Claustrophobia in an Indian College Student: A Case Study

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Abstract

Claustrophobia, a specific phobia characterized by an irrational fear of confined or crowded spaces, can significantly impair daily functioning and quality of life. This case study examines the life of a 19-year-old Indian college student who struggled with undiagnosed claustrophobia since childhood. The study highlights her symptoms, the challenges she faced in a densely populated urban college environment, and the process of diagnosis using the Claustrophobia Questionnaire (CLQ) and clinical interviews. The findings underscore the importance of timely diagnosis, mental health awareness, and the need for accessible mental health services in educational institutions. This case also emphasizes the role of standardized assessment tools in identifying specific phobias and the broader implications for mental health literacy in India.

Keywords: Claustrophobia, specific phobia, mental health, college students, India, Claustrophobia Questionnaire (CLQ)

Introduction

Claustrophobia, classified as a specific phobia under the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5; American Psychiatric Association [APA], 2013), is characterized by an intense fear of enclosed or crowded spaces. Individuals with claustrophobia often experience physical symptoms such as hyperventilation, sweating, and a racing heartbeat, accompanied by avoidance behaviors and psychological distress (Rachman & Taylor, 1993). Despite its prevalence,

many individuals remain undiagnosed due to stigma, lack of awareness, or misattribution of symptoms to other conditions.

In India, mental health issues are often stigmatized, and specific phobias like claustrophobia are frequently overlooked. This case study focuses on a 19-year-old female college student in Bhopal, India, who struggled with claustrophobia for years before receiving a formal diagnosis. Her experiences highlight the challenges of living with an undiagnosed phobia in a densely populated urban environment and the importance of mental health awareness in educational settings.

Case History

The subject, a second-year engineering student, reported a long-standing fear of confined and crowded spaces dating back to her childhood. Early incidents included an aversion to school buses and panic in small rooms. While her parents dismissed these behaviors as typical childhood fears, her symptoms persisted and worsened over time.

In college, her claustrophobia became increasingly disruptive. Crowded classrooms, elevators, and metro trains frequently triggered anxiety attacks, leading to avoidance behaviors. She began skipping lectures in large halls and avoided social events in confined venues. Two key incidents exacerbated her condition:

1. **School Experience**: During a class trip in the eighth grade, she avoided entering a planetarium due to its dark and enclosed dome structure. This incident caused embarrassment among her peers, intensifying her reluctance to discuss her fears.
2. **Train Episode**: In her second year of college, she boarded an overcrowded train while traveling from her village to Bhopal. She reported feeling “trapped” and experienced hyperventilation, dizziness, and nausea. This episode prompted her to seek professional help.

Symptoms

The subject described the following symptoms when exposed to confined spaces:

- Intense anxiety or panic
- Physical symptoms such as sweating, rapid heartbeat, and dizziness
- A pervasive sense of dread or the urge to escape
- Mental preoccupation with worst-case scenarios (e.g., suffocation or inability to leave)

Assessment and Diagnosis

The subject was referred to a psychiatrist by her college counselor following the train incident. A comprehensive assessment was conducted, including:

1. **Clinical Interview**: The psychiatrist conducted a detailed interview to establish the chronic nature of her symptoms and their impact on her daily life. Her history of anxiety related to confined spaces aligned with the DSM-5 criteria for specific phobia (APA, 2013).
2. **Claustrophobia Questionnaire (CLQ)**: The CLQ (Radomsky & Rachman, 2004) was administered to quantify the severity of her symptoms. She scored high on both subscales:
    - *Suffocation Fear Subscale*: Indicating a strong fear of running out of air or being unable to breathe in confined spaces.
    - *Restriction Fear Subscale*: Reflecting an intense fear of being physically trapped.

The assessment confirmed a diagnosis of claustrophobia. The psychiatrist explained that her symptoms likely resulted from a combination of genetic predisposition and environmental factors, such as negative experiences in enclosed spaces during childhood.

Discussion

This case highlights the challenges faced by individuals living with undiagnosed claustrophobia, particularly in densely populated urban environments. The subject's delayed diagnosis underscores the lack of mental health awareness and the stigma surrounding psychological conditions in India (Hofmann & Smits, 2008). Her experiences also illustrate how environmental factors, such as crowded college settings, can exacerbate specific phobias.

The use of standardized assessment tools like the CLQ proved invaluable in diagnosing and quantifying the severity of her phobia. Combining clinical interviews with validated questionnaires ensures accurate diagnosis and effective treatment planning (Radomsky & Rachman, 2004). Early diagnosis and intervention are crucial for preventing further distress and improving quality of life. This case also emphasizes the need for greater mental health literacy, particularly on college campuses. Many students may struggle silently with specific phobias or other anxiety disorders, mistaking them for personal weaknesses. Educational institutions should prioritize mental health awareness campaigns and provide accessible mental health services to support students (APA, 2013).

Conclusion

The subject's case illustrates the profound impact of claustrophobia on daily life, particularly in urban and academic settings. Her journey from silent suffering to seeking professional help underscores the importance of accessible mental health services and awareness campaigns aimed at destigmatizing psychological conditions. While the subject has only begun her treatment journey, her diagnosis represents a pivotal step toward understanding and managing her phobia.

This case serves as a reminder of the importance of recognizing specific phobias as legitimate mental health conditions requiring timely attention and intervention. Future efforts should focus on raising awareness, reducing stigma, and creating supportive environments for individuals with mental health challenges, especially in educational institutions (Hofmann & Smits, 2008).

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