

# **From dependency to independency: the chronic panic syndrome**

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## **Abstract**

This article presents an 'exemplary' case of advanced therapy in panic disorder.

When panic attacks and agoraphobia build total dependence on other people, the treatment proceeds along double track: the personal Perceptive Reactive System and the attempted solutions within the interpersonal system.

Session by session, we will be describing the procedure, distinguishing the level of therapeutic strategies, communication and relationship.

This case offers a clear explanation of the specific protocol for panic treatment. The reader will have the possibility to follow every phase of the therapy, showing the characteristics of originality that make strategic brief therapy a 'creative' intervention

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The case we are going to present is a case of advanced therapy in panic disorder, supervised by Prof. Giorgio Nardone at the Arezzo Centre of Strategic Therapy.

We chose this peculiar case – among hundreds of panic case – because it's a clinic case which is both exemplary and original. 'Exemplary' because the specific protocol of panic treatment reveals its effectiveness, session by session; 'original' because the whole therapeutic course, involves a couple that holds a dependent and collusive relation.

Session after session, we will show the reader the used procedures and we will distinguish the different levels of therapeutic strategies, in communicating and relating, without overlooking the originality of the brief strategic intervention.

A forty year old man, father of two girls, comes to therapy together with his wife. For thirteen years the man had suffered of panic attacks and agoraphobia, and his life was totally conditioned and limited by his problem. We know that he fears of dying from some sort of heart failure. This is why he perpetually pays attention to his body reactions (heart beating, breath, arterial pressure, asphyxia...).

Technically speaking, we say that the 'perceptive-reactive system' of this person is based on the perpetual control of internal stress signals. We made use of a peculiar imagine: «...you are like a broken marionette, with eyes turned to the inside! ...and who looks for something ... manages to finds something!». This way the patient is induced to reflect: he listens to his own body, in order to reduce the threatening sensations, but he rather provokes the panic to escalate.

The survey on the 'attempted solutions' tells us that the patient for thirteen years, faces threatening situations thanks to his wife 's help, and by the planning his life which he states is completely limited and protected. The wife escorts him, helps him, makes him feel protected, stimulates him in facing situations, and she is always ready to intervene in case he has a crisis.

He owns a motor agency run by the family, where relatives take his place in situations considered risky for him (offices, queues, cash desks...), and for the daily needs the whole family system gets organised to protect him from this problem.

In this case, therefore, panic attacks and agoraphobia persist because of the 'avoiding' behaviour and the continuous 'help request'; attempted solutions, which, time after time confirms to the patient that he is incapable. Once more, the problem gets complicated by the things carried out to solve it.

From the first session, we focused our interventions in breaking this dependency, so as to induce the individual to discover his personal resources; so we asked his wife to keep the 'conspiracy of silence' about the problem, and to 'observe without intervening', prescribing to the patient a 'log book' for the critical situations, and the 'how worsening' prescription as an opening manoeuvre.

Between the first and the second session, we already assisted to the *start of unblocking process*.

Over a period of fifteen days, symptoms decreased and the patient gained awareness that by avoiding situations and by asking for other people's support, he was making things get worse.

Blocking the 'family attempted solutions' and generating a new couple interaction, induced the man to face situations he would have avoided before, without having a panic attack. At this point, we introduced the principal manoeuvre, the 'worst fantasy', ironically proposed as «half an hour of daily passion.»

In the third session, the patient described with great surprise the 'paradoxical effect' of the prescription: during the half an hour he managed even to relax and for the rest of the day he felt less tensed and less frightened. We are in the phase of *breaking the pathogenic system*.

We assisted to a concrete change in the person, in his way of 'perceiving' and 'managing' the reality. Every day the person evokes his fears, through images, experiences, thoughts and feelings, and every day he has an unequivocal experience: «*if you touch the ghosts they disappear, if you run away, they will run after you.*»

By avoiding to avoid and by giving up help, the man acquired great trust in his personal resources. A virtuous circle was triggered off which was more and more consolidated, thanks to the new interaction of couple.

Furthermore, on his own free will, the man started to go beyond the reassuring situations and - more amazing thing - he decided to experiment something ...when the fear came, he tried to increase it instead of reducing it, and this way, he discovered autonomously that «*fear looked in the face, is transformed in courage, fear if avoided, is transformed into panic.*»

«*In order to train the mind to render spontaneous the phenomenon of looking in fear in the face and transform it into courage*» - we explained to the patient that the following step would be some kind of mental training: at fixed hours, five times a day, for five minutes «*to evoke the ghosts, touch them and make them disappear*» without the need of isolating oneself but to continue his ordinary activities.

Moreover, we asked him to prepare a classification of the situations he still avoids, starting from the most frightening to the less frightening, so as to be design interventions made to measure.

By the fourth session we entered in the third phase of the therapy: *the consolidation of the change through the awareness*.

Through redefinitions, explanations, reframing, the patient became aware of his relationship with himself, the others, and the world; in this phase, we worked on the patient's personal autonomy and incentives for further progressive changes.

Concerned, the man told us that he had taken his kids to school and to have felt 'in danger'; he tested himself and this only proved his failure. We proceeded in reframing the event. .

First of all, we specified what the term 'panic' really means, because «*words are bullets...*»: it resulted to have taken place only once in one and a half month, just one event of 'intense fear', but which he managed to control, and we show the patient that *taking kids to school* was one of the most frightening situation in his hierarchical list.

Through the use of a metaphor we 'redefined' the happening «*...my illusion was that ...since I've been so good until now, I thought should be able to make things without the least error, without the least wince...' it would be like imagining to put a boat back on the waters, after having been smashed by a storm, go out and pretend to find always smooth sea ...great illusion! ...at the sight of the very first small threatening wave you start rethinking 'Ahh...! So I can hurt myself once again, so I retreat back into the port once more !' ...I have to be able to ride the waves, and not to pretend the sea has none...!*»

Hence, we showed him what he is able to do, something he didn't noticed on his own: the recovered personal, social and professional skills, gained autonomy from the whole family and above all, starting to trust himself, so as to built an individual equilibrium and self confidence. We thanked his wife too, giving her merit for such a change.

We work with the patient's awareness, first respect the errors, then respect all the evolutions. In such a way, the person feels recognized and valorised, and he faces the following tasks with great determination, to reach the agreed goals.

Now, the learned technique will be used 'when necessary' «*to ride the waves*» and 'to anticipate' threatening situations. The new perceptive reactive system can be consolidated, by repeating the technique, until it substitutes the old one.

By the fifth and sixth session we assisted to a new repertoire of the behaviour.

The patient was lead by means of therapeutic stratagems, to go 'beyond' his limits: by car and by foot. '*It was fear that rendered them audacious*' Ovidio writes - and that is what really happened to our patient: he advanced on unknown and tortuous roads, became enterprising, active, he transformed the therapeutic exercise in a pleasant experience.

During the seventh session, the patient reported that he was free from the panic for three whole months, where he carried out his daily activities without any kind of fear. He stated that he was no longer frightened of his internal tension. The fourth phase of the therapy focuses on *personal autonomy and on the acquisition of a feasible perceptive reactive system*.

On a scale of improvement, from 0 to 10, our patient gave himself '8'; in the past days he added, on our indication, 'a small daily risk' in his ordinary life and he was able to plan his life *as if* 'the problem had disappeared'.

Now, the process of change doesn't consist anymore in breaking the blocked mechanisms, but in *constructing* a new, personnel and interpersonal reality.

This time, the daily 'as if' prescription will be transformed into *as if* 'the problem has never existed' ...a small detail, but which makes a difference. Substantial difference lies in the new perspective regarding anxiety" «*...over a certain level, anxiety is a wall against which one beats his head, and one can't manage to overcome it, when it is at a certain level – as in this case is - anxiety is a motor that drives you to act...*»

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