

DESENSITIZATION OF A CASE WITH GENERALIZED ANXIETY

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Summary

Here follows an illustration of the Systematic Desensitization treatment of a case with Generalized Anxiety symptoms of three years duration. Systematic desensitization with hierarchies in selected areas decreased anxiety very considerably after 36 sessions of treatment. Pre and Post-therapy assessment on Medico-Psychological Questionnaire revealed a significant change in the profile. Therapeutic gains were retained even after two years of therapy.

Therapeutic effectiveness of Systematic Desensitization with generalized anxiety conditions have been pointed out in many studies (Lazarus, 1963; Eysenck and Rachman, 1965; Wolpe, 1973). The tendency for a person with high generalized anxiety to obtain high scores on different sub-categories of neurosis also like Hysteria, Neurasthenia, Anxiety Neurosis, Reactive Depression and Obsession Compulsion is a common observation. Improvement consequent to therapy seems to extend to all sub-categories of neuroses, more or less proportionately. The pre-therapy and post-therapy profiles of a patient with generalized anxiety bears out this tendency.

Case History

A case 'B', aged 25 years, married businessman with undergraduate education, came with a complaint of having fainted in a medical exhibition, while witnessing a film 'Process of Child Birth'. It took him nearly 30 minutes for recovery. He also gave evidence of having had such a spell once when his mother was sent inside the operation theatre for leg operation. Within 5 to 10 minutes, he experienced a peculiar fear, sweating all over, giddiness, vomiting sensations, etc., at which time it took nearly 60 minutes to regain his balance. On another occasion he felt similar complaints when his wife was to be operated. Dead animals, sight of blood and flesh, evoked very similar responses. He gave evidences of being highly irritable and anger-prone, acting impulsively before thinking, given to fantasy while being alone, talking while asleep, getting bad ideas while praying to god, a loss of general interest in the day to day activities,

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impairment of memory and a general state of restlessness. These complaints had developed over the past three years gradually and had increased in severity. The medical exhibition fainting spell precipitated his consultation.

Assessment and Treatment

Subsequently, he was tried on the Medico-Psychological Questionnaire (MPQ)^t (Bharathraj, 1976) on 16.11.75, a test of general neuroticism on which he got a total score of 66 indicating presence of high neurotic trends (17 to 45 being normal range). On each of the 5 sub-categories of neuroses also, his scores fell decidedly in the abnormal zones (see Fig. 1). Planning and thera-

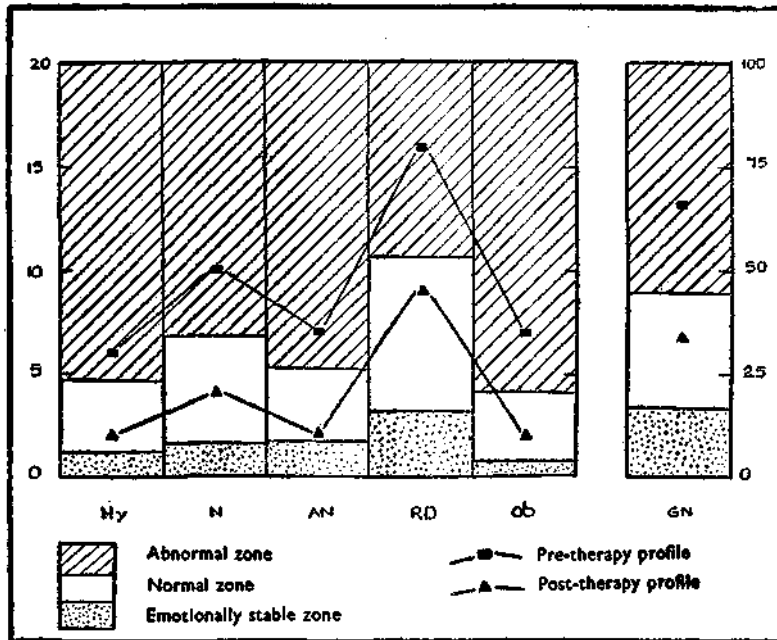


FIG. 1. Pre-therapy and Post-therapy Profiles on MPQ

peutic strategy were discussed with the patient. Discussions were held with the patient in order to construct hierarchies in the various areas of maladjustment. Testing indicated that he was able to get vivid images of scenes verbally described (Francis Galton's Test of Imagery was tried). In the meantime, he was trained

^t The Medico-Psychological Questionnaire gives scores on generalized anxiety (Total test score) and 5 important sub-categories of neuroses, namely, Hysteria—Hy, Neurasthenia—N, Anxiety Neurosis—AN, Reactive Depression—RD and Obsession Compulsion—Obc. The test had re-test reliability co-efficient of 0.71 and validity co-efficient of 0.68 with E.P.I, on the Neuroticism scale, both values being significant at .05 and .01 P.

on the deep relaxation exercises (Wolpe, 1973), After the initial few sessions of relaxation training, the patient was advised to scrupulously carry out relaxation two times a day at home. The rating by suds was made use of to know the quantum of anxiety experienced by the patient in different situations. Therapy sessions generally lasted for a little more than one hour. On several days, while the patient was in town 2 sessions of treatment were given a day. Totally 36 sessions of treatment were given. Certain situations eliciting emotional disturbances in the patient have been arranged below. The sequence of items are arranged in the increasing order of disturbance.

1. Disturbing ideas while in prayer;
2. While sitting amidst plenty of buds of beedies around;
3. A child with smallpox marks on face;
4. Sight of blood and flesh;
5. Cut frog, cut lizard, dead dog in an accident;
6. Witnessing 'Process of Child Birth';
7. Syphilis invaded organs of the body (male private part);
8. Piles operation, leg operation, abdominal operation;
9. Brain surgery.

Within each one of these areas a hierarchy was arranged consisting of 8 to 11 items.

In certain instances, sequences were portrayed on a screen, through the slide projector. Specifically, the scenes—a temple, a child with smallpox marks on the face, sight of blood and flesh, dead animals, process of child birth were projected on a screen wall through the projector. The advantage of varying the clarity of the scenes through focusing lens of the projector was well made use of. The patient did not report any anxiety whatever with reference to the first item 'Disturbing ideas while in prayer' which was indicated by zero suds. Gradually items were taken higher up in the list. On 9.12.75, for the first time, he reported improvement and reduced anxiety in general. Self-talk was totally absent and there was decrease in irritability. On 10.12.75 when he was presented a W.H.O. film strip 'Process of Child Birth' (the same film which he witnessed in the medical exhibition) through the projector, he had a 'shock like' experience (a startle response). He started belching and drank water 2 or 3 times. 80 to 90 suds were reported. However, this anxiety was gradually reduced by alternating presentation of sequences with deep relaxation induction through the cue word 'relax.' After a few sessions of therapy, the patient reported a satisfactory all-round improvement. On 3.1.76 nearly 11/2 months after therapy, Medico-Psychological Questionnaire was readministered. The pre-therapy and post-therapy profiles are presented in Figure-1 and Table-I.

TABLE
Pre-therapy and Post-therapy Profiles on MPQ

	Pre-therapy Score	Post-therapy Score	Difference
General Neuroticism—GN	66		36 - 30
Hysteria—Hy	6	2	-4
Neurasthenia—N	K 10	4	-6
Anxiety Neurosis —AN	7		2 -5
Reactive Depression—RD	16	9	-7
Obsession Compulsion—Ob.c	7	2	-5

Presently he obtained a total score of 36 falling within normal limits. A comparison of pre-therapy and post-therapy profiles, indicates decreased scores in all the sub-categories of neuroses. The general tendency of a person obtaining a high score on one sub-category to have a similar high score on other sub-categories is reflected in the figure. When improvement took place, the decrement was consistently seen in all the sub-categories proportionately. This characteristic co-variation among sub-categories of neuroses perhaps substantiates the dimensionality view of neuroticism.

Follow-up was done on three different occasions at intervals of 3 to 4 months • The patient was free from anxiety on all these occasions. He was advised to voluntarily witness situations which aroused high anxiety in him at one time, as a check on improvement. The patient was last seen on 22nd January 1978. He reported that he was free from anxiety even in disturbing situations nearly two years after therapy. While recently witnessing a Hindi film 'Quaid' where he saw cut parts of fish hung over, he experienced no spells of anxiety or perspiration, whereas he used to close his eyes in such sequences previously. However, certain other problems continued without much change. For example, impaired memory for recent events, his relationship with family members did not show change. As these problems were tangential they were not touched.

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