: <http://www.akspublication.com/ijmu>

### Case Report

## Psychological Intervention of Murophobia

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(Received 02 July 2010 and accepted 02 December 2010)

**ABSTRACT:** Although phobia is more commonly observed during adolescence as compared to adulthood, its specific type of murophobia is uncommon. Especially in a country like Ethiopia, where awareness, orientation to mental health and its psychological treatment is undergoing its infancy on account of several reasons, the neurotic disorders are rarely reported to mental health clinicians. The present study is a case report of a 16-year old adolescent female with murophobia. The case was not registered in any general medical clinic and was sent to our department for further psychological assessment and intervention. The client was comprehensively examined through clinical interview, behavioural analysis and treated by cognitive-behaviour technique of psychological intervention and without the inclusion of psychiatric treatment. Details of the psychological assessment and intervention have been presented in this case report.

**KEY WORDS:** *Phobia; Murophobia; Clinical interview; Mental status examination; Cognitive-behaviour intervention*

### INTRODUCTION

Phobia is characterized by irrational fear of objects, situations and activities resulting in avoidance behaviours. It is a kind of anxiety disorder including specific phobia (clinically significant anxiety provoked by exposure of a specific object or situation), social phobia (irrational fear of social situations) and agoraphobia (irrational fear of open places)<sup>1</sup>. Murophobia is an example of specific phobia which implies fear of rats. The specific phobia is more common in children and may persist in adult life. Except 'phobia of animals' which is more common in the female, other phobias are equally common among males and females<sup>2</sup>. The present case is a typical example of specific phobia which is caused by traumatic events, social influence of objects and activities, and effect of learning principles. The purpose of the present case study is twofold. On one hand, the authors aimed at presenting an adolescent client (usually not reported) who was referred for relevant intervention, and on the other hand, to establish and spread knowledge and information about

psychological intervention along with some treatment guidelines of psychological disorder.

### CASE REPORT

#### Case Identification

Ms AD (name changed) was a 16-year old female living in a small town of Gondar in Amhara region of Ethiopia. She was the last child among one brother and three sisters. She was completing grade nine in a Government High School. She belonged to an orthodox Christian family of middle socio-economic status. Her parents were government servants. In a nutshell, she belonged to a close-knit family with good interpersonal terms. She achieved all developmental milestones at appropriate age level. Her hobbies were watching films, playing ball, tennis and volleyball. She had a cooperative and harmonious relationship with family members and friends. She was reported as having problem of increased rate of breathing and fearfulness. She was referred by her school teacher for psychological treatment.

#### History of Present Illness

The problem began when AD started realizing fear of hearing vocalization of mice since two years.

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Gradually, she started fearing and becoming cautious when anybody tried to terrify her saying that a rat was coming towards her. All these started after being injured by a rat during sleep at night as the rat bit her fingers of right hand. In fact, there was an Easter ceremony in her family on the occasion on which she ate meat and fell asleep without washing her hands. She used neither a mosquito net nor a blanket for protection from external harm during sleep. Suddenly the rat smelled her palm and bit fingers. Her finger bled and she became very scared. On being irritated, she bit one of her relatives when he tried to terrify her with the false presence of the rat. She started avoiding visit to places due to prospective fear of rats and couldn't sleep alone. She felt very irritated on seeing rats and used gloves while sleeping at night. Gradually it became a well-established part of her routine; however, she felt internally uncomfortable and fearful when she attempted to avoid using gloves in summer. Thereafter, she avoided eating meat due to impending fear of injury of the same kind. Gradually, all these became known to many people including his family members and distressing for AD.

All these feelings and activities interfered with her daily activities including studies and familial responsibilities. She became scared of rats and started keeping a cat on her bed at night to protect herself from rats. Furthermore, she stopped eating meat. However, her problem never affected her scholastic performance. All these problems became more irritating and anger-provoking when she was scolded and criticized for such behaviour. Her interpersonal relationship was good with family and friends. She was initially taken to a religious healer for treatment. The healer treated her through springing holy water but failed in providing total relief from the problem.

### **Clinical and Psychological Assessment**

Her clinical assessment including clinical interview and mental status examination diagnosed her problem as a specific phobia, called murophobia, as per the diagnostic guidelines of DSM-IV<sup>3</sup>. During the assessment, she was cooperative, oriented and insightful. She was a little anxious and had some sleep disturbance which appeared secondary to the psychopathology. She disclosed having a little fear of such animals since childhood. The incident of the rat bite was the precipitating factor that led to phobia in the client. The signs and symptoms of any serious psychological disorder in addition to specific phobia were not found on assessment. The severity of the problem was found to be moderate on clinical assessment; however no scale of phobia was administered to find out exact severity of the symptoms. However, the possible psychological dynamics of the problem revealed that the severity

of the client's problem was often catalyzed by criticisms, reprimand and negative comments of family members, teachers and friends, because she became cautious following such unfavourable situations. She found herself unable to cope in day to day life especially in school as she always had quarrels with teachers on such issues because they used to often terrify her with unreal or false description about the presence of the rats in her surroundings. Nonetheless, she had a good insight into the problem, social support system and prognosis of the prospective treatment.

### **Psychological Intervention**

The client and her family members especially parents were properly informed about the diagnosis and nature of desirable treatment in murophobia. The cognitive-behaviour therapy (CBT) was used for treatment of murophobia. Prior to the active sessions of psychological intervention, proper information about the nature and possible treatment of the problem was provided to her, family members, teachers and friends. The mutually decided treatment planning and proceedings comprised systematic desensitization, activity scheduling, anger-control techniques, cognitive restructuring and family and group counseling including teachers and friends to help her practicing the same at home and in other relevant situations<sup>4</sup>. The client was called twice a week at a fixed time for treatment.

Eighteen situations were fabricated for behavioural and cognitive exposure through systematic desensitization at the clinic and home atmosphere. All the situations were arranged on a hierarchy with increasing severity of anxiety and fear caused by them. This hierarchy was prepared as per the consent of AD who rated the level of difficulty and severity of each and every situation on Subjective Units of Distress Scale (SUDS). The fabricated situations used in systematic desensitization comprised of the stimuli like a closed box, room and bed by degrees without anything, picture of a dead rat inside the closed box, room and bed, the same picture in opened box, room and bed, presenting dead rat in the closed and same situations, alive rat in a transparent but closed box and room, the same rat in the opened box and room. Besides, anger-provoking situations were also created to teach communication skills training and anger-control. During the subsequent sessions, the client was taught and trained on relaxation technique to learn how to keep herself relaxed and poised in anxiety-or fear-inducing situations. And, she was kept relaxed by means of the technique in all sessions prior to exposure and also after the experience of fear during exposure. Out of eighteen situations, only two situations were taken for systematic desensitization in each session of

treatment. Her psychological feelings were modified by cognitive restructuring at the end of each session. In systematic desensitization, the client repeatedly confronted the fearsome situation and gradually felt that the intensity of feeling was decreasing in every session/exposure. This technique was implemented on both the behavioural and cognitive level until the anxiety of the client came down to zero on SUDS in all hierarchical situations. Her interest and taste for meat was developed through shaping and cognitive restructuring. For example, she was told that rats are vegetarian and what happened with her was just a chance factor. Neither was the meat responsible nor dorats eat meat. It might have bitten her finger as if it were a piece of cloth. Such activities are common for rats. Besides, she was advised to use mosquito net regularly against all kinds of external harm. Keeping a cat on the bed for protection from rats could be more infectious and harmful as it is non-vegetarian and can lick bodily parts like palm, hand, mouth etc. In addition, after every session of treatment, the client was assigned some similar home assignments (i.e., activity scheduling) to practice the same sort of exposure at home and real life situations. As a total, AD took 12 sessions in systematic desensitization for complete relief from the symptoms of murophobia. The remaining six sessions were focused on communication skill training and anger control which were secondary to the phobic symptoms.

In addition to the systematic desensitization, family counseling was also provided to the family members, teachers and friends. AD was very much benefited by these techniques as it facilitated her recuperation from severe distress murophobia and other associated problems. Since her problem was also facilitated by the comments and reprimands of family, teachers and friends, therefore, significant persons from these areas were benignly called including family, neighbours, friends and teachers to be included in the intervention. They were briefed about the nature of the problem and their role in treatment. They confirmed that the purpose of their comments, scolds and criticisms was not against AD, but since she was caught up in serious nature of the problem, she was unable to interpret their comments in desirable and positive way, and misconstrued the same which snowballed into her symptoms of murophobia. They were advised to reinforce her positive outcomes in the course of the treatment which could have been helpful to AD in recovery and psycho-social efficiency.

Furthermore, the exposure was followed by cognitive restructuring which focused on helping the client to learn to take time and look critically at the phobic symptoms in various situations, and reduces the client's tendency to jump automatically to misinterpretation and conclusion of relationship between cause and effect of phobia and

interpersonal problems. It helps the client to use cognitive concepts to understand and modify overt behaviour helping through gradually replacing negative self- verbalizations with positive statements. Besides, cognitive restructuring facilitates more logical and effective problem solving for existing problems and reduces the probability of similar problems occurring in the future. Thus, it contributes significantly in increasing self-efficacy which comprises self-control, self-monitoring, self-reward and self-evaluation as well. This technique helped AD in quick recovery and effective compensation of social, educational and interpersonal outcome which was paralyzed by the symptomatic complexities of murophobia.

### **Treatment Termination**

At last, AD recovered from all features of murophobia, related secondary problems and sleep disturbances in eighteen sessions of psychological intervention. Finally, the treatment sessions were terminated after full recovery with advice that they could visit again in the future in case of relapse or for other relevant issues.

### **DISCUSSION AND CONCLUSION**

The present case was a typical example of specific phobia related to an animal, usually found in women. However, the specialty of the case is its occurrence in adolescence and its dependence on psychological intervention which is not common. In fact, murophobia is an uncommon specific phobia from treatment viewpoints which is generally not reported in clinical practice with such serious phobic symptoms for psychological intervention. Moreover, psychological intervention for such disorders, especially in developing countries with insufficient facilities for health care, is a very difficult task as neither are people fully aware of mental health services nor are the psychological services for mental health proper and plentiful. The case was treated by the CBT comprising systematic desensitization (SD), cognitive restructuring, family counseling and anger-control techniques. Of course, SD is the best and widely recommended technique in CBT for intervening phobia which was also effective in the present case. In addition, the role of psychosocial support could not be denied. Therefore, role of psychosocial support system is tremendous not only in treatment but also in relapse prevention. The present case had strong social support from family and friends which helped a lot in intervention; otherwise relapse was very likely in the same or similar psychological disorders. Another noticeable factor was that the case was

treated without any support of psychiatric medication.

#### **REFERENCES**

1. Black B, Leonard HL, Rapoport JL. Specific phobia, panic disorder, social phobia and selective mutism. In JM Wiener [Ed], Textbook of Child & Adolescent Psychiatry. All India Publishers and Distributors. Chennai.1999.
2. Bhatia MS. Essentials of Psychiatry. CBS Publishers & Distributors. New Delhi. 1996.
3. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders (4<sup>th</sup> edition). Author. Washington DC. 1994.
4. Freeman A, Pretzer J, Flemming B, et al. Clinical Applications of Cognitive Therapy. Plenum Press. New York. 1990.