

A Case Study on the Clinical Presentation and Management of Panic Attacks

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Abstract

This document pertains to the case study of panic attacks. The subject of the disorder was Mrs. J (Initial instead of real name), age 35 years and the Housewife. Client visited the therapist along with her husband. Her husband informed that she awakes many time during sleep at night. She complains about server pain in her legs. Her body keeps shaking and shivering almost all the night. Her husband reported she has an aggressive behavior towards children, especially towards to him the problem most servers among all others that at occasions she suddenly becomes senseless eyes motionless, no response to any call. In this specific condition she could not drink even a single drop of water and spat it all if attempted make her drink. In light of assessment and DSM-V, Mrs. J was diagnosed with panic attacks.

Keywords: Panic attacks; Assessment; Fear stimuli identification therapy (FSIT); Treatment

Introduction

The major purpose of this particular case study was to reaffirm and prove the efficacy of Fear-Stimuli Identification Therapy (FSIT) on empirical grounds. It was also intended to use FSIT in order to eliminate the symptoms of Panic Attacks Mrs. J was suffering from as the therapy was already successfully used to remove the symptoms of various disorders in different cases [1-9].

Hypotheses

It is expected that the FSIT method would effectively cure the Panic Attacks from which the above referred person Mrs. J is suffering.

Fear stimuli identification therapy (FSIT)

Fear-Stimuli Identification Therapy (FSIT) is based upon the perception that some of the incidents (mostly the sudden incidents) in the early age of a child become stimuli for fear instinct which cast negative effects over the personality of a child and become reason for one or the other type of disorder. FSIT investigates and digs out such events from a person's unconscious, which play as stimuli for fear instinct. Whenever an affected person encounters the events in his/her life resembling to the stimulus/stimuli the specific incident which has stimulated the fear instinct previously is recalled.

Method

Participants

Mrs. J (client)

Materials

No any specific material used in this case study.

Procedure

In the first three sessions, semi-structured interviews were conducted with Mrs. J her husband and her family. An assessment was made in the light of these interviews and reasons/causes of the disorder were digging out. DSM-V was consulted to decide the nature or type of disorder.

In the subsequent of seventeen sessions Mrs. J was asked to write on specific topics. Cross-questioning was carried out over the ideas mentioned in the writings.

Results

After diagnosis of Panic Attacks, treatment was started in the light of FSIT method. Five sessions per week were taken, total of fourteen sessions were conducted. In the course of treatment, her husband reported about the Positive behavioral change in different spheres of her Mrs. J life. Clinical observations during treatment also indicated a gradual positive change in her personality. The difference between pre-assessment and post- assessment confirmed precision of hypotheses and efficacy of FSIT. Feedback was obtained on weekly basis for a period of three months from Mrs. J family about any possible reappearance of symptoms of Panic Attacks and this was confirmed that there was no reoccurrence of the disorder's symptoms anymore.

Discussion

Before visiting my clinic Mrs. J had have already consulted different psychiatrists and Psychologist and was mostly treated by means of anti-depressants and CBT. This had no significant effects upon the client's disorder.

Prior to write about intervention/treatment, a brief description of a patient's social and family environment is necessary in order to understand the main causes of Mrs. J's disorder.

Presenting behavior

The client was good looking personality and well-dressed rather very properly dressed she was rustlers anxious and even a little bit terrified on her first visit. She was much careful in her talk.

Personal history

Mrs. J was 35 years old and housewife, mother of Two Sons. However, due to her problem, her routine was badly affected and it made her much depressed and disappointed.

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Educational history

Mrs. J was not good in her studies since her childhood but she is intelligent. However, with hard work and efforts she did graduation in Education (B.Ed.).

Family History

The client belonged to a well-educated family. Her father was an air force official, mother also educated. She was the second child of her parents with one elder brother and one younger brother and two sisters. Her both the brothers employed abroad on good posts.

The client was 7 years old when she visited the river adjacent to their city along with her younger sister who was at the age of 4 years at that time. The client's sister was drowned accidentally in front of her eyes. It is worth noting that this event was alive in her memory and was not repressed in her unconscious. She was severely admonished and punished by her parents if it was her mistake for the sad incident.

Her father was a man of strict behavior and never excused any mistake without punishment to his children. Mistakes must be paid in the form of punishment was the well learned lesson from her childhood. The behavior of her father had already become a stimulus to fear instinct as there was always punishment for every mistake. This was not only punishment but the guilt conscience also contributed to the misty of little girl as she herself considered responsible for her younger sister death but this was not an ordinary guilt conscience but a multiplied one as it aroused is a mind already believing punishment as a penalty for mistakes.

After this she was very much careful about her doings to avoid any trivial chance of mistake the fear of committing mistake become a part of her thinking and become a part of her personality she grew up with this mental state her father died after few years.

She was married to a well-educated man holding an impressive post at a university she was end awed with two made children in her marital life she gave birth to a female child after two children. This was a mentally impaired female baby doctors advised the parents that survival of the child is conditional to the extraordinary "care"

The client all the time carried this baby in her lap and never allowed to detach herself from the child even for a single moment even the client became unable to perform her household as she had to carry the new born baby round the clock in her lap. The mother of client was shifted in client's home to share the responsibilities of house hold.

The mother and husband of clients tempted her to improve her education as they were already aware of clients' eagerness towards education. They asked her to qualify as a bachelor in education. She was advised to carry on her education from a university which facilitated home education this started studying at home

This was crimination time when the client left home to appear in exams for her very first paper of B.Ed. subject. She was informed about the horrific event which took place at a time when she had left her home for exams. She was told by her husband telephonically that little baby had died soon after she left. She became senseless at the spot after hearing this sad news.

She suffered from theses traumatic attacks after every two or three days for more than two years.

Medical/past psychiatric history

She had already visited variances psychiatrists and psychologists.

She heal swallowed all types of anti-depressant medicines but result was not fruitful. Her husband a senior officer at a well reputed university had already consulted the professor of clinical psychology at the university. She conducted many sessions but no positive results. The learned professor was expert in cognitive behavioral therapy (CBT).

- The first stimulus to fear instinct of the client was her father's behavior as she was convinced that mistakes are unforgivable.
- The second stimulus was the severs sense of guilt for holding herself responsible for the death of her younger sister at the age of seven years.
- In addition to above mention two the third was even enormous in magnitude and severity. this was the sense of guilt as she took herself responsible for the death of her mentally impaired baby she thought the child would not die if she did not leave her at home as she was already convinced that her baby needed her all the time specially as this was advised by the doctors even. The extra ordinary caring attitude towards her infant was stimulated by the fear.

After taking all the facts into consideration I assessed that she is suffering from "panic attacks."

Treatment plane

Client was diagnosed by Panic Attacks and FSIT therapy was chosen because according to previous experience it is the best therapy for deep rooted disorders. All of the oral drugs were stopped gradually and at the end of treatment they were totally removed.

Specific free wring (SFW)

Asked to write on specific topic, like father, Fear, mistake, etc., Allowed her to write alone whatever she want to write. And instructions were given to him to make sign of cross when on some point thoughts became stopped or struck.

Cross questing on specific free wring (SFW)

Questions are raised on the topic that was written by the client and knots of the unconscious are also tried to open with argument and discussion that are symbolically appear in the form of struck memory.

Analysis of resistance avidness on crosses questioning

Resistance of unconscious is analysis in the client restlessness condition, burden on the shoulders but not pain, vomiting, sign of sleep, temporary loss of voice, temporary loss of hearing power and to avoid the topic.

Fulfillment of missing references

In this session missing references of the unconscious are 1st make on conscious level of mind then moved with showing the full picture or both side of an incident that was missed by unconscious.

Re-evacuation

In this section reevaluate the problem.

Rewrite-on SFW

Ask again to write on the topic on which written before.

Re-cross questioning

Re-cross questioning on the topic after completing the references of unconscious .It make them strengthen in unconscious.

Feedback from family

It was required to feedback from family for at least three month for the stability of the client.

Treatment

A total number of 40 sessions were conducted to treat the client. The first seven sessions proved to be very caval and problematic for the client. She was asked to write down memories of childhood as back as ranging from the age of 01 year to 10 years of her age. Her writing was clag orating and sequential. She informed that she suffered from shoulder pain and she wept while she was writing about the death of her younger sister at age of 07 years. It is interesting to mention that scarcely she mentioned about her father while writing down her memories but she frequently work about her mother. I did not need for any cross questioning over the writing.

Second topic asked to be write down about her “father.”

The sequence and continuity of the writing was absent-A lot of overwriting and crossed worlds were frequent in the writing.

Cross questioning session was conducted this time. A strong resistance observed during cross questioning stress over shoulders and pain in the back of head was complained by client.

This explicitly indicated that she had negative association with her father in her unconscious the behavior of her father played as stimulus for her fear instinct. Her unconscious magnified the care into extraordinary care on the account of her fear instinct. It is to note that according to my own explanation the care has no independent status but is created by fear instinct.

Third topic “was mistake “the writing was extraordinary brief it consisted of two words followed by six lines of crosses these words were mistakes everybody.

She handed over her writing to me after viewing the payer I looked upon her face it suddenly became flat and impression less.

He eyes were fixed over an unseen point I asked her that what the mistake specifically she had committed is. She became senseless and fell down on the couch I called her husband to the room. She was brought back to the senses. She complained about body pain after becoming conscious her senses were restored fully in the next 10 min I canceled farther questions. The 3rd session was cancelled; the fourth session was simply a session of that no conversation on the psychological problems was made.

She was once again questioned in the fifth session about her writing which was pending in 3rd session this time she was questioned about the mistakes she had committed rather she was asked about the definition of mistake that what type of actions she considered could be categorized as mistake this time she did not suffered and panic attack but she manifested severe resistance through body pains head ache and other symptoms.

Sixth and subsequent nine sessions consisted the discussion about her writing over the topic mistake which she had handed over to me in 3rd session. Client suffered by panic attacks many time during questioning this was revealed in fifteen sessions that the cause of panic attack was not the only mistake but the fear of punishment as a result of mistake or wrong doings.

The parents were considered as an agent to punish for her mistakes especially in the case of her daughter’s death. Butt recalling back her father’s notion that there is always punishment for mistake was the stimulus to her fear instinct. Even after passage of a long time as her father had died already few years back she suffered from the fear of punishment for the mistake she thought to be committed for her daughter’s death

For all the remaining subsequent sessions she was asked to write repeatedly on the three topics mistake father and punishment during cross questioning she was repeatedly asked to explain about the relationship between mistake and punishment all the positive association repressed due to fear instinct on the account of judgment of her father about mistake and punishment were the client gradually improved. She was finally recovered after 40 sessions

Complicating factors

- i) Mrs. J was the patient of panic attacks
- ii) The causes of panic attacks were:
 - The first stimulus to fear instinct of the client was her father’s behavior
 - The second stimulus was the severs sense of guilt
- iii) Five sessions per week for treatment were necessary

Access and barriers to care: Only resistance of unconscious level of mind was a barrier, but when it was sought out by free writing and cross questioning that barrier was also removed.

Recommendations

- It is recommended that a study should be done on fear instinct
- FSIT should be used for the treatment when the patient problem led to the fear instinct

The therapist should focus on the reasons of the problem for the treatment.

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