



Eisoptrophobia and its impact on daily life: A Case Report

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Abstract

Eisoptrophobia, or the excessive fear of mirrors and self-images, is a specific phobia that can significantly affect daily life. People with eisoptrophobia may experience anxiety, panic, and even panic attacks when looking at a mirror. This case report discusses the experience of an individual with eisoptrophobia, starting from the symptoms that arise from childhood, the impact on daily life that is very disturbing, to the treatment process undertaken, namely Cognitive behavioural therapy.

Keywords: Eisoptrophobia, phobia, specific phobias.

Introduction

It is common for individuals to have multiple specific phobias. The average individual with specific phobia fears three objects or situations, and approximately 75% of individuals with specific phobia fear more than one situation or object. In such cases, multiple specific phobia diagnoses, each with its diagnostic code reflecting the phobic stimulus, would need to be given. For example, if an individual fears thunderstorms and flying, then two diagnoses would be given: specific phobia, natural environment, and specific phobia, situational.¹

Eisoptrophobia is an unhealthy fear of mirrors. Some people fear mirrors due to self-image issues. People may also avoid mirrors because they distort the way an object looks. This phobia leads to lifestyle changes that enable people to avoid mirrors[2]. Specific phobia is an anxiety disorder characterized by excessive and irrational fear of a particular object, situation, or activity. The anxiety response goes beyond normal apprehension and leads to avoidance behaviour. The intensity of the fear is often disproportionate to the actual danger posed by the phobic stimulus. Common examples of specific phobias include fear of heights (acrophobia), fear of spiders (arachnophobia), fear of flying (aviophobia), and fear of needles (trypanophobia). People with specific phobias may experience intense anxiety or panic attacks when exposed to the feared object or situation.³

The Diagnostic and Statistical Manual of Mental Disorders (DSM) is a key resource for classifying mental health disorders; in its various editions, specific phobias have been included and refined. The DSM-III (1980) marked a significant step in systematically classifying phobias. Advances in neuroscience and research have contributed to a better understanding of the neural mechanisms underlying specific phobias, including insights into the role of the amygdala, a brain region involved in processing fear.³

Findings collated from the studies published in the last five years included in this systematic review are largely congruent with the existing evidence base of specific phobia; psychotherapy (in particular, CBT) remains one of the interventions associated with more substantial positive treatment outcomes. [4]

Case Report

A 19-year-old woman was always filled with anxiety and panic whenever she saw her reflection in the mirror. Since childhood, she had an unreasonable fear of mirrors. This fear intensified during her teenage years when physical appearance became a major concern. Every morning, she struggled to put on makeup. She forced herself to look in the mirror, but the anxiety was always there. Her image in the mirror was unfamiliar and frightening, triggering cold sweats and a tightness in her chest. She hates what she sees, feels dissatisfied with her appearance and is trapped in a negative self-image. This phobia not only interfered with her makeup routine but also affected her social life. She avoided places with mirrors, such as malls, restaurants, and even her friends' bathrooms. She felt uncomfortable and wanted to run away whenever she saw her reflection in the mirror. This made it difficult for her to socialize and make friends. She felt isolated and ashamed of her phobia. She tries to hide her condition from others, afraid of being labelled weird and weak. She felt helpless and lost control over her life. She decided to go to the community health centre. Doctors at the community health center take anamnesis and refer the patient to a psychiatrist. She was advised to undergo therapy. Her therapy was cognitive-behavioural therapy, which helped her to identify and change her negative

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thought patterns about the mirror and her appearance. Slowly but surely, she started to show progress. She learned to accept herself as she was and no longer fixated on a perfect self-image. She dared to look in the mirror without fear and anxiety.

Discussion

Individuals with suspected specific phobias should be referred for a psychiatric evaluation.³ The initial goals are to develop rapport with the patient, obtain detailed historical information from the patient, and conduct a mental status examination. Evaluation for applicable DSM-5-TR diagnostic criteria should be performed to make a formal diagnosis.

Seeing a mirror can cause a combination of negative behaviours and physical responses. Negative behaviours: A. You may go out of your way to avoid mirrors. B. Removing mirrors from your home. C. Not buying items, like makeup kits, that have mirrors. D. Giving up your driver's license because the safety mirrors make you uncomfortable. E. Avoid public outings due to fear that you'll encounter a mirror. Physical responses: A. Chills. B. Dizziness and lightheadedness. C. Excessive sweating (hyperhidrosis). D. Heart palpitations. E. Nausea. F. Shortness of breath (dyspnea). G. Trembling or shaking. H. Upset stomach or indigestion (dyspepsia). [2]

In this case, a real fear or anxiety of a particular object or situation exists. Seeing a mirror triggers fear or anxiety. The patient also avoids mirrors due to intense fear or anxiety. The fear or anxiety is unwarranted because, basically, mirrors are not dangerous objects. The patient has felt this since childhood. The fear, anxiety, or avoidance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Findings collated from the studies published in the last five years included in this systematic review are largely congruent with the existing evidence base of specific phobia; psychotherapy (in particular, CBT) remains one of the interventions associated with more substantial positive treatment outcomes.⁴ Teori cognitive behavior meyakini bahwa pola pemikiran individu terbentuk melalui rangkaian stimulus, kognisi dan respon. Cognitive processes are a determining factor in explaining how individuals think, feel and act.⁵ In this case, she decided to visit the health centre and was referred to a psychiatrist. She was advised to undergo cognitive-behavioural therapy, which helped her to identify and change her negative thought patterns about the mirror and her appearance. Slowly but surely, she started to show progress. She learned to accept herself as she was and no longer fixated on a perfect self-image. She dared to look in the mirror without fear and anxiety.

Conclusion

Eisoptrophobia is a specific phobia that can cause excessive anxiety and fear of mirrors and self-images. This phobia can have a significant negative impact on the life of the sufferer. While the exact cause of eisoptrophobia is unknown, it can be treated with appropriate therapy. With effective treatment, sufferers can learn to manage their anxiety and lead a more normal life.

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