Hospital phobia: a rapid desensitization technique

DAVID WAXMAN
L.R.C.P., M.R.C.S.

Department of Psychological Medicine, Central Middlesex Hospital, London NW10 7NS

Summary

The less disabling phobias do not normally present a problem in that the stimulus may be avoided. This would also apply to hospital phobia until an acute medical or surgical problem might arise, when avoidance could constitute a direct threat to life.

Although phobic illness is a common problem the small number of cases of hospital phobia recorded may represent the tip of the iceberg beneath which could be many phobic patients who deny their symptoms and risk their health because of their irrational fear.

A case of hospital phobia in a pregnant patient with suspected disproportion was treated by a rapid desensitization technique using hypnosis. After five sessions of 30 min each, the patient was symptom free.

This simple method of desensitization, if more widely known would considerably minimize the risk caused by concealment of the phobic problem.

Introduction

The research into the problem of phobic disorders is very extensive and the multidisciplinary techniques of treatment described constitute a formidable contribution to the literature.

References to specific mono-phobic anxieties are reported in a descending order of frequency according to their incidence.

An estimation of the incidence of phobic illness was undertaken by Agras, Sylvester and Olivear in a study at Vermont in 1969. They found that the bulk of the population is affected by common fears which have a high incidence in childhood decreasing rapidly during adolescence and early adult life. Mild phobias affect a significant but lesser proportion of the population ($77/10^3$) and severe disabling phobias are less common ($2.2/10^3$).

Blakiston's (1972) Medical Dictionary lists over 285 phobias but no reference is made to hospital phobia.

A fear of doctors and hospitals is commonly met in the community but is not usually disabling. When such a fear becomes irrational and sufficiently severe to cause avoidance of the situation, then definite health hazards may arise.

Lucente and Fleck (1972) reported on an extensive

study of 'hospitalization anxiety', that is, anxiety generated *after* admission to hospital.

Very little has been written about pre-admission phobia, however, and a review of the literature over the past 5 years has revealed only three papers on the subject.

Definition

Blakiston's (1972) Medical Dictionary defines the psychodynamic idea of a phobia as 'a disproportionate, obsessive, persistent and unrealistic fear of an external situation or object, symbolically taking the place of an internal unconscious conflict'.

Schapira, Kerr and Roth (1970) define a phobia as a 'persistent and inappropriate fear of a specific object or situation'.

The behavioural view is more precisely defined by Marks (1969) as 'a special form of fear which (i) is out of proportion to the demands of the situation; (ii) cannot be explained or reasoned away; (iii) is beyond voluntary control; (iv) leads to avoidance of the feared situation', such a fear being the result of a learned response.

Treatment, therefore, is directed along psychodynamic lines by uncovering the repressed conflict or by behavioural methods, replacing the phobic response with one of calmness and control when presented with the noxious stimulus.

Chemical treatment has also been documented and a summary of this has recently been reported (Waxman, 1977).

Case history and treatment

A 22-year-old primipara complained of being 'petrified of hospitals'. Her admission was anticipated on account of possible disproportion and she was referred to the Psychiatric Department of the Central Middlesex Hospital for treatment. There was nothing of relevance in her past history. She had never been in hospital or suffered any severe illness which could possibly have caused her phobia. She had had a morbid fear of hospitals all her life and no triggering cause could be elicited.

Her father had suffered from a duodenal ulcer and had been admitted for treatment when she was 6 years old. A visit to him was her only contact with

hospital but no traumatic incidents were recorded at that time. Her mother had suffered from some renal problem when the patient was aged 17 years and had also been admitted for treatment. At that time the patient experienced phobic symptoms at the thought of visiting her and had avoided this as a result. She had one sister who died in infancy as a result of an unknown infection. There was no family history of psychiatric illness or phobic anxiety and the relationships were good. She reported her childhood as happy. There were no nervous traits. Her education was at primary and secondary school levels and she had held steady employment as a telephonist in a supermarket since leaving. She married at the age of 21 years. Her husband was 2 years older than she and held a good job as an electrician. There were no marital or sexual problems. At the time of the initial interview she was 8 weeks advanced in her first pregnancy.

Her symptoms appeared at the very thought of doctors or hospitals and reached phobic intensity with the possibility of admission or of surgical procedures. They consisted of trembling, sweating, palpitations, 'butterflies' in the stomach and feeling rooted to the spot.

Assessment on the Willoughby Schedule (1932) revealed a low level of general anxiety with a total score of 34. Measured on the Fear Inventory (Wolpe and Lang, 1964), phobic symptoms were confirmed as follows:

Very much – seeing other people injected, witnessing surgical operations, prospect of a surgical operation, medical odours.

Much – human blood, animal blood, doctors.

Other minor fears were revealed which were not incapacitating and bore no relevance to her major phobia.

The patient was treated using hypnosis. A simple induction technique of eye fixation and progressive relaxation was employed followed by a six-stage programme as previously described (Waxman, 1975a).

After the first induction the hypnotic state was subsequently induced by a signal, thus saving several minutes of time. Ventilation of her fears and regression to the time of visiting her father in hospital at the age of 6 years revealed no further information.

A graded hierarchy of anxiety-producing situations was constructed from discussing the problem at home with her husband, to attending the out-patients department (OPD), blood tests, X-rays, pelvimetry, the onset of labour pains, admission to hospital by ambulance and the various stages of labour and surgical procedures until the birth of her child.

These situations were presented to the patient in imagery whilst she remained completely relaxed in

hypnosis and matched in practical retraining by actual hospital attendance and for the necessary out-patient consultations and investigations.

All suggestions along the hierarchy were experienced without panic and the patient was given a total of five sessions of hypnotherapy each lasting 30 min. Additionally, she was taught self-hypnosis which she could carry out daily to reinforce the therapeutic session and for subsequent use for the reduction of anxiety in the interval between labour pains. In the event, pelvimetry was normal and the patient was admitted to hospital in labour and delivered normally.

When visited in the post-natal unit, she was on a drip and reported a complete absence of fear at all stages, was able to survey her transfusion apparatus with equanimity and the only problem of which she complained was backache.

A further pregnancy occurred 2 years later and OPD visits and hospital confinement took place with complete absence of phobic symptoms.

Discussion

Eikeland (1973) reported a case of conditioned fear in a 2-year-old boy after tonsillectomy in which attempted desensitization was partially successful. The behavioural sequelae observed in the child were treated by graded desensitization *in vivo*. Two years after the tonsillectomy the last sequelae seemed to have disappeared. There remained a strong fear of being left alone in a room.

Powers and Powers (1975) treated a female, aged 38 years suffering from phobias relating to enclosed spaces, doctors, cancer and hospitals, by systematic *in vivo* desensitization in a general hospital. In this case there was a strong family history of depression, anxiety and phobic fear. A modification of Jacobson's (1938) technique of progressive relaxation was used with desensitization along carefully prepared hierarchies of the major fears, together with supportive psychotherapy and amitriptyline 125 mg/day. The time required for the entire programme was 20–25 hr.

Lloyd and Deakin (1975) reported the case of a 51-year-old woman with a hospital phobia, avoidance of vaccination and of dentistry. She had become conditioned to her fear by several periods in hospital during her childhood. There was no history of psychiatric symptoms and no family history of phobic illness. The main phobia related to having an injection, the sight of blood and being admitted to hospital for surgery. When urgent admission was required, the patient was treated by rapid exposure *in vivo* along a graduated hierarchy of needles, syringes etc. and by modelling on the therapist. After six sessions of approximately one hour, she was able

to enter hospital for the necessary investigation and operation.

Conclusions

In the case reported, because of the necessity for immediate hospital out-patient visits and investigations, any form of psychoanalytic approach was impractical. For the same reason, prolonged behavioural techniques could not be considered. Clomipramine has been widely used in the treatment of phobic anxiety (Waxman, 1975b) but any form of psychotropic medication was contra-indicated in view of the pregnancy.

Desensitization using hypnosis was employed as it was anticipated that the patient would thus be able to enter into the phobic situation with a minimum of delay. The complete safety of the technique and the greater likelihood of a successful outcome reinforced the decision to use this particular technique.

Subjects who have experienced hypnosis will verify the realistic, almost hallucinatory nature of visual imagery which may be suggested to the accompanying subjective feelings of complete calm.

Neurotic illness in general and phobic anxiety in particular is amenable to this technique. It is easily learned and can be employed by any general practitioner or psychiatrist and is a useful ancillary weapon in the psychotherapeutic armamentarium.

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References

- AGRAS, S., SYLVESTER, D. & OLIVEAR, D. (1969) The epidemiology of common fears and phobia. *Comprehensive Psychiatry*, **10**, 151.
- BLAKISTON'S (1972) *Gould Medical Dictionary* (Ed. by Osol, A.), 3rd edn. McGraw Hill Book Co., New York.
- EIKELAND, TH. (1973) A case of conditioned fear in a two-year-old boy after tonsillectomy. *Acta oto-laryngologica*, **76**, 377.
- JACOBSON, E. (1938) *Progressive Relaxation*. University of Chicago Press.
- LLOYD, G.G. & DEAKIN, H.G. (1975) Phobias complicating treatment of uterine carcinoma. *British Medical Journal*, **4**, 440.
- LUCENTE, F.E. & FLECK, S. (1972) A study of hospitalization anxiety in 408 medical and surgical patients. *Psychosomatic Medicine*, **34**, 304.
- MARKS, I.M. (1969) *Fears and Phobias*, p. 3. London, Heinemann.
- POWERS, P.S. & POWERS, H.P. (1975) Using a hospital for desensitization of an outpatient's illness-related fears. *Hospital and Community Psychiatry*, **26**, 675.
- SCHAPIRA, K., KERR, T.A. & ROTH, M. (1970) Phobias and affective illness. *British Journal of Psychiatry*, **117**, 25.
- WAXMAN, D. (1975a) Hypnosis in the psychotherapy of neurotic illness. *British Journal of Medical Psychology*, **48**, 339.
- WAXMAN, D. (1975b) An investigation into the use of Anafranil in phobic and obsessional disorders. *Scottish Medical Journal*, **20** (Suppl. 1), 61.
- WAXMAN, D. (1977) The management of phobic disorders using clomipramine (Anafranil). *The Journal of International Medical Research*, **5** (Suppl. 1), 24.
- WILLOUGHBY, R.R. (1932) Some properties of the Thurstone Personality Schedule and a suggested revision. *Journal of Social Psychology*, **3**, 401.
- WOLPE, J. & LANG, P.J. (1964) *Fear Inventory Schedule*. The Conditioning Therapies (Ed. by Wolpe, J., Salter, & Rayner). New York, Holt, Rinehart and Winston.