

Application of Psychological Counselling: A Case Study of Agoraphobia Treatment

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ABSTRACT

Our study was a case report of a college student who was suffering from agoraphobia to an extent that she was unable to participate any outdoor activities. Ultimately her condition has been recovered after received a series of intensive psychotherapy. We believe the success could be attributed to the Dredging Psychotherapy involved in her treatment and regular counselling could help to mitigate deteriorating mental condition.

Keywords: Psychological Counselling, Case Study, Agoraphobia.

1. INTRODUCTION

Agoraphobia is certain kind of anxiety disorder that emotional reactions and behavioral changes are related to the specific environment or situation which triggered the stress and the principal treatment currently is exposure therapy [1]. Retrieved reports in recent studies, researchers have further contributed the treatment for agoraphobia, where Virtual Reality (VR) and Cognitive Behavior Therapy (CBT) are integrated, and psychological dynamics treatment is implemented in clinic. These innovative therapies for the treatment of Agoraphobia can significantly reduce the levels of anxiety and depression of Agoraphobia patients [2].

Nowadays, the prevailing treatment with Agoraphobia in mainland China is to blend virtual reality technology with traditional CBT treatment and exposure therapy (VRET), through which the levels of the anxiety and depression of clients have been gradually reduced [3]. But few cases of psychological counselling of Agoraphobia have been reported in the academic literature during the past years. More research is required to verify the counselling technique as the cognitive and psychophysiological mechanism for clinical application. And that motivates us to perform this study. We took the Dredging Psychotherapy in an individual case of Agoraphobia counselling. The counselling process is summarized and analyzed to provide practical reference for treatment to certain patients with Agoraphobia.

2. CASE PRESENTATION

2.1. General Information

The client was a 19-year-old female sophomore who was the only child of her family. She was physically healthy and had no family history of major physical and mental illness. Her parents worked outside far away from the home and the family economy was average.

2.2. Main Problem

Suffering from fears of being crazy for 3 months, the client went to the consultation center alone for help on September 16, 2018, one month after the symptom became severer. The client expressed her sudden fear emotion when having PE in an open ground about 3 months ago. Furthermore, she became afraid of acts such as staying alone in an open space, crossing the road alone, taking an elevator, riding a bicycle, taking a car and travelling by plane, etc. On one hand, the client was scared of being in danger of life that no one else knows. On another hand, fears of becoming mentally crazy made her extremely distressed.

2.3. Previous History Personal Growth History

The client once had a headache during her first year in high school. The headache was diagnosed as a result of study pressure after her parents accompanied her to the

hospital for a systemic examination. She also had consultation at the psychological counseling center for one time and felt relieved after taking some vitamin C tablets. However, the headache and fear symptom did not remove. She tolerated her physical abnormality for the fear of bothering her parents. Later the symptom faded away as she prepared for the very important test—National College Entrance Examination. After entering the university, the nameless fear appeared from time to time and she dared not to tell her symptoms to others. She tried asking for help from the school counseling center for the fear of going crazy. The consultation did not continue since the summer vacation. During this period, the parents accompanied her to the hospital for treatment. But no abnormalities were found, which gave the client a slight relief.

2.4. Personal Growth History

Since her parents had to work far away from home, the client was looked after by many persons such as babysitter, grandpa, neighbors etc. at her young age. Her mother has always been strict with her and the client was always praised by her friends and relatives for excellent grades. The client was outgoing and showed characteristic of high self-esteem, pursuit of perfection, independence and paying attention to others' evaluation.

2.5. Consultant Observation

The client came to the consultation alone. Her appearance matched her age and she was well-dressed with light makeup. The client was emotional nervous and leaning forward during the whole consultation period. Her expression was clear and fluent without hallucinations or delusions with normal self-awareness and strong willingness for help.

3. METHODS

3.1. Diagnosis

The psychiatrist diagnosed the client as Agoraphobia (without panic disorder) F40.00. The main symptoms of the client started from a sudden fear occurred during a PE class in an outdoor open ground 3 months ago. Then it developed to being afraid of staying alone in the open space, crossing the road, taking the elevator, riding bicycles, traveling alone, riding on high speeds and taking a plane, etc. she was worried all day long, which affected her learning efficiency and daily life. The client could be relieved from these negative emotions by being accompanied or avoiding the specific places mentioned above. According to the standards of ICD-10, the symptoms were consistent with Agoraphobia (12). The client was advised to get counseling.

3.2. Psychological Evaluation

The counselor conducted psychological evaluation on the physical, behavioral, emotional and cognition level of the client. The performance of the client mainly manifested as 3 sections. She had poor sleep because she had difficulty in falling asleep and being easy to wake up. She was so nervous, anxious and afraid that dared not to cross the road, ride bicycles, traveling, taking elevators and taking planes alone. As a result, her interest and efficiency in life and study have gradually decreased. She had misconceptions for her psychological problems. She had low self-assessment and lacked of self-confidence. Basing on the psychosocial analysis, we can find that the patient had been raised by various people in her childhood because of the absence of the parents. The parents were strict with the client and put high expectation on her. The client had strong self-esteem, strong personality and always pursued of perfection.

3.3 Counseling

In this case, counseling with the client was carried at a set time once a week for 50 minutes each time. A consultation period consisted of 8 times and the whole consultation was composed of 3 periods (24 times in all). Basing on the informed consent of the client, the peer supervision teachers joined in the case discussion on the 20th consultation of third period.

During the first consultation period, the patient was guided to understand her own psychological problems and receive targeted psychological education. The counsellor discussed the treatment plan of Dredging Psychotherapy with her, and expected the counselling goals that could be achieved after 3 counselling periods. In Dredging Psychotherapy, psychological problems were compared as “a tree”, which consists of leaves, stems, roots, and soil. Therein, the leaves were like the various symptoms of the client. The trunk was the “fear” in patient’s heart [8]. The fears of unexpected and imperfect things are recognized as the disordered thinking. The patient is guided to recognize the fear arose from the personality defeats of being too cautious and self-centred (roots). By adopting the treatment mode as shown in the Figure 1, she gradually experienced the process from fear to no fear depicted in the Figure 2. Along with it, the emotion has actually been shown to relieve tension and stress.

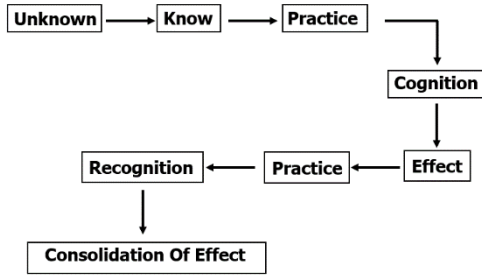


Figure 1 Treatment Mode



Figure 2 Degree of fear

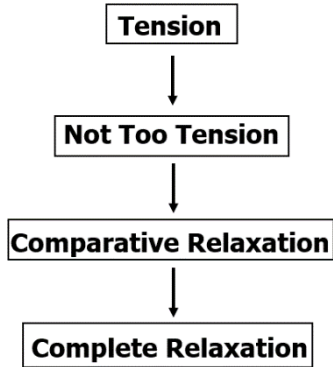


Figure 3 Degree of Tension

In this stage of the second consultation, the patient had a basic understanding of her own psychological problems. The patient was gradually guided to use the techniques of combining cognition with necessary repeated practice in Dredging psychotherapy. She started to realize that the emergence of psychological problem was closely related to her hypersensitive personality. The aim at this stage was to help the patient restore new constructive behaviours and thinking modes in place of the disordered thinking. Concepts of "easy, optimistic, courageous, decisive, flexible, and casual" were perceived by the patient, and the rigidity in her personality became softening and flexible. The patient stated in the feedback that she could try to step out to the empty place alone and when the fear appears, she also could immediately recognize that it was disordered thinking and she faced it confirmedly. In this way, the

feelings of tension and anxiety were substantially reduced and she regained confidence in her future life.

Within the third consultation period, the patient's condition has been improved greatly and counselling goals were basically achieved as the symptoms of fear were eliminated. At the same time, to prevent any possible relapse, the strategy of "turning a blind eye and thinking less and doing more" would be carried out consciously and continuously [8].

4. DISCUSSION

Agoraphobia is a condition typically with fretfulness and fearfulness that sparked off in a certain place or surrounding where people become troubled or unfamiliar such as open spaces, crowds and even traveling. Some patients refuse to leave their homes or safe haven for anywhere else, even medical emergencies, because the fear and avoidance of the onset of another panic attack. Agoraphobics could be relieved from uneasiness by being accompanied by certain individuals when returning to a site where a prior attack has happened. They also suffer from temporary separation anxiety disorder once the companions leave them temporarily. It would be clinically challenging to treat such a difficult situation where many patients are not very cooperative. Therefore, clinicians and therapists are persistently trying to explore the exact cause and pursue appropriate treatment that can be a useful way to treat patients with agoraphobia. As yet the exact mechanism of unfamiliar environments induced some level of anxiety or a panic attack is not well understood. But experienced therapists usually offer probable hypotheses when they are attempting to treat this disorder.

The above-mentioned case of the 19-year-old girl corresponds into the characterization of agoraphobia. Her condition was reported to be associated with other emotional stress in addition to panic disorder. The primary identity of the girl is passive, dependent, and usually depressed. She was properly managed with Dredging Psychotherapy which is about dredging the past. In the counselling mode of the Dredging Psychotherapy, instead of focusing on the severity of the symptoms, it is assumed that underlying causes of psychiatric illnesses are related to a history of severe physical and sexual abuse, particularly during childhood. As a matter of fact, the patient was raised by multiple caregivers as parents had taken little time caring and accompanying her due to busy working. Meanwhile her parents always set up strict requirements and high expectations with her. The lack of sufficient support and affection in childhood is believed as one of possible reasons to explain why the suffering could happen. On the other hand, in the process of counselling, the feedback information of the patient attracts great attention. The more specific the feedback was, the consulting effect would be better [6-9]. The cognitive dissonance would be

caused when the patient noticed the difference between the feedback information and the target, which was an opportunity to guide her to seek behavioural change [10,11].

Although we are not 100 percent sure that the patient is phobia free, yet it is a grand success to be able to see the severity of her symptoms was significantly reduced over several months. Case studies like the one mentioned above could generally help psychiatrists and psychologists understand that proper care and regular counselling can be helpful in improve debilitating mental condition of agoraphobia at the first few onset of panic attacks.

5. CONCLUSION

In the described case, the patient had typical symptoms of Agoraphobia. Her condition was reported to be associated with various emotional stress and disordered thinks. This case study suggests that Dredging Psychotherapy is effective and feasible for the patient with agoraphobia in psychological counselling. We guess this may be true that periodical counselling and follow up with proper care and management can improve the mental health of the patients especially at the first few onsets of panic attacks.

AUTHORS' CONTRIBUTIONS

The authors YPL and YZ conceived and designed the study. YZ and MLL performed the experiments. YZ and RL wrote the paper. JYX reviewed and edited the paper. All authors have read and agreed to the published version of the manuscript.

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