

A Monosymptomatic Phobia Treated by a Single Session of Behaviour Therapy

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This is a case in which it seems reasonable to assume that a patient developed a maladaptive conditioned response, which was symbolic of an underlying conflict. She was treated successfully by a single session of behaviour therapy. Not only did the symptom disappear, but there seems to be an improvement in the underlying unconscious conflict.

Case history

Mrs. Joy S., was about 30 years of age when she was referred for psychiatric opinion by her general practitioner. She had been suffering from symptoms of moderate depression for the previous few months. Prominent among her symptoms was guilt about being unable to satisfy her husband's sexual needs. She had always been disappointed by her sexual experience and had never enjoyed it, though her marriage was in general a happy one. She was an intelligent, well spoken woman of previously good personality.

She had been terrified of snakes from an early age. She could not recall any encounter with a real snake, nor could she explain how this fear arose. She first realized her revulsion for snakes at about 10 years of age, when she visited the London Zoo. She could not stay in the same room if there was a picture of a snake in it, nor could she watch television if there was any likelihood of a snake appearing on the screen. This phobia for snakes had recently begun to cause problems at home because her two children had realized their mother's fear and had begun using it to control her.

Mrs. Joy S. was an only child. Her father died suddenly when she was 26 years of age. She described him as an affectionate and sensible man whom she respected and loved deeply. She was less enthusiastic about her mother who was alive, though on the whole she got on well with her. Nudity had always been a practice within the family, and as far back as she could remember all the family would walk in and out of the bathroom in the nude, and would sunbathe or lie around in bed in the nude. Sex *per se* was never discussed in the family, though she felt she had been brought up to be unafraid of sex.

TREATMENT

She was treated with concordin 5 mgs. t.d.s. for one month, during which her depressive symptoms disappeared completely, but her phobia for snakes remained unchanged.

One session of systematic desensitization was carried out by the technique described by Freidman (1966), using an intravenous injection of a 2½ per cent solution of methohexitone sodium. A very life-like toy rubber snake was used to build up a hierarchical system. Within 45 minutes she was able to play with the toy snake without any anxiety. Three days later she arrived for continuation of the treatment; she said she did not experience any anxiety at the thought of a snake, and was actually able to play with the snake without any anxiety. She was asked to come again three days later; as before, she experienced no anxiety and played with the snake.

PROGRESS

She was not seen again for two years, at the end of which period I made enquiries about her health and the snake phobia. She wrote saying that she was very well indeed. Some extracts from her letter—'. . . I have had no recurrences of the depression and I am coping with all my day to day problems with little trouble. . . I have seen a grass snake in a glass case . . . pictures of snakes no longer bother me . . . I read an article on the adder. . . It is a welcome relief to have no fears when at the cinema that a snake might appear on the screen.' I got in touch with her again and had a final interview with her. She was indeed extremely well and happy, her sex life had improved and she was able to enjoy sex for the first time.

DISCUSSION

One could conjecture that Mrs. S.'s phobia for snakes was symbolic of her wish for her father's penis and at the same time a fear and guilt arising from this wish, creating conflict and anxiety. This conflict had been constantly kept alive by the nudity within the family. Failure to discuss sex in the family had denied her the opportunity to work through this conflict, and at the same time had prevented the conflict from becoming either deeply ingrained or becoming attached on to any other aspects of her personality. It remained, as it were, free-floating in her unconscious mind in an unsophisticated primitive form and was expressed in her conscious

mind as a snake phobia. I did not make any interpretations to her and did not even discuss the sexual aspects of her phobia. She has evidently been completely cured of this phobia as well as the original conflict from which it arose—enjoyment of sex being the criterion—with a single session of desensitization. It has not been replaced by any other neurotic symptoms and indeed she seems to be a much happier person and is leading a richer and fuller life.

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REFERENCE

FREIDMAN, D. E. (1966). 'A new technique for the systematic desensitization of phobic symptoms.' *Behaviour Research and Therapy*, 4, 139-40.

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