

CASE STUDY

16

Panic Disorder

Directions: Read the following case study, then answer the questions that follow.

Case History

Jane had been a shy child who disliked being far away from her mother. She experienced a great deal of separation anxiety, especially when she was young. Her father was an alcoholic, and when he was drinking, her parents would get into loud arguments. Her parents' fighting terrified her. When she was 17, her father was murdered by a mugger.

Jane married at 21 and had three children during the next nine years. She was content as a homemaker and took great pride in her immaculate housekeeping. She began experiencing panic attacks when she was 26. She would awaken in the middle of the night in terror. She would be sweating and her heart would be pounding. For some time, she did not tell anyone about the attacks, which always occurred at night. At first the attacks were infrequent, but as she became more frightened by what was happening to her, the frequency of the attacks increased.

She began to have attacks during the day, especially when she was outside the house and around other people. Her rapid pulse and shortness of breath would cause dizziness. She was afraid that she was dying. She grew increasingly isolated and stayed at home whenever possible. Even going to the grocery became a nearly impossible task. Her husband insisted that she seek treatment.

Diagnosis

Over the next 20 years, Jane saw 200 doctors. None were able to relieve her symptoms for any length of time. She was diagnosed with severe depression and given electric shock therapy. Although Jane was depressed, her problem was not depression. It was only a symptom of her real disorder. She was treated with a variety of antidepressants and anti-anxiety drugs. Other than Valium, none gave her any relief, and Valium only helped up to a point. The physicians treated her symptoms by removing her tonsils,

pulling her teeth, telling her that she had an inner ear imbalance, and a variety of other treatments that proved worthless. Jane often felt like she was going to die, and no one seemed to know how to provide an answer.

When Jane was 37, her husband died suddenly. The panic attacks also ceased. For several years, she threw herself into working as an office manager and raising her children. She seemed like a different person. At 42, she remarried. When her second husband began drinking, the panic attacks returned. She was hospitalized three times, but the doctors could not find any physical cause for her problem. They recommended therapy. Jane finally saw a therapist who correctly diagnosed her panic disorder.

The therapist knew that research indicates that separation anxiety and fear of being alone during childhood is one suspected cause of panic disorder later in life. The attacks usually begin during a person's late teens or early twenties. Additional research has concluded that shy children are more prone to anxiety in adulthood than outgoing children (Ritter, 1995). Alcoholism in the family is also suspected as a contributing factor. A Duke University study found "that adult children of alcoholics showed a significantly higher tendency toward panic disorder than the general population" (Wilson, 1993).

Initially, Jane's attacks began at night while she was asleep. Researchers have found that "nocturnal panic attacks occur during light sleep when the body is relaxed and heart rate and respiration have slowed. Some researchers think that a sensitive person might react to a change in her body, such as muscle twitches, during this period of relaxation" (Barlow & Cerny, 1988). Other researchers propose the "false-suffocation alarm" theory. This theory concludes that the person suffers from a breathing problem that sends a signal to the brain that the person is suffocating. The sensation is false, but the result is a panic attack (Talan, 1994).

Why did Jane's panic attacks cease for sever-

al years? Researchers are not certain, but they have found that there is no noticeable pattern in the attacks. They may occur regularly for a time, suddenly cease, and just as suddenly reappear. In Jane's case, the need to support and raise her family after her first husband's death may have helped ease the attacks. Many sufferers of panic disorder find that throwing themselves into work does help the symptoms. Work, however, is not a cure; the attacks usually begin again. The immediate cause of Jane's recurrent attacks may have been her second husband's drinking. This may have reminded her too much of her childhood struggles with an alcoholic father.

most. She came to realize that she had distorted ideas about herself and her environment. As she learned to change those ideas, her symptoms diminished. Jane learned to think logically about her fears and to understand that most of them were unwarranted. She came to understand that there was nothing physically wrong with her. She also accepted the fact that she would have panic attacks from time to time, but that they would not kill her. As she accepted the attacks, they occurred less frequently.

Treatment

Once properly diagnosed, therapists currently recommend a combination of cognitive, behavior, and drug therapy to help a person recover. Medication is used only to control the symptoms while the person is working on recovery. Medication is not considered a long-term solution. Cognitive therapy helped Jane the

References

Barlow, D.H., & Cerny, J.A. (1988). *Psychological Treatment of Panic*. New York: The Guilford Press, 16.
Ritter, M. (1995, May 25). Inhibited tots may suffer anxiety later, study says. *The Record*.
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Wilson, M., et al. (1993). Psychiatric disorders in adult children of alcoholics. *American Journal of Psychiatry*, 150 (5), 793-800.

Source: Weinstock, L., & Gilman, E. (1998). *Overcoming Panic Disorder*. Chicago, IL: Contemporary Books.

 **Understanding the Case Study**

Directions: Answer the following questions in the space provided.

1. When did Jane's panic attacks begin? When did the initial attacks occur?

2. What incorrect diagnoses did Jane receive?

3. What caused Jane's panic attacks to cease for a time?

4. What theories have been proposed for the causes of panic disorder?

5. How is panic disorder generally treated today?

 **Thinking Critically**

Directions: Answer the following questions on a separate sheet of paper.

6. Why do you think panic disorder is so difficult to diagnose?
7. Why do you think that Jane's need to work and raise her children alone eased her symptoms for a period of time?

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