



## Flower Phobia – A Case Report

### KEYWORDS

phobia, anxiety, behavior therapy, systematic desensitization

### Dr. Swati S. Joshi

Associate Professor of Psychiatry, Dept. of psychiatry,  
MIMER Medical College, Talegaon Dabhade,  
Maharashtra, India

### Dr. Sharmishtha S. Deshpande

Professor, Dept of Psychiatry, SKN Medical College,  
Narhe, Pune, Maharashtra, India

**ABSTRACT** We present a case of rare type of specific phobia not seen in scientific literature. A 10 year old male child presented with fear of flowers associated with avoidance behavior over past 3 years. His symptoms gradually increased in severity and significantly affected his work functioning. He was diagnosed to have Specific phobia of natural environment type without any co morbidities and treated with behavior therapy alone, wherein systematic desensitization with feared object was done. Over a period of 6 months his symptoms remitted completely and he maintained the remission for long term.

### Introduction

Fears, anxieties & specific phobias are classified as internalising behavior problems. All are relatively common among children and adolescents (Lichtenstein & Annas, 2000) [1]. Fear is a basic human emotion usually defined as a normal response to object or situations that pose a threat to personal & physical safety characterized by an outer behavioral expression, an inner subjective distress and associated physiological changes.

The term phobia refers to an excessive fear of a specific object, circumstance, or situation resulting in intense anxiety, even to the point of panic, when exposed to the feared object or situation. Anxiety is aroused by a naturally frightening stimulus occurring in contiguity with some inherently neutral stimulus. As a result of contiguity, the originally neutral stimulus arouses anxiety by itself. The neutral stimulus thus becomes a conditioned stimulus for anxiety production. However, flowers are usually perceived as pleasant stimulus. The development of specific phobia may result from the pairing of a specific object or situation with the emotions of fear. In general, when a specific event is paired with an emotional experience the person is susceptible to a permanent emotional association between feared object and fear or anxiety.

### Case Report

10 year old male child presented with a specific complaint of fear of flowers associated with avoidance behavior. His complaint was noticed 3 years ago, which began abruptly when he came across a sunflower and gradually became generalized with all kind of flowers. There was no threatening event associated with onset of this fear. His complaints gradually increased in severity with avoidant behavior. He wouldn't allow family members to keep flowers in home, avoided drawing of flowers in school. He would not walk on side of street where flowering plants are present. If he came across any situation where flowers are present, he became uncomfortable and showed signs of severe anxiety. Parents or patient couldn't give history of any specific event or stressor for onset of phobia. There was no history of other anxiety disorder or mood disorder. His performance in school was good. Child was developmentally and intellectually normal. Considering history diagnosis of Specific Phobia was done according to DSM IV TR criteria[2]. There was no co morbidity detected clinically.

Patient was treated with behavior therapy – systematic desensitization - one hour weekly session. Here the child was exposed serially to a predetermined anxiety-provoking stimuli graded in hierarchy from least to the most frightening. In this case initially talking about flowers and then keeping photographs of flowers in consulting room – far end then on the table near to patient, initially patient was severely anxious to the extent of panic but gradually his anxiety subsided with relaxation technique and reassurance. As he was comfortable with photographs of flower in few sessions, real flowers were kept during session but away from him. Along with realization of safety of phobic situation i.e. flower, reassurance & relaxation, patient was asked to touch real flowers, gradually he started getting confidence. Now same technique was used by mother at home randomly. In 4-5 months as his symptoms were less, on encouragement he started drawing pictures of flowers, would tolerate presence of flower bouquet in home, started walking on road where flowering trees were there. In last few sessions he was exposed to sunflowers to which he feared the most, gradually controlled his anxiety & fear about sunflower. Then he visited sunflower garden in near-by village.

### Discussion

In the course of development, children do have a predictable array of normal intense specific fears that emerge, level off and decline. (Beidel & Turner, 2005; Marks, 1987; Ollendick, Yang, King, Dong, & Akande, 1996) [3,4,5]. Some fears start in infancy (e.g., intense unexpected noises, heights), and other types of fears are reported to occur in age periods, 1–2 years (e.g., strangers), 3–5 years (e.g., animals, dark, imagery creatures), 6–9 years (e.g., animals, storms, school, death), 9–12 years (e.g. tests, personal health) and 13 years and older (e.g., personal injury, social interactions and political catastrophes) (Beidel & Turner, 2005)[3]. Young children are also reported to have both more and intense fears than adults, for the fears to be transitory, with a majority (72%) decreasing over a six month period (Marks, 1987)[4]. Heritable factors as well as environmental factors, such as trauma, vicarious learning and/or negative information, are reported to be important for differences in fearfulness and phobias, at least in young children (Lichtenstein & Annas, 2000)[1].

The DSM-IV-TR includes distinctive types of specific phobia: animal type, natural environment type (e.g., storms), blood-injection-injury type, situational type (e.g., cars), and other type (for specific phobias that do not fit into the previous four types). Preliminary data indicate that the natural environment type is most common in children younger than 10 years of age as in our case. In natural environmental type commonly reported are of darkness, water, thunder, height. Children usually enjoy flowers; this type is rarely seen or identified. In this case it had an implication in improving quality of life of child and parents due to severe anxiety.

A common treatment for specific phobia is exposure therapy. In this method, therapists desensitize patients by using a series of gradual, self-paced exposures to the phobic stimuli, and they teach patients various techniques to deal with anxiety, including relaxation, breathing control, and cognitive approaches. The cognitive-behavioral approaches include reinforcing the realization that the phobic situation is, in fact, safe. The key aspects of successful behavior therapy are the patient's commitment to treatment, clearly identified problems and objectives, and alternative strategies for coping with the patient's feelings.

In this case intelligent and cooperative child and parent, regularity of sessions, understanding of diagnosis, psychoeducation was the key for success of behavior therapy. It was rewarding experience to identify and successfully manage in routine psychiatry OPD.

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