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Pattered Panic Childhood Onset of Trypophobia Emotional Sensitivity

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ABSTRACT:

People who experience trypophobia have a dislike for groups of approximately round shapes, like those found on a sponge or the bubbles formed in a cup of coffee. The reason for the condition remains uncertain, considering the benign characteristics of usual triggering stimuli. We propose that dislike for clusters is an evolutionarily developed reaction to a category of signals that resemble indicators of parasites and infectious illnesses. Trypophobia might be an intensified and overly generalized form of this typically beneficial reaction. In line with this explanation, both individuals with trypophobia and comparison individuals expressed aversion to disease-related cluster stimuli. Still, only the trypophobia group showed aversion to objectively harmless cluster stimuli that were unrelated to disease. Numerous open-ended replies to also detailed feelings in the skin (e.g., itching or crawling sensations). These results support the notion that people with trypophobia primarily interpret clustered stimuli as signals of ectoparasites and pathogens that spread through the skin. Trypophobia, which is defined by a strong aversion or fear elicited by clusters of small holes or repetitive patterns, is becoming more frequently recognized in children, although it often goes undiagnosed. Visual stimuli such as honeycombs, lotus pods, or textures may be associated with evolutionary threat perception, indicating a primitive survival mechanism against parasitic or infectious signals. The findings underscore the necessity for early identification and supportive interventions, including cognitive-behaviour strategies, visual desensitization, and increased parental awareness to alleviate the emotional burden and avert the progression of anxiety disorders.

KEY WORDS: Trypophobia, harmless clusters, infectious disease, children, behaviour strategies, anxiety disorders

INTRODUCTION:

Trypophobia refers to a proposed phobia characterized by an overwhelming fear, disgust, or discomfort when confronted with clusters of small holes, bumps, or repetitive patterns. While it is not officially recognized as a mental disorder in diagnostic manuals such as the DSM-5, numerous individuals report experiencing physical and emotional responses to trypophobic images or textures. Trypophobia is frequently referred to as "the fear of holes," yet it can also pertain to clusters of bumps or other similar patterns. Individuals encountering trigger objects may experience symptoms including intense fear, nausea, itching, sweating, trembling, and even panic attacks.

Trypophobia is frequently discussed in relation to other conditions where specific types of stimuli and geometric patterns can be distressing to observe (for instance, flickering lights and striped patterns; Harding & Jeavons.

Additionally, Martínez-Aguayo et al. (2018) provided a case study of a young girl who suffered from nausea, sweating, and choking when confronted with clusters of holes. The term "trypophobia" can be triggered by a wide range of stimuli and objects, including both naturally occurring items (such as honeycomb) and human-made objects (like aerated chocolate), with symptoms typically categorized as skin-related, cognitive, and/or physiological.

An additional 30% of individuals reported experiencing moderate anxiety, while 15% indicated severe anxiety without accompanying panic attacks, and 16% reported severe anxiety with panic attacks.

Trypophobia is a proposed condition defined by an intense and irrational fear or aversion to clusters of small holes, bumps, or repetitive patterns. Common visual triggers include items such as lotus seed pods, honeycombs, sponges, or even skin patterns and certain animal markings. Although it is not officially recognized as a distinct phobia in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), numerous individuals report experiencing symptoms like anxiety, discomfort, itching, or nausea when confronted with such patterns.

Trypophobia is a condition characterized by an aversion to clusters of small holes or bumps. While the precise cause of trypophobia remains under investigation, some researchers propose that it could be an evolutionary mechanism aimed at steering individuals away from potential threats, such as infectious diseases or venomous creatures, which frequently display similar clustered patterns.

This phobia can impact individuals of all ages, including children, and may disrupt daily activities if it becomes severe. Gaining insight into its triggers and psychological foundations can aid in managing the condition through methods like exposure therapy, cognitive-behavioural therapy (CBT), or simply by avoiding known triggers.

The estimated prevalence over 12 months (lifetime) is reported to be 22.7% (33.3%) for women and 13% (22%) for men in the United States [1], while globally, it ranges from 5.6% to 19% (13.6% to 28%). Notably, specific phobias represent a considerable health issue within the population, often emerging during childhood or adolescence: Research indicates that specific phobias are significantly prevalent among these disorders and exhibit one of the earliest ages of onset [In the United States, the 12-month (lifetime) prevalence for specific phobias is reported to be 12% (16.1%) in women and 5.5% (9%) in men. In Europe, the 12-month prevalence of specific phobia is reported to range from 3.1% to 11%. According to the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), specific phobias are characterized by "fear or anxiety [that] is circumscribed to the presence of a particular situation or object". Such objects may include animals, natural environments, or blood, injections, and injuries, while situations may involve airplanes and elevators, among others.



Fig no:01

DEFINITION:

Trypophobia is an overwhelming and irrational fear of groups of holes or protrusions, like those seen in particular plants or honeycombs. This specific phobia can lead to considerable distress and disruption in everyday life. The precise origin of Trypophobia remains unclear; however, it may be associated with a fear of injury or illness, and it appears to be more prevalent among individuals with anxiety disorders or other specific phobias.

CAUSES:

Evolutionary Factors:

The repulsion could be a survival instinct – hazardous creatures or contagious illnesses frequently display comparable skin or pattern characteristics (e.g., snakes, parasites, diseased skin).

Visual Sensitivity:

Research indicates that high-contrast visuals featuring Trypophobia designs can overexcite the brain, resulting in unease or visual strain.

Disgust Response:

Trypophobia might be more connected to feelings of disgust rather than fear, particularly because of associations with decay, sickness, or contamination.

Acquired Behaviour:

Certain individuals might acquire the fear by observing others respond negatively or because of distressing experiences with comparable situations.

Traumatic Events:

If an individual has undergone a traumatic experience related to skin damage, infections, or unsettling imagery (for instance, wounds, infestations, or rashes), they might connect comparable visual patterns (such as holes or lumps) with the initial trauma.

A child suffering from a serious skin condition may grow fearful of textures resembling skin.

An individual who has suffered injuries or burns might find healing skin or scars to be triggering because of recurring circular designs. A child suffering from a serious skin condition may grow fearful of textures resembling skin.

COMMON TRIGGERS:

- Lotus seed pods
- Honeycombs
- Sponges
- Coral
- Bubbles or foam
- Insect nests (like wasp hives)
- Skin patterns or diseases (like rashes or scars)
- Certain foods (e.g., strawberries, pomegranates, crumpets)

Who gets Trypophobia?

The prevalence of Trypophobia is uncertain, but it is thought to impact a considerable number of individuals. It can happen to individuals of any age, gender, or cultural background.





Fig no:02

PATTERED PANIC TRYPOPHOBIA IN CHILDREN:



Fig no:03

Trypophobia in children typically begins with a sudden, intense emotional and physical response to clustered patterns, often referred to as "patterned panic." These patterns may include holes, bumps, or repetitive textures seen in natural or artificial objects (e.g., lotus pods, sponges, insects, or certain skin rashes).

HOW DOES IT AFFECT THE CHILDREN:

Emotional Effects:

Children may feel fear, disgust, or extreme anxiety when exposed to trigger images. Panic attacks or crying spells can occur even with short exposure to pictures or textures. They may describe the experience as "gross," "itchy," "scary," or "sickening."

Behavioural Changes:

Avoidance of certain objects or environments (e.g., gardens, food textures, bath sponges).

Withdrawal or refusal to look at certain books, pictures, or nature shows. Sleep disturbances after visual exposure to triggering images.

Physical Symptoms:

Nausea, skin crawling, itching, or goose bumps. Complaints of feeling unwell without a clear medical cause after exposure. Fast breathing, sweating, or restlessness.

Cognitive Reactions:

Children may begin to associate harmless items with danger or disease. Distorted perceptions of reality, where they see "holes" or patterns in neutral textures.

TRYPOPHOBIA SYMPTOMS:

- Nausea
- Shaking
- · Shortness of breath
- Rapid breathing
- Sweating

- Chills
- Choking
- Intense feeling of disgust, terror
- Pale skin

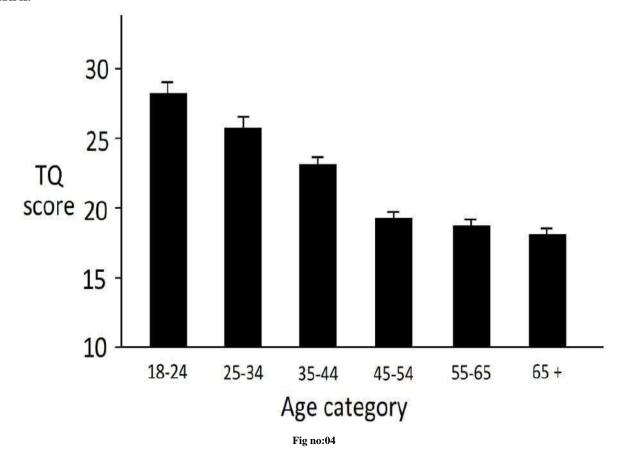
TRYPOPHOBIA RISK FACTORS:

Trypophobia occurs more frequently in individuals assigned female at birth compared to those assigned male at birth. It also occurs within families. In a study, around 25% of individuals with trypophobia reported having a close family member with the same condition. Individuals who fear hole patterns may also experience other mental illnesses, including Severe depression, anxiety, and obsessive-compulsive disorder (OCD).

AGE VARIATION IN TRYPOPHOBIA:

Nineteen participants did not specify their age category. This led to a total of 2,539 participants for the analysis of age. One hundred fifty-two were aged 18 to 25, 425 were between 25 and 34, 509 were from 35 to 44, 512 were aged 45 to 54, 458 were from 55 to 64, and 483 were over 65. The average TQ score for each group was: 18-24=28.2 (SE = 1.2), 25-34=25.7 (SE = 0.67), 35-44=23.1 (SE = 0.5), 45-54=19.6 (SE = 0.3), 55-64=18.9 (SE = 0.29), and 65+=18.3 (SE = 0.16). A one-way ANOVA indicated that TQ varied significantly by age category, F (5, 2533) = 57.7, p < .0001.

GRAPH:



SUMMARY OF TRYPOPHOBIA TABLE:

Gender Analysis	Results
Male	48,30%
Female	51.70%
Awareness about Trypophobia in General Population	Results
Fear/ Phobia	29.00%
No Phobia	46.10%
Unaware	15.00%
Not sure	10.00%
Types of Stimuli Appear in Trypophobia	Results
Symmetrical or unsymmetrical shapes	11.40%
Feel as natural fear	66.00%
Fear of holes and associated shapes	23.40%

Fig no:05

HOLES OF TRYPOPHOBIA

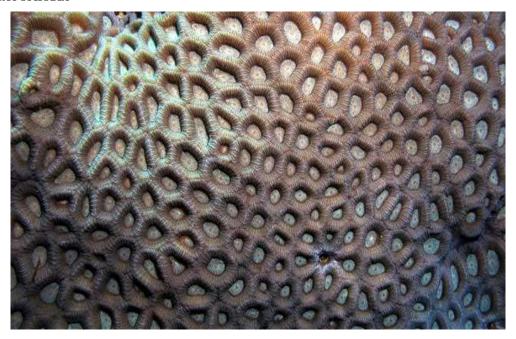


Fig no:06

RISK FACTORS OF CHILDREN:

- Visual sensitivity
- Anxiety
- Early exposure

DIAGNOSIS:

The American Psychiatric Association (APA) doesn't recognize trypophobia as a disorder in its Diagnostic and Statistical Manual of Mental Disorders (DSM). This may be because the condition is often uncomfortable but not debilitating. Because it's not recognized as a disorder, there aren't established criteria for diagnosing it. However, there is a trypophobia test.

Completing the online trypophobia test (which is solely for research purposes) may help determine whether you have this aversion. The test doesn't collect your personal information. Your participation is anonymous.

THE TRYPOPHOBIA TEST:

Displays a variety of images for one to eight seconds each. Some of the images have patterns or clusters of holes, while some do not. Asks you to estimate how long you saw each image.

Compares your estimates for viewing trypophobia images and neutral images (those without holes) and gives you a ratio at the end of the test.

A ratio higher than two may indicate trypophobia. You may want to talk to a mental health professional, like a psychologist, about the test findings and your adverse reactions to holy patterns.

TRYPOPHOBIA TREATMENT:

Exposure therapy (desensitization):

Not everyone can tolerate exposure therapy because it means you must do something that upsets you. But if you have a specific phobia, there's a good chance it'll help you.

Here's how it works:

Your therapist gradually exposes you to whatever causes you fear or disgust. Then, they give you tools to manage anxious thoughts, feelings, or physical reactions that come up during therapy. You repeat this with multiple sessions until you feel more comfortable around your triggers.

- Thinking about your trypophobia triggers
- · Looking at pictures or videos with clusters of holes
- Holding a sponge or something else with repeating patterns

$Cognitive\ Behavioural\ The rapy\ (CBT).$

This form of talk therapy can assist you in altering your thoughts and views regarding the reasons behind your fear and aversion. You also discover healthy methods to manage the thoughts and emotions that trypophobia induces.

MEDICATIONS:

Benzodiazepines

Beta blockers

Antidepressant

OTHER APPROACHES:

- Relaxation techniques, including deep breathing, yoga, and meditation
- · Spending time in nature and other calming environments
- Mindful breathing, observation, listening, and other mindfulness tricks to help cope with stress
- Taking time for hobbies and enjoyable activities

CONCLUSION:

The early onset of trypophobia in children, often triggered by patterned panic, highlights a unique and underrecognized sensory-emotional response to clustered visual stimuli. Children experiencing this condition may exhibit signs of fear, disgust, anxiety, or avoidance behaviours when exposed to specific textures or hole-like patterns. These reactions can impact their emotional well-being, learning, and social interaction if left unaddressed. Recognizing the signs early and providing supportive environments, reassurance, and appropriate interventions can help children manage their fears and reduce long-term psychological impact. Greater awareness among parents, educators, and healthcare professionals is essential to ensure timely identification and care.

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