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A CASE SERIES OF HAPHEPHOBIA: A RARE SPECIFIC PHOBIA

Psychiatry

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ABSTRACT

Background: Haphephobia is the fear of being touched. People with this type of phobia experience intense, irrational distress at the thought of being touched. It comes under the diagnosis of specific phobias as per DSM 5 and ICD 11. **The Cases:** We present a series of four cases, seen by our psychiatry consultation service over last 2 years period, where all 4 of them had been diagnosed with haphephobia, with two having past history of triggering incidents. They were successfully managed by pharmacological agents (SSRIs and Benzodiazepines) along with non-pharmacological approaches like exposure therapy, insight-oriented psychotherapy. **Conclusion:** Because patients with isolated specific phobia like haphephobia rarely present for treatment, there is little research on them. We advocate for further research on the specific phobias and all physicians to be aware about them, to improve the outcome of the patients.

KEYWORDS

Haphephobia, Specific Phobia, SSRIs.

INTRODUCTION:

Haphephobia is the fear of being touched. People with this type of phobia experience intense, irrational distress at the thought of being touched. It comes under the diagnosis of specific phobias as per DSM 5 and ICD 11. Like other types of phobias, it has similar features of irrational fear from touch which is not apparently dangerous leading to extreme anxiety in almost every exposure and thereafter avoidance of such situations. It sometimes developed following a traumatic events like sexual or physical assaults, trauma etc or observation of others going through such traumatic events. It causes impairment in psychosocial functioning and a decreased quality of life. Sometimes it co-exists with other types of phobias, depression, anxiety disorders, panic disorders, obsessive compulsive disorders, trauma and stressor related disorders, substance use disorders, psychotic disorders etc. This fear may be from being touched by a specific gender (commonly from opposite gender), specific group of people or can be generalised. The exact prevalence is unknown, however, the prevalence estimated for specific phobia is approximately 7 to 9 % in the USA. Specific phobias are being treated with pharmacological agents like SSRI, Benzodiazepines, Beta blockers etc and non-pharmacological managements like relaxation therapy, exposure therapy, cognitive behaviour therapy etc. a thorough literature review found only a few reported cases of haphephobia. We are reporting a case series comprising of four patients who were diagnosed for haphephobia and were managed successfully.

The Cases:

Case No 1

A 20 years old girl, college student from rural background presented in psychiatry OPD of Agartala Government Medical College with complaints of intense fear of being touched by male persons. She told this started around one year ago when her father came to visit them from his workplace, initially she started feeling uneasy with his presence. Gradually whenever he was coming closer to her casually, she was feeling nervous, restless, her heart started to pound fast, she felt dizzy and discomfort in the chest, a burning sensation on her whole body, nausea and as if she was losing control over the environment. For this she started to avoid her father. Gradually she became fearful about the touch of other male family members and also her male friends of college. She started to avoid going to crowded places or through public transport for the same fear. She told she feared that if she was touched by any male person something bad may happen to her, but she could not explain further. There was no past and family history of psychiatric illness, no history of any physical or sexual traumatic exposure. On mental status examination she had anxious affect, and phobia for touch by male individuals was present. She was diagnosed as specific phobia (6B03) as per ICD 11. Her routine blood investigations including thyroid function tests were within normal limit and NCCT Brain was normal. She was successfully managed with Tab Paroxetine Controlled release (given up to 25 mg) OD, and Tab Clonazepam 0.5 mg SOS basis along with behaviour therapy and insight-oriented psychotherapy over next 3 months. Now she is maintaining remission with regular medications.

Case no- 2

A 30 years old male engineer by occupation from urban area, married presented to psychiatric OPD of Agartala Government Medical College with complaints of excessive fear of being infested by some germs whenever he meets any person of a specific geographic area. He said, 9 years back he had a hostel mate from that area who had scabies and had extreme itching. So, he used to feel uneasy around the hostel mate, and used to avoid going to his room. Gradually over past few years he started feeling anxious around other people who were from same geographic area as he felt all of them may have scabies and some other germs. Gradually that hampered his work, as he had to meet many people from that area, and whenever they were at his office he used to maintain a distance from them and used to clean the entire room twice after they left. He also took bath and clean all his clothes later, which he was not doing on days when he did not meet individuals of that area. He was avoiding to go to places where people of that geographical location were there and also asked his family members not to go there. Gradually his fear increased so much that he cancelled admission of his child to a school where he got to know that children from that particular area also studies. All these were making him tensed and his sleep also got disturbed for last 5 days. He had no past and family history of psychiatric illness. He drinks alcohol occasionally. On examination he had anxious affect, with phobia of being touched by people from a specific area. He was diagnosed as specific phobia (6B03) as per ICD 11. his blood investigations including Thyroid profile test was within normal limit. He was prescribed tab fluoxetine 20 mg OD and Tab Clonazepam 0.5 SOS and exposure therapy with CBT was started. He showed improvement within 20 days. Currently he is maintaining remission on tablet fluoxetine 40 mg for last 4 months.

Case no- 3

A 26 years old college dropout woman who recently got married around one and half months ago, presented with her husband and in-laws to the psychiatry OPD of Agartala Government Medical College with complaints of intense fear from the touch of her husband whenever he comes close to her. She told, she feels nervous, scared and restless whenever her husband touches her, also she starts to feel dizzy, palpitations, light headedness, stomach pain, choking sensation and a feeling of losing control over the environment. She also couldn't sleep properly for the fear of being touched by husband. Gradually she started avoiding her husband and started sleeping in different room. Her mother had history of depressive disorder. There was no other significant past history of any medical and psychiatric illness. On

thorough history taking it was found that her father used to physically assault her mother mostly after being drunk which used to make her scared. On examination she had a sad affect and there was phobia from the touch of her husband. she was diagnosed as specific phobia (6B03) as per ICD 11. her blood investigations were within normal limit, except for thyroid profile which showed subclinical hypothyroidism. She was prescribed tab fluoxetine 20 mg OD and Tab Clonazepam 0.5 SOS along with exposure therapy with insight-oriented psychotherapy and marital counselling. She was asked for repeat thyroid profile test after 3 months. Her symptoms got improved in 1.5 months and currently she is on regular follow ups.

Case no- 4

A 21 years old male, who is a medical student from urban area, presented with his batch mates in the psychiatry OPD of Agartala Government Medical College with complaints of intense fear from the touch of any children. This started around 5 years back, when his maternal aunt got a newborn child. He feared if he touches the baby something bad may happen to him or the baby, so he started to avoid going near to the baby. Gradually he started to have the same fear for other children in the house and locality. He said whenever the children come close to him or touches him, he feels restless, anxious and nervous, also at times he has palpitations, heaviness of chest, shortness of breath, reeling of head and feeling of losing control over the environment. So, he was avoiding to go close to any children since last 3 years. As he was staying in hostel for last 3 years, he was maintaining well but he said back of the mind he remained always fearful about the same. Since last 10 days as his paediatric clinical posting started, he became very anxious and fearful about being touched by the children. One day when the teacher asked him to examine a child's respiratory rate he got intense fear, palpitations, choking sensation and a strong feeling that something bad is going to happen. He could not sleep the entire night, and from the next day he stopped going to the posting. He shared this with friends and they brought him to the OPD. There was no other significant past and family history of any medical and psychiatric illness. On examination he had an anxious affect and there was phobia from the touch of children. He was diagnosed as specific phobia (6B03) as per ICD 11. His blood investigations were within normal limit. He was prescribed tab Sertraline 50 mg OD and Tab Clonazepam 1 mg in two divided doses which was gradually tapered off to 0.5 mg SOS in next 7 days along with exposure therapy and Jacobson's progressive muscle relaxation technique. The dose of sertraline was increased to 100 mg on next visit and his symptoms got improved in next 3 months and currently he is on regular follow ups.

DISCUSSION:

Haphephobia is the fear of being touched. People with haphephobia often experience physical symptoms of intense distress when they are touched. It is diagnosed under specific phobia as per ICD 11 and DSM 5. Like other specific phobias, the marked fear or anxiety is almost always been provoked by the stimulus, here which is physical touch or a thought of it. This fear is out of proportion of the actual danger and causes clinically significant distress or impairment in social, occupational and other areas of functioning. This fear is usually followed by avoidance of the stimulus. For a clinical diagnosis symptom should be present for a minimum duration of 6 months as per DSM 5. Although different types of phobias like agoraphobia, social phobia, claustrophobia, acrophobia, zoophobia etc. are commonly diagnosed, but haphephobia is somewhat underdiagnosed. Often patients do not understand the fear themselves and also cannot explain in properly. Many a times there are co-morbidities like depressive disorders, anxiety disorders, OCD, substance use disorders etc. Specific phobias usually show a bimodal age of onset one peak at childhood (mostly for animals, blood injections phobias) and another at early adulthood (mostly situational phobias). In our cases, for all of them the onset of symptom was early adulthood (early 20s). Like other anxiety disorders, specific phobias also show a waxing and waning pattern of course. For some people, the fear is specific to being touched by people of one gender. For others, the fear extends to all people. In our case series case no 1 had such fear only to the opposite gender. And for cases 1,2 and 4, this fear extended from one individual to many. For haphephobia, some patients have past history of traumatic experiences- physical or sexual in nature. in our case series, case no 2 and 3 had history of some triggering incident in the past. Some specific phobias run in families. Although, our cases did not have any history of phobic disorders in any first-degree relatives. Regarding the symptoms, all the 4 cases had both psychic and physical symptoms of anxiety which usually got triggered by the physical touch or even the thought of it. All 4 cases also used avoidance of the stimulus. For all the 4 patients we managed both pharmacologically and non-pharmacologically. SSRI was the pharmacological agent been used, paroxetine in case 1, and fluoxetine in cases 2 and 3 and sertraline in case 4. Relaxation therapy, exposure therapy and insight-oriented psychotherapy were also used along with psychoeducation to the patient and family members. All 4 patients showed improvement as their anxiety levels came down while on treatment.

CONCLUSION:

Because patients with isolated specific phobia rarely present for treatment, there is little research on their phenomenology, epidemiology, course and prognosis and management. We tried to highlight one rare type of specific phobia: haphephobia that is fear of being touched. The aim was to understand the pathophysiology of this phobia and successful management. We advocate for further research on the specific phobias and all physicians to be aware about them, to improve the outcome of the patients.

List Of Abbreviations:

DSM5 = diagnostic and statistical manual of mental disorder 5,
ICD11= International Classification of Diseases 11,
NCCT= Non contrast computed tomography,
SSRI= Selective Serotonin Receptor Inhibitor
OCD= obsessive compulsive disorder
OPD= Out Patient Department
OD= Once Daily
SOS= si opus sit (if necessary)

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Availability Of Data And Materials:

Essential data supporting the findings of this study are available within the article. Further data are available on request from the corresponding author. The data are not publicly available due to privacy reasons.

Declarations:

Consent To Participate:

All written informed consent for medical procedures and the patient's medical information study were obtained from the patient and their legal guardians to publish this case report.

Consent For Publication:

All written informed consent for medical procedures and the patient's medical information study was obtained from the patient to publish this case report and accompanying images.

Competing Interests:

The authors declare that they have no competing interests.

REFERENCES:

1. Nahar, S., Inam, M., & Miah, M. (2022). Haphephobia: a rare specific phobia of being touched. *European Psychiatry*, *65*(S1), S391-S391.
2. LeBeau, R. T., Glenn, D., Liao, B., Wittchen, H. U., Beesdo Baum, K., Ollendick, T., & Craske, M. G. (2010). Specific phobia: a review of DSM IV specific phobia and preliminary recommendations for DSM V. *Depression and anxiety*, *27*(2), 148-167.
3. Eaton, W. W., Bienvenu, O. J., & Miloyan, B. (2018). Specific phobias. *The Lancet Psychiatry*, *5*(8), 678-686.
4. Silverman, W. K., & Rabian, B. (1994). Specific phobia. In *International handbook of phobic and anxiety disorders in children and adolescents* (pp. 87-109). Boston, MA: Springer US.
5. Fyer, A. J. (1998). Current approaches to etiology and pathophysiology of specific phobia. *Biological psychiatry*, *44*(12), 1295-1304.
6. Essau, C. A., Conradt, J., & Petermann, F. (2000). Frequency, comorbidity, and psychosocial impairment of specific phobia in adolescents. *Journal of Clinical Child Psychology*, *29*(2), 221-231.
7. Straube, T., Glauer, M., Dilger, S., Mentzel, H. J., & Miltner, W. H. (2006). Effects of cognitive-behavioral therapy on brain activation in specific phobia. *Neuroimage*, *29*(1), 125-135.
8. Becker, E. S., Rinck, M., Türke, V., Kause, P., Goodwin, R., Neumer, S., & Margraf, J. (2007). Epidemiology of specific phobia subtypes: findings from the Dresden Mental Health Study. *European Psychiatry*, *22*(2), 69-74.
9. Muris, P., Schmidt, H., & Merckelbach, H. (1999). The structure of specific phobia symptoms among children and adolescents. *Behaviour research and therapy*, *37*(9), 863-868.
10. Rowa, K., McCabe, R. E., & Antony, M. (2008). Specific phobia and social phobia. *A guide to assessments that work*, *207*, 228.