A rare case of alektorophobia treated successfully with graded exposure therapy

A B S T R A C T

Phobia is a type of anxiety disorder characterized by circumscribed, marked fear or anxiety to a specific object or situation which is out of proportion to the actual danger posed by the concerned object or situation. Worldwide, the prevalence of specific phobia has been found to be 16% in 13–17 years olds. In India, specific phobia has been identified as one of the most common disorders in the school-going age group, with the prevalence of approximately 4.2%. Alektorophobia is the specific term for phobia to hen/chickens. We hereby report an 18-year-old female presenting with alektorophobia and successfully treated with graded exposure therapy. It has not been described in extant literature to the best of our knowledge.

Keywords: Alektorophobia, anxiety, chicken, hen, India, phobia

CASE REPORT

An 18-year-old female engineering student belonging to middle socioeconomic status hailing from a rural area of Central India had presented to our psychiatry outpatient services with complaints of excessive fear of birds, termed ornithophobia, comes under the category of specific phobia, animal type.[4] Alektorophobia is the specific term for phobia to hen/chickens. The term has its origin from the Greek words “alektor” meaning cock and “phobos” meaning fear.[3] We hereby report an 18-year-old female presenting with alektorophobia and successfully treated with graded exposure therapy. It has not been described in extant literature to the best of our knowledge.
hens. At the age of 5 years, she had a terrifying encounter with a live hen. Subsequently, she started developing intense fear and anxiety amounting to full panic attack whenever she saw hens. Her thought process on seeing hens was that of fear of hen pecking or attacking her. Gradually, her fear extended to even pictures or films showing hens. She started experiencing anticipatory anxiety and avoided all circumstances involving hens including chicken dishes in restaurants, which is rarely reported and hence unique to our case. She recognized the irrationality of her fear but expressed inability to control her thoughts and subsequent fear and avoidance. Her interaction with family, friends, and schoolmates was otherwise normal, and no significant abnormality in other areas of life was noted. No history of other phobic/anxiety disorders or any other psychiatric disorder was elicited. She had no significant medical or surgical history. Her family history was not contributory. Her periods were regular, moderate, and painless. Premorbidity, she had a slow to warm up temperament with behavioral inhibition. Her physical examination and routine blood parameters were within normal limits. Based on her clinical symptoms, a diagnosis of specific phobia, animal type (alektorophobia), was made as per the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition diagnostic criteria. Since the patient preferred psychotherapy over pharmacotherapy, graded exposure therapy was initiated. A total of eight therapist-assisted sessions were conducted (once per week, each lasting 60–90 min). Initial sessions consisted of basic psychoeducation, relaxation training, grading of severity, and developing a hierarchy for graded exposure. The patient was exposed to various physical parts of hen through virtual audio-visual methods, followed by real exposure. Least anxiety provoking stimuli were tackled first, following the general principles of graded exposure. Complete remission was achieved after five sessions of graded exposure therapy and had remained symptom-free for the next 3-month follow-up. Homework therapy assignments with relaxation exercises were asked to be continued. Written informed consent was taken from the patient and her relatives for this case report and is available for review with the authors.

**DISCUSSION**

Early age of onset (before 10 years of age), female sex, temperamental risk factor of behavioral inhibition, and first symptoms appearing, following a traumatic event with the hen, are all characteristic features generally associated with specific phobia. Usually, the triggering event is difficult to ascertain. In our case, the patient's initial experience of terror could have paired with the hen, which then would have led to stimulus generalization, thereby associating fear with even the parts of the hen. Subsequent avoidance behavior could have led to negative reinforcement and maintenance of her learned behavior. Accordingly, nonpharmacological treatment is generally preferred for specific phobia. Effectiveness of graded exposure therapy for specific phobias is very well documented. Virtual reality exposure therapy is successfully being utilized for different forms of anxiety disorders. Although we did not have the full provision for creating a virtual reality, we indeed used technology in the form of audio-visual aids through a computer. Initial virtual, followed by real, exposure to anxiety-provoking stimuli helped in unpairing the stimulus-response connection in our case through extinction learning. To counter her reinforcement cycle caused by avoidance, she was assisted in confronting stressful situations while using graded exposure therapy and relaxation methods. Frequent observation through outpatient follow-up every fortnight along with insistence of continuation of homework assignments and relaxation exercises helped in maintaining the positive impact.

**CONCLUSION**

This case further supports the behavioral conditioning theory of development of specific phobias and demonstrates how phobias can develop in intriguing ways. Alektorophobia and its successful remission with graded exposure therapy have not been documented in extant literature to the best of our knowledge. We also recommend the increasing use of technological aids in behavior therapy.

**Financial support and sponsorship**
Nil.

**Conflicts of interest**
There are no conflicts of interest.

**REFERENCES**

1. American Psychiatric Association. Anxiety disorders. In: Diagnostic and Statistical Manual of Mental Disorders: DSM-5, Fifth Edition. Washington, DC: American Psychiatric Association; 2013. p. 189.
2. Trivedi JK, Gupta PK. An overview of Indian research in anxiety disorders. Indian J Psychiatry 2010;52 Suppl 1:S210-8.
3. Bansal PD, Barman R. Psychopathology of school going children in the age group of 10-15 years. Int J Appl Basic Med Res 2011;1:43-7.
4. Csoti M. Anxiety disorders. In: School Phobia, Panic Attacks, and Anxiety in Children. London: J. Kingsley; 2003. p. 43.
5. Damerow G. The Chicken Encyclopedia. North Adams, MA: Storey Publishing; 2012. p. 10.
6. Hofmann SG. Cognitive processes during fear acquisition and extinction in animals and humans: Implications for exposure therapy of anxiety disorders. Clin Psychol Rev 2008;28:199-210.
7. Meyerbröker K, Emmelkamp PM. Virtual reality exposure therapy in anxiety disorders: A systematic review of process-and-outcome studies. Depress Anxiety 2010;27:933-44.