

## Case Study of Genophobia and Anxiety

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### Abstract

This document pertains to the case study of Genophobia and Anxiety. The subject of the disorder was Mrs. M (Initial instead of real name), age 35 years and housewife. She visited my clinic along with her husband. Her husband informed that she is refusing for sexual intercourse for last two years since the first day of their marriage. He told that her wife (client) starts crying and shouting sometimes suddenly and aggressive behavior also present. It was inquired from her husband if he has had the medical check-up of the client been carried out anytime during this period of two years. He told that she has gone through complete medical check-up by an experienced gynaecologist and no problem found. Any way a psychiatrist informed her husband that his wife is a patient of depression. Assessment made after taking semi-structured interviews from Mrs. M and her husband. In light of assessment and DSM-IV (1), Mrs. M was diagnosed by Genophobia and Anxiety.

**Keywords:** Genophobia; Anxiety; Fear-stimuli

### Introduction

Major purpose of this particular case study was to reaffirm and prove the efficacy of Fear-Stimuli Identification Therapy (FSIT) on empirical grounds. It was also intended to use FSIT in order to eliminate the symptoms of Genophobia and Anxiety disorder Mrs. M was suffering from, as the therapy was already successfully used to remove the symptoms of various disorders in different cases [1, 2].

### Hypotheses

“It is expected that the FSIT method would effectively cure the Genophobia and Anxiety Disorder from which the above referred person Mrs. M is suffering.”

### Fear Stimuli Identification Therapy (FSIT)

Fear-Stimuli Identification Therapy (FSIT) is based upon the perception that some of the incidents (mostly the sudden incidents) in the early age of a child become stimuli for fear instinct which cast negative effects over the personality of a child and become reason for one or the other type of disorder. FSIT investigates and digs out such events from a person's unconscious which play as stimuli for fear instinct. Whenever effected person encounters the events in his/her life resembling to the stimulus/ stimuli the specific incident which has stimulated the fear instinct previously is recalled.

### Method

#### Participants

Mrs. M (client)

#### Materials

No any specific material used in this case study.

#### Procedure

In the first two sessions semi-structured interviews were conducted with Mrs. M and her husband. Assessment was made in the light of these interviews and reasons/causes for disorder were dug out. DSM-IV was consulted to decide the nature or type of disorder.

In the subsequent of fifty sessions Mrs. M was asked to write on specific topics. Cross-questioning was carried out over the ideas mentioned in the writings.

### Results and Discussions

#### Results

After diagnosis of Genophobia and Anxiety Disorder, treatment was started in the light of FSIT method. Five sessions per week were taken, total of ninety sessions were conducted. In the course of treatment, her husband reported about Positive behavioural change in different spheres of Mrs. M's life. Clinical observations during treatment also indicated a gradual positive change in his personality. The difference between pre-assessment and post- assessment confirmed precision of hypotheses and efficacy of FSIT. Feedback was obtained on weekly basis for a period of one month from Mrs. M's husband about any possible reappearance of symptoms of Genophobia and Anxiety Disorder and this was confirmed that there was no reoccurrence of disorder's symptoms anymore.

#### Discussions

Before visited to the clinic, Mrs. M had already consulted a gynaecologist and psychiatrist and was mostly treated by means of anti-depressants. This had no significant effects upon client's disorder. Anyhow this medication helped Mrs. M to sleep well, as she was not able to sleep before [3].

Prior to write about intervention/treatment, a brief description of patient's social and family environment is necessary in order to understand the main causes of Mrs. M's disorder.

**Family history:** Client's father was a government employee; while mother is housewife her education is primary. Elder brother employed in foreign residing abroad with his family. The younger brother is unmarried living in one house with parents and client before her marriage.

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Received March 13, 2016; Accepted May 02, 2016; Published May 05, 2016

Citation: Iqbal MZ, Awan SN (2016) Case Study of Genophobia and Anxiety. J Depress Anxiety S2: 013. doi: [10.4172/2167-1044.S2-013](https://doi.org/10.4172/2167-1044.S2-013)

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**Social history:** She belongs to a small family; the other relatives of this family are living in other different cities of Pakistan. Client was serving at a multinational firm as she holds the degree in Masters. She resigned from the job before her marriage. The client looked to spend most of her time outside home among her colleagues. She felt happier at her job than to be in home. Her father was disciplined man as per client he was some sort of psychological patient

**Medical/past psychiatric history:** She had not been under treatment of any competent psychological expert before visiting clinic. The only attempt to get her treated was successful when she visited a psychiatrist but this was also a half-hearted effort as she did not pay even a second visit to psychiatrist and not even taken the medicines prescribed by the psychiatrist. She did not have any proper medical record

**Assessment:** The only source of information / history of the problem was client who passing through by herself. I asked her why not she allowed her husband for sexual intercourse. She informed me that about thinking of intercourse her body starts shrinking and she feels burden on her shoulders. Whenever her husband asked her for intercourse her mind becomes blank. She could not explain any perceptible reason for her shouting and crying sometimes. It was necessary at this point that I had to make an effort to make her memory recalled. So as per my method I handed her over the topic to write on the title was "My fears with reference to an eye of one to ten years" On consequent days it was a writing consisting of only 10 lines she handed over to me. This was and an absurd meaningless piece of writing and could not make any sense to find a hint over her problem.

She told that she write these lines very hardly. She has almost lost her memory of past. She complained of burden on her shoulders and backside of her head while writing. In this situation it was chosen to conversation rather than to conduct the technique of writing. It was attempted to make her memory recall for last 10 years events, but there was too much resistance. The result was rather disappointing. She yawned, avoided to answer my questions and made complaint for heavy burden over her shoulders and on the backside of head. During the conversation session whenever I changed the topic and stopped questioning her face expressions changed and she seems relaxed. But on back to the questions related to her problem she resisted again and again. This indicated of some of the event repressed in her unconscious.

This practice was repeated for consequent five more sessions. In the seventh session she told me that on seeing blood she becomes nervous and frightened. Anyhow this was still intangible that how her mind related fear or even terror to blood. In the following sessions she told that she had been ill for a very long time in her childhood. The period of her illness prolonged from age of two years to five or six years. Her parents, especially her mother used to take her to hospital for treatment. While going through her past history she went through the fits of stress. Her body shivered and she felt stressed over her shoulders. At a point during this conversational process she suddenly started crying badly that her mother had treated her very harsh once in the hospital when she was only 3 or 4 years of age. The doctor at hospital needed to take her blood samples. She narrated the story that as her, syringe in doctor's hand she ran freighting. Her mother and a paramedic ran behind her and caught her. They both gripped her in their arms and doctor intruded the syringe in to her arm. She was the pace of blood where syringe was pierced. She felt severe pain in her arm. Her sense of pain was associated with the intrusion of syringe. Now this was clear to me that there prevail three stimuli for the fear instinct in this client.

i. If someone attempts to grip her in her arms be it with love or affection she becomes frightened.

ii. Insertion of any object into body played as stimulus to fear instinct.

iii. Observing blood also played as stimulus to fear instinct.

The reason for the problem of sudden shouting and crying of my client without any obvious reason was also revealed during these sessions. She told that her father was a hard tempered Personality and treated his children with harsh behavior. This was the reason for her habit to remain outside home for most of the time. She planned to get married to avoid criticism of her father for spending most of her time outside home. She found this opportunity during her four weeks training classes arranged by her employer. She trapped a young fellow in her class. Eventually, she got married to him. His father did not agree for this marriage and even he did not come to the marriage ceremony. This resulted in a mental stress for the client. She was gripped by the thought that her marriage is not a legitimate one, religiously and socially both, so her father got a more powerful symbol for fear instinct. Whenever in the day or night she thought of her marriage she burst into crying and shouting.

## Treatment

Fifty sessions of treatment were conducted in addition to first 10 sessions of assessment. The method of psychotherapy was based upon the technique of fear analysis. I have developed and experienced in the course of my long clinical practice that the fear instinct is one of the drives of unconscious level of mind along with other three i.e. hunger, sex and urge to dominate is the most powerful one. Actually this is the fear instinct which more dominantly governs the most of the psychological disorders other than all instincts as referred above. In this case client's unconscious assimilated the action of intruding needle forcibly into her arm in childhood to the action of inserting male organ into female sex organ.

It was advised to the client during treatment sessions to write down her ideas on the topic of intrusion of an object into body and the topic of blood and the last top was gripping of a male. She complained for extra stress over her mind and body during the writing process. Her writing was also full of cuttings and crosses. In the light of writings on the topics cited above, cross-questioning conducted with client. Gradually her writing improved and became perceptible in essence. She missed positive references which her unconscious level of mind could not relate with the fearful event she was victim once in her childhood. It was made with her unconscious to grip the positive references related to that event which ultimately balanced her fear instinct. The client became healthy and normal. The same process was adopted in the matter of her father. She restored her conjugal with her husband and is a mother of a beautiful child now.

## Complicating factors

There was no extra factor occur or create problem during the assessment or treatment process it was only resistance of unconscious level of mind.

## Follow up

Follow up was made during the time of treatment and after treatment for feedback and about progress of the client from her and her husband. It was good during the entire course of treatment and after treatment.

## Conclusion

- i. Mrs. M was suffering from Genophobia and Anxiety.
- ii. The incident of her childhood was a stimulus to her fear instinct and her unconscious level of mind assimilated that to sexual intercourse.
- iii. According to the personal religious belief of client the consent of father is necessary for marriage while in her case her father did not allow for this marriage and did not participated in marriage ceremony so the client was gripped by the guilt conscious of committing a sin in the form illegitimate marriage. This guilt conscious also played a role to stimulate her fear instinct.
- iv. Total 50 sessions were conducted, five per week excluding assessment sessions were carried out.

## Access and Barriers to Care

Only resistance of unconscious level of mind was a barrier but when

it was sought out by free writing and cross questioning that barrier was also removed successfully.

## Recommendations

- i. It is recommended that study should be done on Fear instinct.
- ii. FSIT should be used for the treatment when the patients problem led to the fear instinct ,
- iii. Therapist should focus on the reason of the problem for the treatment.

## References

1. American Psychiatric Association (2000) Diagnostic and statistical manual of mental disorders.
2. Ejaz M, Iqbal MZ (2016) Case study of major depressive disorder. J Clin Case Rep 6: 698.
3. Iqbal MZ, Ejaz M (2016) Case study of functional neurological disorder. J Psychol Psychother 6: 243.

This article was originally published in a special issue, [Psychotherapy in Depressive Disorders](#) handled by Editor(s). Dr. Adrián Montesano , University of Barcelona, Spain