Case Report

Doll phobia-single session therapy

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Abstract

Doll phobia, a specific phobia, is a rare phobia seen in children. Specific phobia is usually successfully treated by behavior therapy involving exposure to feared object or situation in several sessions. More recently there is increasing interest in single session behavior therapy as an effective alternative. We report a case of doll phobia in a young girl treated by a single session exposure therapy.

Key words: doll phobia, single session treatment, exposure

Introduction:

Specific phobia is one of the most common psychiatric disorders with a lifetime prevalence of 12.5% and is about twice as common in women as in men. In childhood, such fears have been shown to exist in 5% of children in community samples and up to 10% of children in mental health settings (Ollendick et al., 1997).1 Specific phobias frequently co-occur. Most phobias have a childhood onset except for the situational subtype which usually occurs during patients' twenties. It is well known that childhood anxiety increases the risk of psychiatric disorders such as depression and anxiety in later life, as well as the risk of suicide attempts and psychiatric hospitalization.2

The first description of doll phobia in psychiatric literature was by Rangell (1952) as cited by Marks.3-4 Though other forms of phobias are fairly common in the general population doll phobia has not been reported so frequently. Marks has remarked that, “..the rarity of doll phobia despite the ubiquity of dolls in most cultures can be explained by discordance between frequencies of contact with stimuli and a prepotency and preparedness of certain cues to arouse fear more than others do, in a species, as a result of its evolutionary history.”

Traditionally phobias are treated by behavior therapies that involve multiple sessions spread over a span of time. Most phobias respond robustly to in vivo exposure, but as it is anxiety-provoking, this approach is associated with high dropout rates and low treatment acceptance. One Session Treatment (O.S.T.), a variant of cognitive-behavioral therapy, combines graduated in vivo exposure, participant modeling, reinforcement, psychoeducation, cognitive challenges, and skills training and reinforcement in a single session, maximized to three hours in an intensive treatment model. Overall, O.S.T. continues to be a promising treatment for specific phobias; however mechanisms of change, mediators, and moderators remain unknown.5

We discuss a case of doll phobia successfully treated in a single session therapy.
Mrs X, mother of miss A, a 12 year old Hindu girl, resident of rural Gujarat, came to psychiatric outpatient department enquiring whether psychiatric treatment could help in reducing her daughter’s excessive fear for the dolls which she apparently had developed since four years.

According to Mrs X, her daughter was very much scared of a doll with scintillating eyes. Though the doll was kept in a show-case in their household, if she saw the doll, she would scream, run away and cry out of fear for 30 minutes or so. It was difficult for the family to soothe her. She avoided using the door near which the show case was kept. She insisted on getting rid of that doll. The child was however able to play with other toys normally. Her interactions with her family, friends and schoolmates were normal and no significant abnormality in any other areas of life was noted. No other fears were reported by the mother.

Miss A, was born of full term normal delivery in a hospital in Gujarat and the child attained all the developmental milestones at appropriate age. Both of her parents were working as teachers in a private school in Gujarat. She attended a school and her scholastic performance was good.

Mother was explained about the proposed single session exposure treatment and its rationale. The mother was asked to bring child to psychiatric OPD next day. She was also asked to bring the doll in a bag, without knowledge of the child.

In the next visit to the psychiatric OPD, mother brought the child. The mother met the therapist alone and handed over the doll, which the therapist kept in a drawer.

The child was interviewed in presence of mother. She accepted that she had excessive fear in presence of the doll and had tendency to avoid it. She confirmed all the information given by the mother. She also recognized the irrationality of fears but expressed inability to control the fear. She agreed to participate in any intervention however anxiety-provoking, to get rid of the fear. Mother was requested to leave the room and child was asked to close her eyes. The therapist brought out the doll from the drawer and put it on the girl’s back. She recognized the object as doll and started screaming. She was reminded by the therapist that she can scream but in no circumstance she should leave the room. The child panicked and started screaming after which she cried. After 15 minutes of continuous crying she asked therapist’s permission to open her eyes with a smile and a declaration, “I am no longer afraid of the doll!”

She was asked to open her eyes. She said, “I fail to understand why I was so scared of the doll!” She was shown the doll. She reaffirmed her mastery on the fear. The therapist asked her to catch the doll, and threw it to the girl. She continued to smile, caught the doll and repeated that she was free from fear. This was repeated several times during the session.
On subsequent follow up after one month, and telephonic interview after one year, patient reported total improvement, she no longer had the fear of the doll, nor did she avoid it.

**Discussion:**

The patient was successfully treated with single session exposure treatment; the actual exposure lasted only 20 minutes. The child was totally free from fear of doll at the end of the session and there was no avoidance of feared doll at all. The treatment gain persisted even on follow up one year after the treatment.

To our knowledge, there is only a single documented case report of doll phobia treated with graded exposure to dolls in vivo over 12 weekly half-hour sessions, combined with exposure exercises given as homework between appointments. At the end of the intervention the child had only slight fear and avoidance of the doll. Incidentally the patient was a 14 year-old Hindu boy living in England.

Pediophobia, the fear of dolls is uncommon. Freud claimed that children fantasize about dolls coming to life. Jentsch theorized that uncomfortable or uncanny feelings arise when there is an intellectual uncertainty about whether an object is alive or not, and also when an object that one knows to be inanimate resembles a living being enough to generate confusion about its nature. Japanese roboticist Masahiro Mori has expanded on Freud and Jentsch's theories to develop the "uncanny valley" hypothesis. The uncanny valley is a fundamental portion in the theory of why humans fear non-living objects such as dolls. As an object, such as a robot, moves towards becoming more familiar in human likeness from its functionality, it slowly becomes more popular because of familiarization to the object from the standpoint of a person. However there is a huge gap from this point to a regular healthy human and that is the uncanny valley. This span of space is where things which lose their similarities to humans goes but as soon as it become more human-like it suddenly has a spike into a more positive response from people.

The meta-analysis of 33 randomized controlled trials for psychological treatment of specific phobias exposure-based treatment produced large effects sizes relative to no treatment. Multi-session treatments marginally outperformed single-session treatments on domain-specific questionnaire measures of phobic dysfunction, and moderator analyses revealed that more sessions predicted more favourable outcomes. Contrary to expectation, effect sizes for the major comparisons of interest were not moderated by type of specific phobia.

Thus exposure based treatments in which patients are systematically confronted with their feared objects are highly effective. The benefit achieved is stable, both in reported fear and behavioral avoidance. According to Hamm, the mechanism of treatment is extinction learning, firstly on a cognitive level (the feared object is no longer associated with a severe threat) and secondly on an affective level (feared cue is incapable to activate the fear circuit in the brain).

Flooding was the extinction process that harnessed extinction process. Here the child was exposed immediately to the maximum fear producing stimulus. This was accompanied by response prevention i.e. discontinuation of all avoidance and other anxiety reducing
behaviours. The exposure procedure succeeds only if avoidance behaviours are prevented. If response prevention is not applied, the fear may possibly become more intense. As the exposure continues, though patient remains in fear producing situation, slowly the anxiety will abate. Once this was firmly established during the session, the girl mentioned that the doll was no longer able to generate fear. It is interesting to note that the fear circuits can be influenced by cycloserine, a drug used in treatment of tuberculosis. Role of cycloserine in to augment exposure treatment is being studied in several studies, with positive results. Thus although further research is needed, single session therapy seems a promising alternative to the traditional multisession approach for the treatment of phobias. Single session therapies might change the overall approach to behaviour therapies as well and that too in very near future.

References

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