



Specific Phobia: A Case Report of a Child with Money Phobia

Margreth Abletara Banurea  and Elmeida Effendy  

Department of Psychiatry, Faculty of Medicine, Universitas Sumatera Utara, Medan, Indonesia
elmedia.effendi@usu.ac.id

Abstract. A specific phobia is an exaggerated, irrational fear of a particular object or situation that is avoided at all costs or faced with great stress. The essential characteristic is a real and persistent fear of objects or situations that can be seen. A case was found, a 13-year-old girl with the initials SA was brought by her 32 years mother, Mrs. MN, 32 years old, to the general polyclinic of Takari Health Center. The chief complaint was being afraid of seeing money since 4 years ago. Furthermore, it was stated that every time the girl sees money, she feels pounding and cold sweat. Despite the specific phobia being common in adults and children, the money phobia is rare. The management is the same as for other types, namely a therapeutic approach with exposure-based treatment using cognitive and behavioral treatments.

Keywords: Specific phobia · Phobia of money · specific phobia of children

1 Introduction

Specific phobia is an exaggerated, irrational fear of a particular object or situation that is avoided at all costs or faced with great stress. The essential feature is a persistent and real fear of objects or situations that can be seen [1, 2]. Furthermore, In DSM-5 and ICD-10, specific phobia is categorized as a “adult” disorder, and the same standards are used for pediatric problems. The DSM-5’s statement that “even though adolescents and adults with this disease are aware that their concerns are excessive or unjustified, this may not be the case in children” is the only exception to this rule. [3–5]. Specific phobia, a lifetime prevalence of 7.4%, is one of the most common disorders. It occurs twice as often in women, with childhood-onset for most subtypes and onset in the twenties or later for the situational subtype. Despite a specific phobia being a chronic disease, it is generally considered a mild disorder. This is because anxiety is limited to the particular phobic situation and relieved when it is avoided. However, the avoidance can interfere with work activities and leisure time and impact the sufferer’s quality of life [1, 6]. In ICD-10, specific phobia is included where the fear is limited to a specific object or situation such as animals, high places, lightning, enclosed spaces, blood, and flying in airplanes. All criteria should be met in the form of behavioral and psychological symptoms to accomplish a diagnosis. The autonomic onset should be a primary manifestation of anxiety and not secondary to other symptoms such as delusions and obsessive thoughts.

Anxiety should be limited to the presence of certain phobic objects or situations (highly specific situations) that need to be avoided as much as possible [4, 7].

Children must exhibit a marked dread of a specific circumstance or item (Criterion A) that is out of proportion to the actual or perceived threat the stimulus poses in order to meet the DSM-5 diagnostic criteria (Criterion D). Additionally, exposure to the dreaded thing or circumstance will bring up fear and anxiety right away (Criterion B), which will lead to avoidance or continued suffering (Criterion C). The constant anxiety, fear, and avoidance typically last six months or longer (Criterion E). Additionally, there is a serious impairment in family, social, or intellectual functioning (Criterion F). There is no other mental health condition that explains the fear more effectively (Criterion G). Animal (such as spiders and insects), natural environment (such as altitude and storms), injuries from blood injections (such as needles and invasive medical procedures), situational (such as airplanes, elevators, and enclosed spaces), and “other” categories that do not fit into the aforementioned subtypes are among the four subtypes classified in the DSM-5. [3, 6, 8].

This other category was previously mentioned, but it is part of the specific phobia as it meets the diagnostic guidelines for this disorder. Despite this phobia being the most common disorder, some rare cases, such as the phobia of money, are categorized into this other category [9, 10].

2 Case Report

A 13-year-old Muslim girl with the initials SA and from the Javanese ethnicity was brought by her 32-year-old mother, Mrs. MN, to the general polyclinic of Takari Health Center. The primary complaint was being afraid of seeing money since 4 years ago. It was stated that every time she saw the money, the girl would feel palpitated and broke out in a cold sweat. The patient cried and screamed for about 20 min after holding the money given by her father, and she only calmed down after it was kept away from her. SA always shies away when she sees or is given money. Furthermore, the mother admitted that since she was 3 years old, her parents had often been intimidated by money. Mom and dad stated that money is evil and can lead to sin. This is because her parents did not want SA to often request money for snacks. Her parents repeated the suggestion, SA rarely asked for money and has been afraid of money since 4 years ago.

SA is the eldest of 2 children, and their parents tried hard to educate her as well as instill discipline and myth into the first child. She considers this as a truth that resulted in her present condition. According to the family's past medical history and illness, there was no psychiatric disorder experienced by the patient or family. The girl was born with normal weight, and at term, the patient received complete immunization, and the development was according to age. The patient is now in grade 6, has good achievements, and easily gets along with classmates and teachers. The result of the neurological examination was within normal limits with composment is awareness. Similarly, the mental status examination also showed normal results and tended to be free of fear or anxiety, except when given money.

3 Discussion

The above case meets the ICD-10 and DSM-5 diagnostic guidelines for specific phobias. In this case, there is a fear of a certain object, namely money, where the real danger it poses is not proportional to the fear experienced. Fear of this object causes avoidance, which can lead to anxiety and even panic attacks when not performed. In terms of duration, the patient has experienced this fear for 4 years, which exceeds the minimum requirement of six months. The objects and situations, in this case, cannot be categorized into 4 subtypes in DSM-5 or 6 categories in ICD-10. The fear of money is categorized into “other categories”, including all specific phobias that cannot be classified into any existing subtypes [3, 4].

The typical phobia of objects in the form of money is rare, and there are no articles, studies, or case reports related to this condition. Some news articles stated that the phobia of money has another name, including chromophobia or plutophobia. This is where physical fear of money is experienced. However, this name is not mentioned in the discovered literature or journals, indicating this study only refers to a specific phobia of money [3, 4].

Specific phobias are common among children. Most studies reported a prevalence rate of approximately 5%, indicating that it is one of the most common childhood anxiety disorders. It is believed that cognitive bias and avoidance underlie the development and emergence of specific phobias. An experimental study stated that adolescents with anxiety about something show an attention bias compared to others. For example, adolescents with anxiety because of something their parents did to frighten them tend to be wary of threatening stimuli. Furthermore, The children seem to have a hard time turning away from the scary stimulus. Early phases of information processing set off the attention bias. Another cognitive bias, such as the covariation and negative interpretation bias, however, is only activated later in the information-processing process [2, 8].

An exposure-based approach using cognitive and behavioral therapy is the management strategy with the best study support. The feared stimuli is introduced to the youngster gradually or partially. According to several academic studies, children often expose themselves gradually in accordance with the “fear hierarchy steps.” When a youngster is exposed to a phobic stimulus, hierarchies give them a chance to progressively build their confidence (and lessen their fear). The hierarchy of fears for a child with a phobia of money includes seeing pictures of money, going to a store and viewing transactions using money remotely, trying to hold the money given by the parents, holding larger amounts accompanied by parents, and holding larger amounts of money unaccompanied [2, 8].

The task is made simpler for the child by breaking down exposure training into manageable segments through a hierarchy of phobias. Even though this training is rather simple, some teenagers find it challenging to complete. The advice to “just do it” is insufficient. Furthermore, modeling, systematic desensitization, contingency management techniques, cognitive and self-control techniques, and other cognitive and behavioral strategies are employed to help a child confront frightening stimuli. [5].

4 Conclusion

Despite the specific phobia common in adults and children, the money phobia is rare. The management is the same as other types, namely a treatment approach with an exposure-based method using cognitive and behavioral treatments.

References

1. Choy Y, Fyer AJ, Lipsitz JD. Treatment of specific phobia in adults. *Clin Psychol Rev.* 2007;27(3):266–86.
2. Muris P, Schmidt H, Merckelbach H. The structure of specific phobia symptoms among children and adolescents. *Behav Res Ther.* 1999;37(9):863–8.
3. American Psychiatric Association. DSM-5 Diagnostic Classification. In: *Diagnostic and Statistical Manual of Mental Disorders.* 2013.
4. World Health Organization. *International Classification of Diseases (ICD-10) Version:2016.* Who. 2016.
5. Silverman WK, Moreno J. Specific phobia. *Child Adolesc Psychiatr Clin N Am.* 2005;14(4):819–43.
6. Thng CEW, Lim-Ashworth NSJ, Poh BZQ, Lim CG. Recent developments in the intervention of specific phobia among adults: A rapid review. *F1000Research.* 2020;9.
7. Kim SJ, Kim BN, Cho SC, Kim JW, Shin MS, Yoo HJ, et al. The prevalence of specific phobia and associated co-morbid features in children and adolescents. *J Anxiety Disord* [Internet]. 2010;24(6):629–34. Available from: <https://doi.org/10.1016/j.janxdis.2010.04.004>
8. OarEL, Farrell LJ, Ollendick TH. Specific phobia [Internet]. *Pediatric Anxiety Disorders.* Elsevier Inc.; 2019. 127–150 p. Available from: <https://doi.org/10.1016/B978-0-12-813004-9.00007-4>
9. Ollendick TH, Raishevich N, Davis III TE, Sirbu C, Öst LG. Specific Phobia in Youth: Phenomenology and Psychological Characteristics. *Behav Ther* [Internet]. 2010;41(1):133–41. Available from: <https://doi.org/10.1016/j.beth.2009.02.002>
10. Böhnlein J, Altegoer L, Muck NK, Roesmann K, Redlich R, Dannlowski U, et al. Factors influencing the success of exposure therapy for specific phobia: A systematic review. *Neurosci Biobehav Rev.* 2020;108:796–820.

Open Access This chapter is licensed under the terms of the Creative Commons Attribution-NonCommercial 4.0 International License (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits any noncommercial use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons license and indicate if changes were made.

The images or other third party material in this chapter are included in the chapter's Creative Commons license, unless indicated otherwise in a credit line to the material. If material is not included in the chapter's Creative Commons license and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder.

