Cognitive Drill Therapy

Fast Phobia & OCD Relief

Dr. Rakesh Jain, Ph.D

Easy and Effective Techniques

Cognitive Drill Therapy (CDT) is developed by Dr. Rakesh Jain, Ph.D. Clinical Psychologist, specifically for the management of phobia and obsessive-compulsive disorder (OCD). It is a structured, directive and collaborative form of psychological treatment based on theories of conditioning, cognitive appraisal and linguistics.

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At the Lotus Feet of
GOVIND JI

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PREFACE

Phobia and OCD have very high prevalence to the extent that a large number of population is affected by these disorders. With the advent of newer forms of psychotherapies and medicines, the awareness of OCD and the persons seeking treatment have increased tremendously. Still phobia is the condition, which is relatively a less priority for both the affected persons and mental health professionals. We infrequently talk of phobia. The primary reason of this less attention is that the persons with phobia do not recognize that they have a phobic condition, or if they recognize; they do not consider it as treatable or not aware that effective forms of psychotherapeutic measures are available to address the phobic condition. Instead the persons with phobia and some patients of OCD get involved in self-help books, inspiration and motivational quotes and programs. Also they are likely to consider self-hypnosis and affirmations to overcome the phobic condition. The attempt to deal with phobia and OCD through self-help books and other similar programs yield partial success in some cases as seen in clinical set up. The patients come to us after reading lots of such books and fail to resolve the phobia.

While working with the patients of phobia and OCD, I realized that these patients suffer silently to the deeper levels of their being. They also have associated feelings of sadness, inadequacy, shame and humiliation. They do not open up easily and completely before their friends and well wishers. The topic itself becomes so overwhelming to them that they feel it as fearful and even disgusting to give a detailed narrative of their problems.

All emotional disorders be it phobia or OCD impose certain limitations on the functioning of the affected persons and their family members. A person affected by social anxiety disorder feels inadequate and worries about being judged by others cannot function optimally in his/her workplace. He would keep on shying away from fellow workers and avoid the assignments involving speaking or presentations before others. Such kind of scenario is a restriction on the expression of full potentials of the affected person which in turn causes National loss due to sub-optimal functioning.

I am grateful to my patients who provided me an opportunity to develop Cognitive Drill Therapy for efficient resolution of Phobia and OCD.

I wish that this therapy should reach to most if not all persons affected by phobia/OCD and the professionals world-wide dealing with such simple and pious souls terrified by creation of their own imagination.

Place: Agra (India) **Dr. Rakesh Jain**
Date: 15th October 2016

01
WOUNDED BY WORDS

I was comfortably pursuing my passion of hypnosis and conducted workshops in many centers of academic learning. I conducted one such workshop in RG College, Meerut (India) in December 2007 which was covered by the print media. Having read the content in a newspaper, a patient named Mr. Chand (disguised name), an adult, approached me for treatment of his problem through hypnotism. He was having thoughts of 'nash' (ruin) of his family members which kept on troubling him for 15 years. He comes from a rural background where the 'nash' and similar words are used frequently by the local people as an expression of anger and curse in particular. He was unable to face the persons who use this term and would change the route to avoid encounter with the people involved in a conversation that could involve the usage of word 'nash'. Due to avoidance of many known people in his village, his life became almost dysfunctional over the years. He was not able to talk to people and even stopped discharging his family and occupational responsibilities. He would keep on removing the 'nash' word from his mind. He was severely disturbed. Whenever, he bought new pair of clothes, and upon wearing the new pair of clothes, if he heard the 'nash' word from any person, he would associate 'nash' with the new clothes and then he will not wear those clothes and would go to the outer of the village and through the clothes in pond/river.

He unsuccessfully tried to suppress the 'nash' word from his mind for several years. He is a graduate and has an interest in spiritual and hypnosis related literature. He also read self-help books. He formed an opinion that 'nash' word could be wiped away from his conscious mind through the application of hypnosis. He was in search of a hypnotist who could help him out in removal of 'nash' word from his conscious mind. When he read my coverage of hypnosis in newspaper he got thrilled and highly optimistic and located me in Agra (India).

I listened to his full story which revealed that he was wounded by following words: (a) Nash (2) Guldiva (3) Punja Chhipna. He was scared that by having these thoughts in his mind, there can be an actual loss/devastation in the family. There can be a substantial loss of life and material in the family. He also felt that if any such loss occurs he will be held responsible for having such thoughts in his mind.

He had already seen some psychiatrists and clinical psychologists and also received some sessions of CBT. Since he was not getting the desired relief he was looking for a hypnotherapist for pushing his thoughts to deeper layers of subconscious mind. Being into the field of hypnosis, I knew very well that I would not be able to push away his thoughts through hypnosis. Neither, I was confident that I could achieve desired success by teaching him the technique of thought stopping. In this thought stopping technique, we teach the patients to sub-vocally shout stop as and when an unwanted thoughts intrudes the mind. In fact, I did not know how to handle his problem through

psychological means. Also I was not finding myself in a position to refuse hypnotherapy/psychotherapy to him for two reasons. (1) He would get demoralized. (2) I would also feel bad for not able to help him out.

I regained my composure and made a referral for psychiatric consultation. He was not much inclined to do so. Since I recommended him and impressed that it should be a combination treatment, he accepted the idea. On priority, I am inclined for a combination treatment for OCD instead of standalone psychotherapy. He had come specifically for me and stayed in Agra.

We commenced our psychotherapy session next day. While he was reporting his problems, I noticed that he was using future tense in most of his problems. His statements were as under:

1. My brother will be ruined
2. My mother will be ruined
3. I will be ruined
4. I will be held responsible for the ruin

I could not let him know that hypnosis would not serve his purpose. Instead, I impressed him that let us first try something else prior to resorting for hypnosis. Although I was not fully clear what alternative I would be doing. Since my attention was drawn to his usage of future tense, an idea of linguistic pattern crossed my mind. I thought let me try changing the sub-vocal linguistic pattern. I had pre-existing idea that the language patterns affect emotions and behaviors. Keeping this in mind, I decided to give the idea a try.

Specifically I considered changing the statements of future tense into past tense. After changing the tense to the past, the above statements would become as under:

1. My brother has been ruined
2. My mother has been ruined
3. I have been ruined
4. I have been held responsible for the ruin

For modifying linguistic pattern, I would require him to repeat these statements. The idea of 'ruin' was frightening to him. He thought the repeated idea would get converted into objective reality.

Before making him to rehearse above tense converted statements, I decided to correct his magical thinking. In magical thinking, a person thinks that mere mental repetition of some words can cause physical events in the external world. His repetition of 'nash' in his mind can actually cause 'nash' in his family. I had to correct his magical thinking by explaining that only by repeating thoughts in his mind, he cannot cause a physical event. I invited him to move his mobile only by his thoughts; or kill an ant by performing mental acts or repetition of any words mentally. He could understand the concept of magical thinking. He seemed to accept the idea that thoughts by themselves cannot cause physical events. Now the ground for repetition

of the scary words was set in.

I also explained him the idea of tense and its neural correlates. I told him that let us call three tenses – Past, Present and Future as ABC. A=Past Tense; B=Present Tense (c) C=Future Tense. The three tenses do not have identical neural correlates in the brain. We can speculate separate areas for each tense in the brain. If it is so, let us call the corresponding centers in the brain as ABC (A for past tense, B for present tense and C for future tense). Whenever, a person uses past tense (A) the information travel to the A centers in the brain; during usage of present tense, the information travels to B centre and during usage of future tense, the information travels to C center in the brain.

Anxiety looks into the future. Fear is future. As and when the mind is affected by fear, the sub-vocal language becomes future oriented and the centre C in the brain become more active. Over the years of fearful state, the C centre in the brain remains active and the person also continues to remain fearful. If we change the language pattern in above statements, the information will not travel to C centre in the brain and the fear associated with these words will cool down. This linguistic pattern was totally my speculation which I was trying for a few years with other patients too; albeit in other forms and problems.

Now the actual rehearsing of tense converted statements was in order. Having educated him in above concepts, I asked him to repeat above statements. The statements were to be taken up in sequence. The first chosen statement was "I have been ruined" (In Hindi: mera nash ho chukka he). When I asked him to repeat that, instantly there was a withdrawal response and visible signs of fear were present. He found it extremely scary to repeat this statement. I reminded him of the concepts of magical thinking but still he failed to accept the idea of repeating the words which have been wounding him for several years.

I wanted him to repeat the tense converted statement in a row. I could understand his fear and inability to speak the tense converted statement. I then resorted to approach the task by diluting it. I told him that let me repeat it for me and just listen to it. I started verbalizing "I have been ruined" (in Hindi: mera nash ho chukka he), "I have been ruined", "I have been ruined"… The signs of distress were visible in him even if I was repeating it for me. I kept him encouraging that whenever he feels comfortable, he can begin to repeat it. Then I shifted to enemies; "enemies are ruined" (In Hindi: Shatruaon ka nash ho chukka he). He quickly picked up it and commenced repeating. Gradually, I removed the enemy word from it and now he was required to repeat "ruined" (In Hindi: nash ho chukka he). I noticed that upon commencing the verbalizations in such manner he was having distressed reaction, which got raised to high level.

I explained him the concept of anxiety curve. I told him that while repeating, his distress will rise from low to medium and then to high level; and then it will show a declining pattern to medium and low and finally zero. If this pattern of rising and

declining pattern of anxiety is plotted on a graph, it will result in a curve similar to bell shape.

Also I reminded him of the magical thinking; that mere repetitions in this manner will not produce actual physical effects and urged to keep on repeating. He kept on repeating. The anxiety which rose to high level now began to resolve and cooling down. After a few minutes of repetitions, he reported minimal distress for repeating the statement.

When his fear reaction subsided to the spoken statements, I gave a pause of about 3-5 minutes and chatted with him on other topics. After a gap of this pause, I once again asked him to repeat "ruined" (In Hindi: nash ho chukka he). This time, withdrawal reaction was not present. He readily accepted the idea of repetition. When he repeated it this time, the fear reaction did not shoot up. Within a few minutes he reached the minimal level of distress. Again a pause of 3-5 minutes was given. Once again he was required to repeat the above statement, this time he found it comfortable to repeat. Even if there was no discomfort this time, I made him to repeat for over learning. When both of us agreed that there were no distress while speaking it, we decided to switch over to other statement. In the course of applications, I finalized a criterion of three or more consecutive repetitions without or with minimal distress as the pass criteria to move on to other statement.

The session continued for about one hour. Seeing the response of reducing fear to the verbal exposure of fear provoking words, I got thrilled and optimistic that this approach can be continued on him for other statements too. I thought if this pattern can be replicated to other statements, then he can be expected to make substantial healing of his psychic wounds.

I labeled the bulk repetition of fear related terms and statements as "Drill". We met daily for further sessions except on Sunday. He seemed to have regained his hope and optimism. We identified more objects and situations associated with fears. Following additional objects/situations were identified:

1. Ladies in his village speaking 'punja chhip jayega'
2. Ladies conversing amongst themselves, 'Guldiva ho jayega'
3. Vansh nash ho jayega
4. Group of people conversing themselves in the front portion of his house and using the word 'nash'
5. Hearing the word 'nash' while wearing new pair of clothes

I then encouraged him to take up other statements for drill. "Guldiva ho chukka he", "Guldiva ho chukka he", "Guldiva ho chukka he"… Upon commencement of this statement, again the fear reaction showed spike to medium and then high to very high levels. Since the fear reaction was shooting almost instantaneous to high or very high level; I gave him pauses for a couple of minutes. I reasoned that during the pause his mind will become prepared to handle the massive emotional processing rapidly. My this idea of giving pauses worked exceedingly well in expected direction. After pause,

when he resumed to verbalize "Guldiva ho chukka he"… the fear reaction did not shoot up to very high level. He continued to perform the drill which was essentially involving verbal exposure. His distress was perfectly following the pattern of anxiety curve. The remarkable feature was that the pattern of his fear reaction was returning to minimal level within a few minutes of repetitions; approximately 5-10 minutes.

The pattern of resolution of anxiety boosted the self-efficacy of both me and the patient. We were feeling happy that this method of healing the wounds was working perfectly well. After 2-3 days of application, he softly asked me "Sir, can I buy a register?". I got surprised and asked what he would do with the register. His response simply illuminated me. He told that he was not having any work to do after one hour session with me; he can write all these statements repeatedly on the register. Without any second thought I told him to go ahead. Most psychotherapy work happen between sessions. Homework is an essential and important aspect in psychotherapy. I was missing this component of homework with him. He himself came up with the idea of homework even without me suggesting for it. He bought a register and kept on writing the statements on the register. The writing drill accelerated his improvement to a great extent. Now I think, I could also have given him MP3 recordings of drill statements for him to listen as homework. The homework in any form is bound to reinforce the improvement.

As sessions progressed he was verbally exposed to following statements through drill:

1. My brother has been ruined
2. My mother has been ruined
3. I have been ruined
4. I have been held responsible for the ruin
5. Punja chhip chukka he
6. Guldiva ho chukka he
7. Vansh nash ho chukka he
8. People around in the village 'nash' bol chuke hn.
9. I have heard the word ruined while wearing new clothes

It was readily apparent that mere repetition of these words were producing visible psychophysiological reactions. As he continued to perform drill, the reactions were cooling down and he was feeling comfortable. Extinction was taking place. As and when he was found to express future oriented statements of fears, all such statements were taken for drill.

He continued to gain mastery over fear reaction for the drilled statements. The surprising feature of the application of the drill was that little if any generalization was taking place from statement to statement even if the key term in the statement was identical. For example, I have been ruined vis-à-vis my brother has been ruined. Each drilled statement contained some distinguishing mental image and features which was not amenable to spontaneous generalization. He had to perform drill for each identified statement for extinction to take place. However, the generalization

gains were visible in the quantum and duration of repetitions. With progressive applications of drill, he needed relatively less time and frequency of repetition for extinction to take place.

He was giving me surprise after surprise in most sessions. Upon commencement of one session, he reported that he heard two persons using the 'nash' word at his place of stay in Agra. He went near those persons and intently listened them using 'nash' word. His body and mind no longer reacted fearfully to the usage of 'nash' word by them. He designed his own behavioral experiments in real life situations. His confidence in improvement and the procedure got strengthened tremendously. Had he shown fear reaction to real life situations, I would have taken it as an evidence for doing more drill for the word for those situations.

The sessions were being conducted through verbal exposures and imagination of objects and situations which were linked with his irrational fears. I noticed that spontaneous generalization was taking place from verbal and imagination level work ups to the real objects/situations. I did not purposely exposed him to the real objects and situations. Neither, I had an opportunity to do so. But his own intellect was doing it for me.

In another session, he added one more pleasant surprise for me. He came wearing casuals to my session and revealed that he had heard 'nash' word for these pair of clothes. He had purposely brought that pair as a testing and confirmation of improvement. That is, if after the treatment he could wear that pair and felt comprtable then he would consider it as a positive and strong evidence of improvement. While wearing that pair he reported nil distress. He was as comfortable as with other pair of clothes.

He improved tremendously. I myself was not believing to the quantum of improvement which happened very fast. But it was there. I had nothing to prove it as otherwise. I tested him for all the statement repeatedly. I asked other neutral persons to speak all the statements before him. He felt comfortable and did not react in feared manner to any of the verbalizations of third party. I had no other way than to accept the improvement as authentic.

Only seven sessions were conducted on him and he declared himself completely out of the irrational fear of these words. His psychic wounds had healed substantially. He expressed his desires to take leave from me in Agra and return to his village. I could not identify any further statement for drill and no work left for further sessions, I agreed to his request for termination of therapy with follow up recommendations of psychiatric medications and applications of drill.

I continued to follow him up over phone and he maintained his improvement beyond six month follow up. I was quite happy and got involved deep into theorization and conceptual understanding of the work done with him. My own core striving and passion to heal the scary wounds of mind were healed. I too got a sense of relief that at least I could change the life of one person through applications of the

principles of psychology. This case was a turning point in my practice of clinical psychology. I was finding myself full of enthusiasm but at the same time felt that I need to refine my conceptual understanding as well as applications of this unread and untaught form of psychological treatment.

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02

DANGER IN IMAGINATION

Words are the medicines to heal the wound of words. It is the formulation and composition of words that can make a difference whether it would cause injury to the psyche or it would act as soothing balm on the existing wounds. The words become associated with the emotions. The words become objects of emotions, that is, a word or set of words can elicit emotional response in a person. 'Nash' word is symbolically associated with devastation and it elicited an abnormally elevated fear response in Mr. Chand. 'Nash' was the key word in his problems which he survived for over 15 years.

The word 'nash' stirred a network of mental images symbolizing the devastation and its consequences. It represented actual danger for him. Excessive fear is the appropriate emotion to be experienced at the face of danger. Had there been an actual danger then his response of excessive fear could have been appropriate. The expression of fear from mild to severe level can be appropriate when it occurs proportionately to real life situations. But his fear reaction was associated with creations of his own imaginations. There were no actual signs of danger in his milieu. This is the difference between fear and phobia. Fear is a response to the perception of an actual or objective danger. For example, if a snake appears in your bedroom, you will feel terrified because there is a possibility of actual threat to life. Such scary reactions are called fear. Phobia on the other hand is an irrational fear. In phobia the object of fear does not pause a real threat to life or there is minimal risk; but the person perceives it equivalent to real danger and responds with excessive fear. This equivalence or real like life threat is created in the imagination of the person which makes his being to respond excessively with fear. Since, imagination is in action in phobia/OCD; the imagination magnifies the perception of danger; it becomes imperative to correct the imagined magnification of the danger perception in the patient. Once, there is correction in threatening imagination of the patient, then the perception of objects of fear gets normalized and the hitherto abnormal emotional reactions also becomes normalized proportionate to the value of actual threat contained in the objects of fear.

In phobia/OCD, the patient remains aware of irrationality of his excessive emotional reaction to minor or neutral objects of fear. Even then, he feels compelled to avoid or involve in safety behaviors. Mr. Chand was seeking safety from distorted danger perception by avoiding the people, situations and objects that could remind him of 'nash'. He was aware of the irrationality of his reactions, still he was struggling to push away 'nash' word from the content of awareness.

A person with phobia/OCD engages in avoidance and safety behaviors because encounters with objects of fear alter the functioning of the body and mind which is painful and distressing to the individual. The body and mind of affected person react in following manner during the exposure or possibilities of exposure of the objects of phobia/OCD:

Body Reactions:

1. sweating
2. trembling
3. hot flushes or chills
4. shortness of breath or difficulty breathing

5. a choking sensation
6. pounding or racing heart
7. pain or tightness in the chest
8. rapid speech or inability to speak
9. a sensation of butterflies in the stomach
10. nausea
11. headaches and dizziness
12. feeling faint
13. dry mouth
14. a need to go to the toilet
15. ringing in ears
16. elevated blood pressure

Mind Reactions:

1. Perception of some danger or a threat to life
2. Feelings of uneasiness
3. Feelings of confusion
4. Disgust
5. Fearfulness
6. Difficulty in decision making
7. Mind going blank
8. Restlessness
9. Feeling entrapped
10. Thoughts of avoiding/escaping the objects of phobia

When a person is successful in avoiding the objects of phobia/OCD then he/she feels relieved from these emotional reactions. The aborting of stirred emotional reactions on actual or anticipated exposure by avoidance or engaging in safety behavior creates a myth in the mind of the affected person. He comes to believe that avoidance or engaging in safety behaviors are the only solutions to his/her problems of phobia/OCD. This myth gets reinforced upon each repeated instance of avoidance/safety behaviors because in reality the stirred body and mind reactions subside. This is what happened with Mr. Chand. At times, he was successful in pushing away 'nash' word from his awareness; also he was successful in keeping himself aloof from the potential exposure to 'nash' word. But unfortunately, pushing away and avoidance are temporary mechanism because the sooner or later, the affected person is likely to have encounters with his/her objects of phobia/OCD. This struggle of removal of the content from mind and avoidance become so pervasive that the affected persons at times become housebound and dysfunctional due to the fear of possible exposure to the objects. Mr. Chand struggled more and more to remove 'nash' word and keep himself away from situations and objects that could remind him of 'nash'. The end result of this trap was a dysfunctional person who lost his occupation, his social relations, freedom and joy in life. He remained preoccupied with 'nash' and his life was revolving around the 'nash' and safety mechanisms.

My task was to correct his distorted perception of life threat and devastation; to correct creations of his imaginations. He was scared of his own imaginations. He imagined real life threat. A simple act of impressing him with arguments and reasoning that the word 'nash' itself does not represent real danger was not going to help him. I disputed his magical thinking and impressed him that the thoughts of 'nash' in his mind are meaningless and they are unlikely to

cause real 'nash'. This disputation was not healing his wounds.

He was carrying products of his own imaginations in his mind. There was an obvious mismatch between his imagined threat of 'nash' and the actual threat of 'nash'. Exposure is one of the best methods to correct this mismatch between imagination and reality. I am taught exposure to fear provoking objects/situations either in imagination or with real objects. I am not aware of any practice or teaching of exposure at verbal level. The verbal exposure is almost an ignored area in the practice of psychology. Long back I had read that words represent higher order conditioned stimuli. In exposure, we expose the persons with phobia/OCD to corresponding real objects or their mental representations. For example, a person scared of dogs; will either be exposed to real dogs or mental images of the dogs. Both the actual dogs and their mental representations are neutral objects which have become associated with phobic reactions.

It is seen that actual objects activate phobic reaction in affected individual; also the mental representations of the actual objects also activate the phobic reaction. A person phobic to dogs will also display body and mind reaction to the mental images of the dogs. In exposure in imagination, it is believed that when phobic reaction subsides to the mental images of the feared objects, then there is corresponding decline in the phobic reaction to actual objects also.

While working with Mr. Chand, I prominently realized that it is not only the actual objects or their imagination but also speaking of the words related to the objects of phobia/OCD also elicit the phobic reactions in affected individuals. Precisely, this was the reason that he was not able to verbalize 'nash' word because verbalizations did elicit severe phobic reactions in him. It was quite obvious that 'words' belong to the class of conditioned stimuli.

According to the principles of psychology, when a person is exposed for sufficient frequency and duration to the conditioned stimuli (feared object) then the body and mind will cease to respond fearfully to such objects. It is technically termed as Extinction. Since, the exposure to real objects or objects in imagination produce extinction, I reasoned that exposure to feared words should also result in extinction in similar manner. That is what exactly happened with Mr. Chand. I repeatedly exposed him to the feared words and asked him to keep on verbalizing the same; and the magic happened. This verbal exposure in a manner of drill, lead to faster extinction with minimal arousal of body and mind reactions. The real exposure takes longer time for reactions to subside; but in this case the resolutions of activated reactions were taking place very fast. It was a pleasant surprise to note that smooth and spontaneous generalization was taking place only with verbal exposure. He tested the generalization to natural settings by moving nearer to the persons who were using 'nash' word.

I could see many advantages of verbal exposure in this person. This kept on stirring my own imagination to formalize more and more this form of verbal exposure in the service of persons affected with phobia and OCD. I continued my quest and applications of this form of treatment to other patients as well.

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03
THE SAFETY TRAP

In order to escape and avoid the unpleasant body-mind reactions the patients affected by phobia and OCD in particular get involved into a safety trap to the extent that many affected persons almost lock themselves into their house and become practically non-functional and abandon their occupation and even tend to deny promotions. The condition becomes painful for the patients as well as their family.

Mrs. HR came to see me with more than o8 year history of intense suffering. She was terrified of the possibility of having a heart attack. In order to prevent the possibility of heart attack she had thoroughly changed her life style and made extensive safety arrangements. While taking bath she would not close the bathroom doors for the fear that if heart attack occurred inside the closed bathroom she might not be rescued. She would not leave her house alone. She needed a person with whom she could go outside the home; in the presence of such a person called as phobic companion she felt safe to some extent. Even with the phobic companion she would not go outside the city, on expressways or long distance. She thought that in case there was heart attack the medical facilities would not be available immediately. When away from home within city, she would keep reading the boards and mentally recalling nearby hospital facilities. She worked as a teacher in a well reputed school. She had to travel to attend the school. She resigned from the job due to this terror of heart attack. She would avoid malls, crowded places and far off places in the city even with the phobic companion. She even got admitted in Intensive Care Units and got her cardiac examination done on a few occasions. She was thoroughly reassured by cardiologists about not having any abnormality in the functioning of the heart. Despite reassurance from qualified and experienced heart specialists, she kept on fearing the possibility of heart attack. This demonstrates how the mind can rule over the body and distort the reality within mind.

It was not just a private mental experience for her. She actually felt severely disturbing symptoms in her body which consisted of accelerated heart beats, increased respiration, sweating and heaviness and pain in heart area. For her, she was having episodes that mimicked heart attacks. Periodically, she got terrified to the extent that she literally felt that she is just about to die. This phase of acute distress used to last for a few minutes. She would compel her family members to take her to hospital for medical examination and treatment. When the cardiologist and the family member reassured her for no signs of heart attack; she temporarily got solace from it. But her own acute symptoms were so intense and real that she thought that may be the doctors are missing something in her examination and understanding her condition. She was fully convinced of her symptoms and supported the possibility of having heart attack with the periodic and highly distressing symptoms she was experiencing.

Now she was almost house bound and dysfunctional. She stopped riding her scooter for three years. Now she was not feeling safe going outside home, hence she restricted herself to home. Even at home she did not feel reasonably safe and grounded. Even at home, she felt unsafe. She felt helpless, used to weep and lost all the motivations. She also started feeling sad because of these experiences.

She was also referred for psychiatric consultation, but she did not adhere to the treatment

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