

## PANIC DISORDER: A CASE STUDY

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### ABSTRACT

This document is relevant to the case study of panic disorder. The identified patient of the disorder was Mrs.Anupama(not real name), 45 years of age, home maker and mother of two children hailing from middle class social strata.

Her first visit to the general hospital happened when she experienced sudden onset of shortness of breath, which was followed by increase heart rate, choking sensation, sweating and fear of dying. Assumptions of having heart attack, reported to the cardiac clinic of general hospital, detailed investigation revealed no evidence of cardiac illness. After that she experienced the same problem once or twice a yearly for 10 years. Since last year she reported to the cardiac clinic four times with similar complains and the investigation revealed normal findings. Then she was referred to psychiatry clinic and was diagnosed with panic disorder. She refused to continue the treatment as the antidepressants increased her anxiety more. She visited my clinic with her husband only the next day she had last panic attack. In light of the assessment DSM-IV, report by psychiatrist and cardiac clinic physician, Mrs.Anupama was diagnosed by panic disorder.

Key words: Panic disorder, Cognitive behaviour therapy, assessment, treatment

### Introduction:

The main objective of this particular study was to make awareness about the efficacy of CBT in treatment of neurotic disorder. Family therapy has emerged as alternative system to treat mental health disorders but still a long way to go to recognize and accept by common people in India. The study also aims to promote CBT in order to eliminate the symptoms of panic disorders through which Mrs.Anupama was suffering. The therapy had successfully been used to treat various disorders in different cases.

Panic attack is a distant period in which there is a sudden onset of intense apprehensions or fearfulness or discomfort that is often associated with feelings of approaching impending doom. The panic attacks are episodic in nature and the anxiety is crescendo in nature, building to a peak in 10 minutes in most cases.

(Dr. Rajesh Sagar, mental health and disorders, page no.22)

### Hypothesis:

CBT would effectively cure the panic disorder from which the patient Mrs.Anupama is suffering.

## **Cognitive Behavioral Therapy (CBT):**

Cognitive Behavioral Therapy is a talking therapy which can help people in different situations they face and to explore their thoughts, feeling and actions. The link among our thoughts, emotions, physical symptoms and behaviour plays an important role to set the mood.

CBT supports that the reason of emotional distress is actually the individual's interpretation or viewing of some particular event or situation rather than the situation and event itself. CBT focuses on negative thought patterns and help the client to challenge them. When we feel anxious or low it is but natural to pop negative thoughts in our mind without any effort. These negative thoughts underestimate individuals coping skills, ultimately increases the anxiety. Coping mechanism like avoiding the situation or events, doing something different and seeking someone's help ( whom we trust ) lower the anxiety for shorter period but it gets worst in longer time when the trigger arises.

CBT argues that with low mood people's mental horizon gets negative towards themselves and others. The lower a person feels the more negative thoughts he will have and it is vice versa. It is important to break this vicious cycle to help the person with anxiety or low mind.

### **Methods:**

**Participants:** Mrs.Anupama and her husband

**Materials:** Diary, Pen

**Procedure:** In the intake session semi structured interviews were conducted with Mrs.Anupama. Assessment was made on the basis of reports from cardiac clinic and psychiatric centre and the consultation of DSM- IV to diagnose the disorder.

It took 12 sessions to complete the therapy. CBT in this study included relaxation training, cognitive restructuring, mindfulness, exposure treatment and stress reduction.

First two session were conducted with Mrs.Anupama and her husband. Next nine sessions with Mrs.Anupama and then final termination session with the couple again. Feedback was taken time to time by husband regarding the progress.

### **Results:**

After diagnose of disorder, CBT was implemented to eliminate the symptoms. Initially the improvement was slow but after 3-4 sessions the feedback by the husband indicated positive changes and anxiety lowered. Anupama started gaining confidence. There was one slight panic attack in 3<sup>rd</sup> week but she managed that with coping skills taught during the therapy process. The reports between pre and post therapy confirmed the efficacy of CBT and proved the hypothesis.

After the therapy weekly feedback was obtained from the couple about any possible recurrence of symptoms of panic attack for a period of six months. There was no recurrence of panic attack anymore.

**Discussions:** Mrs. Anupama had consulted cardiac specialist and underwent treatment, was hospitalized many times. She was then referred to psychiatrist and antidepressants increased the anxiety more. Both the treatments had no significant effects upon her disorder. CBT without medication helped her to come out of the disorder and eliminate the symptoms completely.

Before proceeding further, a brief description of patient's family history is necessary to explore the rest cause of Mrs. Anupama's disorder.

### **Family History:**

Mrs. Anupama, age 45 years, hailing from middle class social strata. Her husband was an engineer and she had two children one son age 16 years and daughter 19 years of age. Her father was employed in railways as a doctor. Her mother was a home maker. She had always observed that daughters were not given the same weight as sons. Her brother was always on priority be it education or other important matters. She had also realized that girls were liabilities in her society as dowry was the common practice. In spite of high education girls were expected to follow all rituals blindly without raising a question. She had also heard much time, 'Betiparayiamanathai' type dialogues by relatives. Even her mother was very submissive and had never raised a voice against any decision.

Her brother joined the government job as an engineer. She too wanted to get the job but in spite of her efforts, could not achieve the target. She was married to an engineer. It was arranged marriage. Although after marriage she had no financial problem but here her husband was very submissive. Her mother in law was very dominating. Father in law was supportive. Here, at her in laws home the scenario was altogether different. She was always addressed as an outsider. Her parental home was called her home. She got confused and agitated as rituals were totally different and her mother in law had very loud voice. She was not used to loud voices as there at her parental house; females were supposed to be polite and sophisticated. Her husband being submissive could not support her against his mother and sister. She gave birth to a baby girl, and as usual due to the expectation of boy no one was happy. Her husband had 3 sisters and he was the only son. Whenever there was a family get together all three sisters in law and her mother in law had a habit of pinpointing about Mrs. Anupama. Though her husband loved her but could never do justice regarding family matter. Gradually Mrs. Anupama started spending more and more time with children as by now she was blessed with a son. Her interactions with her husband became very minimal.

Husband got busy with his job. Children grew up and found their way. Mrs. Anupama's first panic attack occurred when her son was 3 years old. She was rushed to cardiac clinic. All test and reports were O.K. After that there were attacks once or twice a year. Same tests were repeated. Two years ago she had a severe attack at night. She was hospitalized for 3 days. All reports were O.K. After that she used to get the

attack very frequently. Within one year she got 4 major attacks but her reports were normal. Then she was referred to psychiatrist who diagnosed her with Panic attack disorder. She did not continue the antidepressants as the medicine increased her anxiety more.

Then she was referred to me by one of my client for family counselling.

### **Assessment:**

Since her childhood she was facing lots of anxiety due to preconceived notion of life after marriage. At her parental home she had seen her parents working hard. Her father was a self-made man and earned a good name in the society. Education was given priority and both Anupama and her brother slogged hard to make the career. Her brother got through the competition and became an Engineer. Mrs.Anupama remembers that she had seen relatives mostly discuss the daughters as liabilities and at times dowry was also mentioned. She thought she was a burden on her parents as compare to her brother. She developed an inferiority complex. In spite of her trying best, she could not achieve her goal in career that increased her anxiety. Being introvert, she did not share her feelings with anyone. After marriage her anxiety level was overwhelmed as she did not get the support neither from husband nor from other family members.

### **Complications during the therapy process:**

The only challenge was to make the patient comfortable to ventilate the thoughts and emotions settled in subconscious mind.

**Follow up:** It was systematically done during the time of treatment and after the treatment. Feedback was taken time to time from Mrs.Anupama and her husband. For 6 months, once in a month both Anupama and her husband reported after the termination session. There was not even a single attack.

### **Medical/past psychiatric history:**

She was on medication and hospitalized in cardiac centre many a times pretending to have heart attack when in actual it was panic attack. She also tried antidepressant medicines prescribed by psychiatrist which increased her anxiety more.

### **Treatment:**

First session was intake session and some assessments were done through interview. I made cross questioning about her past history at parental home and after marriage. I could smell that she was not open in front of her husband. I spent some time with her alone to make her comfortable. I talked to husband also who gave me some important information. Then I gave them the home work and asked them to maintain a diary. I asked both of them to write five things they like and 5 dislike about each other.

Second session was more targeted to Mrs.Anupama. Both had done their homework. Now Mrs.Anupama was more comfortable as I was also to make comfort

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connection with her. She spoke continuously for 30 minutes non-stop and after that felt relieved. Then I asked her husband to accompany her for all sessions but from then onwards sessions were with Mrs.Anupama only.

Third session was relaxation training. Breathing technique was taught. Some pranayama to relax mind were done. In between she too shared her experiences, home work was given to do the pranayama daily at home.

The next session was devoted to observe the change and continued the relaxation training. It was revealed that loud voices of her mother-in-law and sisters-in-law and her reminders that she was not part of that family had aroused her anxiety very often.

The fifth session was of cognitive restructuring the relations were discussed. The negatives were treated with more positive points present. She was counseled to restructure the thought pattern. She was also encouraged not to be judgemental about people by their voice or look. She was given home work to see people with positive approach and assurance by her husband that she belonged to the home and everyone cared for her. Next session was continued with leaving the negative thoughts and inculcating positiveness.

The next two sessions were completely devoted to mindfulness. Meditation was taught first and then she was asked to practice daily at home. Her aura became positive and she became more confident.

When her confidence was developed to face things with positivity, she was exposed to the situations when there was get together in the family. With the good result of therapy she responded very positive and was quite normal. Her husband also supported her very strongly this time as he was too counseled. Next session was to deal with the stress. Her habit of developing stress for trivial things was addressed. She was also guided some stress reduction techniques like adopting some hobbies, going for walk, reading good literature, sharing with people. It was found that Mrs.Anupama had developed a trust towards her husband and his family. During the exposure treatment the feed back was positive so now the time was to prepare for termination.

In the eleventh session, the termination was planned. All the issues were discussed. Anupama had become confident and got over her fear instinct. When she was asked about her family life, she responded positive. Her mother-in-law and sisters-in-law also had realized that unknowingly they were hurting someone. Anupama agreed for the termination and I planned the termination session with her husband.

The last and final termination session was conducted with Mrs.Anupama and her husband. Both were very happy and all the important points were discussed. Some suggestions were given for future precautions. Follow up sessions were planned.

Thus, the treatment of panic disorder was done through CBT without medication.

Conclusion:

Mrs.Anupama was a patient of panic disorder. The root cause was her being oversensitive. (Specially the challenge to her authority as a family member at her home which became stimulus for her fear instinct.

Challenging her authority as a family member at her home became reference for her stimulus. Sub conscious mind (defence mechanism) tried to protect against stimulus and reference that is “working hard beyond the capabilities”. A deep analysis of her subconscious mind was needed to explore the ground realities of the stimulus and reference for fear instinct. Treatment could proceed further only after a session of ventilation therapy to release her preconceived notions. When all other positive possibilities about her stimulus and reference were explored it was revealed that there was lot of thought clouding so through cognitive restructuring and mindfulness negative association with stimulus and reference were removed. Exposure treatment and stress reduction through relaxation training also helped the patient to overcome her fear instinct. So, the CBT proved very much affective in case of panic disorder treatment.

#### **Future Recommendations:**

- It is recommended that CBT without medication should be used for the treatment of panic disorder.
- More studies should be done to explore panic disorder.
- There must be more awareness about the efficacy of CBT especially in developing countries.

#### **References:**

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