

EDU WORLD 2022**Edu World International Conference Education Facing Contemporary World Issues****A CLOSER LOOK ON PANIC DISORDER: CASE STUDY**

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Abstract

Thru this paper are presented some findings related to dysfunctional reactions at young students. We must note that at present, certain patterns of psycho-emotional reactions are increasingly evident in some age groups, aspects that were not as obvious in previous generations, which entails the need to be well observed, studied, explained, to identify the possible causal relations or interferences of the factors that could lead to important imbalances, in psychological plan, at different age categories. Therefore, we can see the obvious increased tendencies for panic disorders, at various age levels, moreover the increased manifestation of panic disorders at young students. Thru this study case we wanted to observe if there can be found some common personality traits or triggers that might lead to developing panic attacks. This study-case summed-up various common elements that were identified at young students presenting the same psychosomatic reaction, such as panic attacks from an experiential therapy approach. This paper is suggesting the existence of certain specific common elements that might be linked to developing panic disorder, at young students, based on the findings made working directly with young students at the Career Counseling and Psychological Guidance Center, University of Pitesti. Given the actual global challenges, it is therefore important to pay close attention to the changes that the present brings, to capture the aspects of vulnerability that could lead to significant imbalances with long-term negative effects at students, respectively regarding the future adults of tomorrow's society.

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1. Introduction

The domain of health education and quality of life promotion is of a great importance for us all, especially when we understand the link between various influences that, at a first sight, don't appear as having an interconnection. The problem of somatic disorders and the psychosomatic reactions are important for a wider and better understanding of the human functioning, in a holistic sense. In this paper we try to pinpoint some of the interesting details that we have found working with students that have requested specialized support from the specialists working at the Career Counseling and Psychological Guidance Center, University of Pitesti.

1.1. Theoretical approach

As the scientific data presents, panic disorder often begins in the late teens or early adulthood (Hewitt et al., 2021). Moreover, recent data suggest that panic disorder (with/without agoraphobia) and agoraphobia (without panic) usually start in adolescence through mid-adulthood (Schat et al., 2016).

In this paper we discuss the specific traits and manifestation of panic disorder, at students. The scientific base of this paper is the DSM - The Diagnostic and Statistical Manual of Mental Disorders (DSM) elaborated and sustained by the American Psychiatric Association (APA) that is the system used in the United States to diagnose mental health disorders. The DSM contains diagnostic criteria used by mental health professionals (psychiatrists, psychologists, medical staff) to classify and describe every known mental illness.

Panic disorder (Manjunatha & Dushad, 2022) is known as an anxiety disorder where the person regularly experiences sudden attacks of panic or intense fear. People often experience feelings of anxiety and panic at certain times, and though it's a natural response to stressful or dangerous situations, it can escalate to an intense level of fear that it's leading to somatic (organic) experiences (Lallukka et al., 2019). The panic disorder includes experiencing some recurrent panic attacks, followed by a specific period when the person is afraid of not experiencing another panic attack or some other significant maladaptive behavior related to the attacks.

According to scientific literature, patients with panic disorder frequently present to the emergency department accusing chest pain, breathing difficulties, and very often fearing that they are dying of myocardial infarction. A panic attack is an abrupt period of intense fear or discomfort accompanied by 4 or more of the following 13 systemic symptoms:

- i. Palpitations, pounding heart, or accelerated heart rate
- ii. Sweating
- iii. Trembling or shaking
- iv. Sensations of shortness of breath or smothering
- v. A feeling of choking
- vi. Nausea or abdominal distress
- vii. Feeling dizzy, unsteady, lightheaded, or faint
- viii. Feelings of unreality (derealization) or being detached from oneself (depersonalization)
- ix. Palpitations, pounding heart, or accelerated heart rate

- x. Fear of losing control or going crazy
- xi. Fear of dying

2. Problem Statement

According to scientific literature, several epidemiologic and diagnostic surveys show that anxiety is gender dependent (Ohannessian et al., 2017), meaning that anxiety symptoms are different from men to women (Asher & Aderka, 2018) but this does not mean that young men don't experience anxiety emotional state. Given the new data, there can be observed a disproportionate impact of anxiety on women versus men, still being unclear what mechanism(s) contribute to this differences (Burani & Nelson, 2020). The scientific data also indicates that anxiety associated with panic attacks occur with considerable frequency in the general young adult population, showing evidence that anxiety leading to panic attacks seem to be at the core for developing depression at young persons (Young et al., 2019). Based on the practical research made within the Career Counseling and Psychological Guidance Center specific activity, we have noticed that the panic disorder, respectively panic attacks are more and more common at young students, than it was several years ago. Therefore, it was necessary to find out more about this phenomenon, and for that we have used evaluation and intervention based on experiential methods.

2.1. Case presentation

2.1.1. Actual existing context

The patient was a young student aged 20 when he seek psychological counseling on the background of persistently feeling anxious, agitated at an emotional level but also at an physical one, with interoceptive sensation of distress, sudden intense heart beating rate with apparently no objective reason, sudden breathing problems with fear of suffocation, sudden fear of living alone in his house. He states that the results of the medical tests he performed did not indicate any organic dysfunction, which could have justified the psycho-physical changes described. At that moment, he couldn't identify in his life context, any situation with traumatic potential that could have generated his reactions, summing-up that "I don't recognize myself, anymore At the time of his requesting the specialized services, the patient was a student in the 2nd year, specializing in Automotive Engineering, being passionate about technical drawing and was employed as a Customer Relations Manager, in a telecommunications company. He says that he felt good at home when he lived with his roommates, but due to the pandemic, they preferred to return home, A. remaining to live alone in the rented apartment. He didn't like living alone. He claimed that he felt intense states of inexplicable restlessness while he was at work, especially towards the end of his work schedule. He also felt anxious, being alone in his apartment. Although he has a rigid posture, the client's speech is accompanied by an emotional echo in the form of a blank stare, frowning, clenching his fist while talking about his father's violence. The client speaks about his childhood in a very low tone, remembering how he tried to intervene in his mother's defense, but most of the time he ended up being hit too by his father, stating that "I was little, what could I do?

He had the first panic attack during his first exam, in the second summer session on his 2nd study year. Following the medical evaluation, he receives a recommendation for a psychological consultation. In the last 4 years he has developed sleep disorders.

In the present time, he fears for his sister's health (that was diagnosed with a brain condition, which requires financial effort and treatment in a distant city, needing transportation. He also fears for his mother, who at the time did not have a stable job, and who wanted to go back to seasonal work, an option with whom A.V. didn't agree, but that was not able to discuss with his mother.

At the age of 20, the patient needed immediate psychological support stating that the symptoms worsened and based on the recommendation of medical specialists, his organic manifestations didn't have a medical cause: "I don't know what to do anymore, I am scared".

The patient describes himself as a sociable and caring person, stating that he has no reasons but to be satisfied with his work, wishing for professional development in the engineering field. His main verbalized problems were that he was really scared of his intense organic reactions that had no medical explanations, that confuses and frustrates him even more, leading him not being able to rest, relax or being happy with anything, anymore, living in a perpetual fear of not dying from a heart attack or suffocation.

2.1.2. Anamnestic data

The patient was a young male aged 20, that grew up in a rural area along with his parents and younger sister (4 years apart) in a family climate full of tensions and conflicts, disturbances that were mainly initiated and maintained by his father. The patient was often a witness to the domestic violence perpetrated by his father on his mother, the client also being the victim of verbal and physical aggression from his father's part. After the death of his father following a galloping disease, when the patient was 16 years old, his mother obtained a temporary employment contract abroad, so she went working overseas, leaving the children in the care of the maternal grandmother, that had many health problems.

Against all, A. mainly took care of his sister, whom he described as being "more confused than I was, I always felt the need to protect her, and I've always taught that it's my duty to do so (...) I used to protect her from our father's fury". After being admitted to faculty at a specialization that he wanted - engineering, at 19 years, A. moved to the city, renting a place that he was sharing with a couple of colleagues.

When he was in his first year at university, his sister was found having a serious neurological malfunction that required specific analyses and attention, that needed medical evaluation every once a month, A. being the one to support his sister financially but also taking her to various doctors in the country.

To support himself and, at the same time, to compensate for the financial shortcomings of the family, A. has been employed since his first year of college, being very happy with his workplace, meaning good relationship with his colleagues and a satisfying financial gain.

3. Research Questions

Thru this study case we wanted to observe if there are some common personality traits or life triggers that might lead to developing panic attacks. Also, we wanted to better understand the panic disorder at young ages, such as young students, knowing that the scientific literature is indicating for the appearance of this kind of manifestation mainly at adult ages.

An important question was related to humanistic-experiential methods (Greenberg et al., 2012) when approaching panic disorder, this study-case being approached by an experiential manner, giving the vast literature that is showing great effects (Răban-Motounu, 2014), although the scientific data is pointing towards psycho-cognitive methods as being the most effective in these specific cases (Kim, 2019).

Also, thru this paper we want to present our findings based on the work sustained at the Career Counseling and Psychological Guidance Center, University of Pitesti, relating to age differences when it comes to developing panic disorder or experiencing anxiety.

4. Purpose of the Study

Thru this paper we want to sustain the importance of holistic approach when it comes to understanding the human vulnerability from a psychological perspective, meaning having in consideration the signs and symptoms not only from a psychological point of view, but also from a psychosomatic perspective (Kuhfuß et al., 2021), when related to panic disorder that must be understood based an integrated model (Busch et al., 2014).

By that we sustain that the problem of psycho-somatic disorders should be wider known and discussed, for this paper add to those who sustain those somatic disorders are an objective reality that should be more and more analysed and understood, therefore aiming to decrypt the role of humanistic-experiential methods (Timulak, 2018) maintaining attention on other various interventional practices (Fava et al., 2017). We have conducted various studies on individual cases of students that have requested special psychological guidance, and the one presented in this paper is one of the best representing a current situation in our present times: panic disorder at young students.

5. Research Methods

For this research we have used various methods and specific evaluation instruments, such as observation, conversation, and structured interview, to gather anamnestic information and to be able to objectively frame the present existent life context of the counselled person. Also, for the intervention step, the counselling was based on psycho-experiential (humanistic) methods. Experiential therapy is a therapeutic technique that uses expressive tools and activities, such as role-playing or acting, props, arts and crafts, music, animal care, guided imagery, or various forms of recreation to re-enact and re-experience emotional situations from past and recent relationships. The client focuses on the activities and, through the experience, begins to identify emotions associated with success, disappointment,

responsibility, and self-esteem. Some of the specific experiential techniques used in working with this case, were:

- i. Mirroring verbal / nonverbal responses (postural-expressive)
- ii. Provocative self-awareness exercises and symbolic games
- iii. Decryption of personal symbolism projected in one's own creative expressions (free drawings or with the indicated theme, e.g. "Bunker metaphor")
- iv. Spontaneous body metaphors (The patient states that in the current relationship with the family he knows that he gives support but nevertheless he feels "so small, so as a child", sometimes referring to the workload he says "I feel my head exploding") connected with specific emotional or cognitive issues;
- v. Techniques for restoring contact with oneself (relaxation exercises, breathing exercises, eg. clarifying questions "what do you feel while saying this?" "Where exactly in your body is a sensation born when you remember about ...?")
- vi. Humor (practicing spontaneity)

6. Findings

The work sessions focused on establishing the framework and the therapeutic relationship, through conversational techniques, semi-structured interview, free discussions, and observations. If in the first 2 work meetings, the client had a rigid posture and had a rather reserved attitude (he left me the impression of an assumed person, who does "the right thing", in fact he often used this term in his speech) the degree of self-disclosure changed significantly after the first 3 work sessions, in the sense of a greater openness to communication and genuine involvement in the work process. The indicators of change (he began to smile, to approach a more relaxed attitude, to have spontaneous remarks) could be easily observed with the person - centred exercises, respectively the proposal to make a drawing - a flower garden. At first, the patient was reluctant to this proposal, motivating that "I'm not very good at artistic drawing, only technical" - possibly fear of evaluation, fear of novelty, reluctance to poorly organized experiences. He graphically rendered very small flowers, concentrated in one part of the sheet of paper (bottom left), leaving the rest of the space blank. He added a slightly outlined human figure, which he described as "the gardener". As a general impression, he states that "it's a rather sad, empty drawing, but I don't have talent". He described the drawing as "arid ground, no vegetables coming out, so the gardener tried to plant at least a few flowers." About the empty space, he says that he left it like that because "I didn't realize, I think I kept my elbow on the sheet and I didn't see that there was still room".

At the end of the activity, his mimic indicated interest and presence, A. was in contact with the provocative exercise, stating about his drawing that "it looks better now, it is the landscape more colourful, more alive he sees that they are not all well drawn".

The discussion on the work activity focused on supporting the client in being aware of the forms of self-sabotage (eg. holding his elbow on the paper- he did not see that he has a lot of space available, which he could fill with what he wants), identifying life contexts in which could be sabotaged (ex: keeping focus only on what might not go well at work and losing sight of the pleasant experiences lived in that context, the work team, the relationship with the clients, etc.).

The drawing made by A. was re-discussed in another working session, addressing a creative dialogue, on the topic of "arid land" that can still grow flowers and the space that was available but to which he did not pay attention, that he could have symbolizes his resources that he doubts or does not yet realize. Namely the context of life or even his own person, who seems emptied of energy (rigid posture, relatively rich vocabulary, withdrawal / tendency to avoid activities that require spontaneity and creativity).

Based on the challenging exercise, the client was able to discover in a work experience based on creativity and spontaneity, skills that he did not recognize as belonging, because of obtaining a significant detachment from personal blockages. Following the clarifying dialogue, the patient . became aware of several similarities between him and the character's story, as well as other details such as: "I put my elbow on the paper and because of (me) that I couldn't make a more beautiful drawing", realizing that he often gets in his own way, through avoidant, rigid attitudes and lack of self-confidence.

Another exercise with which the client identified, and which participated in the awareness of some personal behaviors and ideas with blocking factor, consisted of a guided imagery exercise, starting from a challenging situation: you are in a territory that causes you insecurity. What does this space look like? How do you feel in the middle of this space? What would help you feel better? What solutions could you find? Do you think you could draw this space? (he was offered various writing instruments but he chose only a pencil without an eraser).

He said that he is in the desert and that he feels scared, that he is trying to seek help, but he knows that there are low hopes in this regard. He uses a pencil to draw a bunker "here I will be protected". Based on the provocative questions, the client realizes that taking shelter in the bunker will only protect him on the short term. He later identifies as the ideal solution to get out of that space that offers him insecurity (metaphor for his own existential space) drawing a house (symbol of personal identity), as shown in Figure 1.

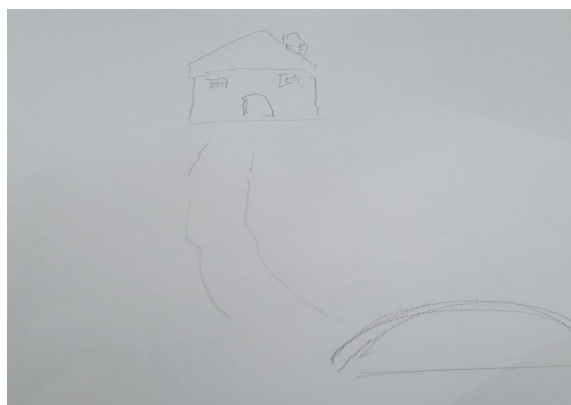


Figure 1. A Bunker called "home"

Initially he wanted to erase the bunker and draw a house instead. However, he remembered that he did not have an eraser (he did not choose it when he had the opportunity, as a reference to the possible risks of the avoidant attitude). He decided to draw a house, which he placed at the top of the page, to the right, as if it were in a space other than the bunker. He drew a road between the bunker and the house, relatively straight at the graphic level. He describes the road as "filled with stones and sand, it's very

dusty and harder to cross, but I know I have to get home, where I'll be really safe." The exercise continued with some clarifying questions about who still lives in the house, if there is anyone, what the new space in which he lives looks like, what he thinks and how he felt in that new context, to support him in clarifying his perspectives / objectives. Preparing to end the working session, we focused on assessing the progress and clarifying the details that allowed the significant adjustment of his psycho-emotional state. We also prepared the client for the last counseling meeting, testing the level of safety and clarity on his own existential path.

7. Conclusions

At the time of requesting counselling services, the patient indicated "unreasonable" anxiety that was being present almost daily for the past three months, stating that he had had a panic attack just a few days before making an appointment at the Career Counselling and Psychological Guidance Centre at University of Pitesti. During the work sessions (2 months), the patient did not develop any panic attacks, and the anxiety intensity had gradually diminished. According to the student, his insomnia had significantly reduced, he felt more self-aware and able to accept what he could control and what it was out of his reach. He began to take care of himself, by bringing sport to his lifestyle, he developed his social connections manifesting an increasing level of interest and attention to verbal and non-verbal communication.

This study-case summed-up various common elements that were identified at young students presenting the same psychosomatic reaction, such as panic attacks. This paper is suggesting the existence of certain specific common elements that might be linked to developing panic disorder, at young students.

Through this study case we wanted to observe if there are some common personality traits or triggers that might lead to developing panic attacks. We identified and presented a study case that seemed to sum up various elements that were common to other young students that indicated the presence of panic attacks, meaning: a difficult childhood that led to developing emotional insecurity and feelings of self-insufficiency, based on the early feeling of not being able to control what's happening in your life-context, feelings that might be overwhelming especially at the beginning of an adult life, when the responsibilities began to increase. Also, not being able to develop a secure relationship with the significant other (e.g., parents), accordingly to attachment theories this might affect the sense of trust in others (Thompson et al., 2022), therefore being tempted to put a lot of pressure on itself, that might, in time, lead to experience exhaustions in all senses: at a cognitive, emotional a physical level (Thompson et al., 2022).

Based on the practical research aspects that were revealed during working at the Career Counseling and Psychological Guidance Center from University of Pitesti, we have noticed that panic disorder evaluated by the prevalence of panic attacks at young students, are more and more common than it was several years ago, at the same age group. By this study-case we evaluated the impact of life context and personality traits leading to panic attacks, the evaluation and intervention being based on humanistic-experiential methods. The results have showed great results, meaning an improved life approach, upgrading the acceptance of his own life history and resignification of major life events, finding a purpose and directing his energy toward new life objectives that motivated the subject and gave him a sense of

meaning. We have observed that during the intervention process, the panic attacks decreased gradually until the absence installed, with no recurrence after 3 months of interrupting the intervention (we maintained a close connection with the subject during a period of three months, with the purpose of monitoring the case evolution, after mutually ended the therapeutic process).

The scientific literature indicates a variety of information that support the integration of various forms of psychopathology in a broad, general sense, but the current research that describes contemporary society is what will lead to the assimilation of novelties and adjustment of classical theories, so that the perspective on psychological health to be as objective and specific as possible, for the current context of life.

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