

Section: PPT cases

## THE FUNCTIONALITY OF THE BALANCE MODEL, ONE OF THE POSITIVE PSYCHOTHERAPY INVENTORIES, ON PANIC DISORDER IN THE CONTEXT OF A CASE



### Sultan Uncu

Certified Positive Psychotherapist and Psychologist  
(Zonguldak, Türkiye)

Email: [sltuncu@outlook.com](mailto:sltuncu@outlook.com)

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### Abstract

The aim of this study is to examine the functionality of the balance model, one of the inventories in positive psychotherapy, in treating panic disorder, and the positive developments it adds to the individual's life, in the context of a case study. In the study, conducted with a 27-year-old female patient diagnosed with panic disorder, it was observed that the balance model provided the individual with insight, and helped her learn to establish a connection between problems and symptoms by recognizing the underlying problems and avoiding individuals who caused her difficulties. Over time, it created balance in her daily life and contributed positively to her development.

**Keywords:** positive psychotherapy, the balance model, panic attack, panic disorder

### Introduction

Positive psychotherapy, which has a humanistic philosophy, is a dynamic approach. While it works to solve individual's conflict, it also aims at focusing on an individual's strengths. Eventually it intends to teach people to be their own therapist.

The balance model, a key concept in Positive psychotherapy, describes a healthy individual. It focuses on the balance of four areas of life: body, responsibilities, relationships and fantasy.

Panic Disorder characterized by unexpected panic attacks that occur repeatedly.

Panic Disorder, which is seen frequently, causes distortions of functionality in an individual's social and vocational life. With pharmacological treatment, it is aimed to adjust physio pathological processes that cause the illness, to eliminate the biological activities underlying the disease, to solve the corrupted functionality in panic disorder and the treatment is continued with psychosocial support.

This study investigates the functionality of the balance model of positive psychotherapy when used with panic disorder and the ensuing positive developments that improve the individual's life. A. L., a 27-year-old female patient had been diagnosed with panic disorder which caused distortions in the flow of her daily life.

This woman started therapy using the tools of positive psychotherapy. It is understood that the balance model gives the individual insight to recognize the underlying problems and preferred escape mechanisms and helps him/her to learn how to establish the connection between problems and symptoms, also, how to create a balance over time in daily life.

### Methodology

#### 2.1. Positive Psychotherapy

Positive Psychotherapy is a method of treatment which was developed in Germany by

neurology and psychiatry expert Nossrat Peseschkian and his colleagues beginning in 1968. Positive Psychotherapy, which has a humanistic philosophy and roots in the psychodynamic approach, also cares about one's cultural habitat. Positive psychotherapy views a person as a whole and also emphasizes the person's culture; it focuses on the individual's strengths in the resolution of conflicts. It was designed ultimately to teach the person to become his/her own therapist (Peseschkian: 2002, and Peseschkian 2016, 2020).

Positive Psychotherapy is a mirror of an idea among cultural differences. The word 'Positive' has its origin in the Latin word "Positum", with meanings of "reality, something is factual and determined." This "factual and determination" refers much more to the capability of finding new, and maybe better solutions to problems, which every single person is capable of, than to the lack of development in an area which has not been acquired because of sickness or other problems (Peseschkian: 2002, 2016, 2020).

Positive Psychotherapy describes the person as healthy if he/she can deal with his emotional and physical problems acceptably. Positive Psychotherapy intends to make one's strengths more effective and reminds one even from the beginning of therapy that he/she has strong sides as well. In Positive Psychotherapy, a patient cannot be identified only by his/her symptoms. It defends the idea that the patient also has talents and capabilities. Positive Psychotherapy says that symptoms only trick us into not seeing our current problem clearly. No matter what these symptoms are, they are just elements for us to cope with. But despite making us escape from problems, these symptoms can also be useful for us. Thus, we should seek to find the reasons behind the symptoms and what the symptoms are trying to achieve, instead of directly eliminating them (Peseschkian: 2002, 2016, 2020).

Positive psychotherapy is based on three principles: Hope, Balance and Counselling. The principle of hope expresses the desire to help a person understand the meaning and purpose of their conflict. The principle of hope gives the individual the belief that they can solve his problems with their own abilities. People have primary and secondary abilities. There are certain abilities. These real abilities constitute the individual's capacities to love and know. The capacity to love constitutes the individual's

primary abilities, and the capacity to know constitutes the secondary capabilities. Primary abilities are emotional abilities and include love, patience, time, contact, trust, hope, belief, doubt, certainty, while secondary skills are considered as unity, they are also behavioral skills and are considered as order, punctuality, cleanliness, courtesy, justice, straightforwardness, frugality, obedience/harmony, ambition/success, reliability. Consultancy means that individuals are in contact with the individuals around them in the process of solving problems, Positive psychotherapy attaches great importance to real abilities and according to positive psychotherapy; to assess the patient's capacity with areas of conflict; to help the patient; created an inventory from a list of real talents. This inventory is used as the Differentiation Analysis Inventory. (Peseschkian; 2002, 2016, 2020)

Finally, the principle of balance is; defining the healthy individual in positive psychotherapy; It focuses on balance in four areas: body area, work-success-responsibility area, social contact area and spiritual, fantasy area. (Peseschkian; 2002, 2016, 2020)

Positive Psychotherapy has a five-phased therapy framework. These five stages include; various tools and inventories are placed in an orderly manner.

- 1) Observation and Setting Distance, involves gathering information about the patient's life story and the formation of symptoms.
- 2) For example, stories can be used, and positive comments can be made.
- 3) Inventory; by using inventories in this process, one wonders how they learned to cope with the micro traumas they experienced in the last 5 years (what happened to you and your family?).
- 4) Situational Encouragement, the focus is on strengthening individual qualities corresponding to those considered negative. The therapist explores which aspects the individual has resolved and what they have learned from their problems.
- 5) Verbalization, unspoken issues can be addressed, and the therapist helps the individual identify what they want to resolve.
- 6) In the Expansion of Goals phase; now the

patient can learn not to carry their conflicts to different areas, and can learn new goals that they had not thought of before. The patient is expected to learn how to help themselves.

Positive psychotherapy; With these five stages, works in different areas such as marital conflicts, psychosomatic conditions, individual problems and psychopathology (Peseschkian: 2002, 2016, 2020).

Balance Model, Real Abilities, Life Events, Micro traumas, Positive Interpretation, Stories, Sayings, Transcultural Issues, Model Dimensions, 5-Step Process and Three Steps of Interaction are the basic techniques of Positive Psychotherapy. As additional techniques there are; Family slogans, Situational Control, Psychovampire, Psychoserum, Genogram, Will, Letter to the Organ, Questions to the Symptom (Peseschkian: 2002, 2016, 2020)

Positive Psychotherapy maintains that dwelling exclusively on one's problem or illness causes regression while examining one's talents and capabilities promotes progression. The end result of this therapy is to teach the patient self-help. With this therapy, the patient learns how to be a therapist for him/herself and to help those close to him/her (Peseschkian: 2002, 2016, 2020).

### **Balance Model**

Positive psychotherapy focuses on solute genesis which means how health is created, and explains this situation on the balance model. According to the balance model, four areas are very important in our lives: body, success, social contact and spirituality. It aims to review each of these one by one in the patient's life. It gives us important information about the patient's life. At the same time, the questions we ask about each area cause the patient to wonder and realize. Concretely, the individual realizes how he/she spends his/her life and how he/she spends his /her energy.

**Body Area;** the first of these domains is the body area. The relationship between the individual and his/her body is also very important for his/her spiritual life. How many hours do you sleep a day, do you do sports, do you take your medication regularly? With questions such as sleep patterns, eating habits, physical health, sports, personal care, and sexual life, information is obtained from the client.

**Work / Achievement Area;** another area is

the success area. How long does the client's work life take or, in order to understand the work tempo of the individual, it can be asked how an ordinary day passes. How long do you work? Are you efficient at work? Does you consider yourself successful? What are your responsibilities outside of work?

**Contact/ Relationship Area;** another area in the balance model is the contact area. Our social relationships are at the forefront here. The contact area has two sides. One is our family and the other is our relationships. (If married, couple relationships are emphasized, if single, family and close relationships are emphasized). Do you live alone? How many siblings do you have? What is the age range between you and your siblings? How often do you see your mother and father? How often do you see your family members? How much time do you spend with friends? Do you have long-term friendships? Do you have a romantic/close relationship? Do you spend time with him/her? Detailed information about the individual's relationships can be obtained with those questions.

**Future/ Meaning Area:** another area is fantasy area, spiritual area; it is all about our inner world. Do you like to make plans and do you like to dream? Are these aims realistic aims? What is going through your mind when you are alone? Do you get anxious thoughts too? Do you like to spend time on your own? What do you think about social media? What is important for you in the life? For example, when you are 70 years old, what must have happened in your life to be able to say that you had lived the most beautiful life? With the Individual's answers to the questions, we can learn about their expectations for the future.

Balance model; all our time, if we have 100 units of energy in our lives, it mentions about being able to distribute 100 units as 25 units in these 4 areas. In the balance section, the individual gains awareness of his/her own life and aims are determined on the areas that need support and development and the studies are continued. The determined aims are followed up in subsequent sessions contribute the healthy development of the individual through awareness and action (Peseschkian: 2002, 2016, 2020).

### *1.1. Panic Disorder*

Panic disorder is a kind of illness that happens frequently and which can make it hard for a

person to do well in their social and work life (Tükel, 2000). Generally, Panic Disorder is described as a mental problem where a person has sudden and repeated moments of intense fear, known as panic attacks. The main thing in this disorder is the Panic Attack, so first, we look at the signs of a panic attack. Even though a panic attack itself is not a mental disorder, it is something you can see in many mental problems grouped under anxiety disorders, with Panic Disorder being the main one. According to DSM-V-TR, a Panic Attack is when you feel really scared and uncomfortable, and you have at least four of thirteen signs, both in your thoughts and in your body. These thirteen signs include a fast heartbeat, sweating, shaking, feeling like you cannot breathe, chest pain or discomfort, feeling sick or having a stomachache, feeling dizzy, not being able to feel parts of your body, self-alienation, being afraid of losing control, and being afraid of dying. Even though these attacks are short, they can be at their worst for about 10 minutes (APA 2013).

#### **Epidemiology of the Panic Disorder**

It is seen that Panic Disorder, which is a common disease, has increased especially on the life style and the prevalence rates compiled within last ten years. If we assume that it includes not only Panic disorder, but also Panic Attacks, Certain-Limit Panic Attacks and Agoraphobia, which isn't even associated with Panic Attack, the results increase observably. As an addition, at least 1/3 people having Panic Disorder suffer from Agoraphobia. (Tükel, 2000)

Epidemiologic searches also show us that with %1,5-%3 chance on Panic Attack and with %2-%4 chance on Panic Disorder, they keep occurring occasionally throughout life. (Kaplan & Sadock 2004) Also, it tends to occur generally men than women. All the same time, it can be seen some problems associated with anxiety in the childhood stories of people suffering from Panic Disorder (Koroğlu & Güleç 2007, Tükel 2000).

Panic Disorder's possibility of occurrence is less likely to be seen on the married people than single people while it is more likely to be seen on the people living in city than in rural (Tükel, 2000).

#### **Determinants of the Panic Disorder**

##### **General Opinion and Behavior**

Until Panic Attack occurs, any distortion can't

be seen in the patient's appearance; yet during the Panic Attack, patient can easily be seen immensely anxious and fussy.

##### **Speaking and Relationship Building**

Until Panic Attack occurs, any distortion can't be seen in the patient's speaking and relationship process; but while the Panic Attack happening, distortions and flickers can start in patient's voice and speaking because of immense fear. The more clinic symptoms rise, the more harder communicating for patient it gets, patient may even choose to avoid communicating (Öztürk O. Uluşahn A. 2011).

##### **Affect**

During Panic Attack, not only premature fear seizures take effect emotions; but also, it can be seen anxiety and arousals. After the Panic Attack, patient fears of having a panic attack once more and this fear comes with dread of death, losing control and going crazy, which all are determinants of Panic Attack. Even slightly, these fears can be seen after the Panic Attack. Fearing of Panic Attack to repeat, anticipatory anxiety may happen on the patient.

##### **Cognitive Abilities**

Patients have not any distortions on the cognitive abilities except Panic Attack; yet during the Panic Attack, situations feeling like not recognizing people around or feeling like having a perception disorder can be observed. Also, alienation to oneself or unreadiness may be seen (Öztürk O. Uluşahin A. 2011).

##### **Thought Process and its Content**

On the patient, it cannot be observed any distortions about thought process and its content but Panic Attack; yet an intense anticipatory anxiety may be seen.

##### **Physical and Physiological Symptoms**

Other eleven symptoms occurring during Panic Attack, apart from dread of death and dread of going crazy, are physiological and associated with autonomous nervous system. A lot of physiological symptoms such as Palpitation, Sweating, Trembling, Ache or Tightness feeling on the chest, having urine often, increase in the blood pressure may be observed.

##### **Departure and Ending in the Panic Disorder**

In Panic Disorder, which is a chronic disorder, there are individual differences. In one- or two-year observations, Panic Disorder generally shows positive progress while showing generally negative results in long period observations (Tükel, 2000).

Some indicators of negative progresses in Panic Disorder recovery are Low Socioeconomic Level, Finding Recovery Methods Late, Intensify of the Phobic Avoidance, Found of Comorbidities, Being Female and Continually Negative Family Behavior (Öztürk, Uluşahin, 2011).

#### **Development and Departure**

Like occurring in the childhood period, it is also not common for Panic Disorder to occur after the age forty-five. In the US, starting of Panic Disorder range is around twenty and twenty-four. If it isn't cured, disorder keeps occurring continuously with exacerbations and appeasements. On some individuals, Panic Disorder occurs periodic after long years of appeasements while it comes back with severe symptoms on other individuals. At the same time, it can be seen long appeasements without any relapses on a very little group of people. Panic Disorder may get worse with other anxiety disorders or comorbidities (APA, 2013).

#### **Factors Determining the Occurrence Possibility and Ending of the Disease**

In contrast to the fact that insufficient of our knowledge about whether there are any factors that may cause the start of the Panic Disorder, we can make a prediction about what happens before their occurrence. Tendency to believe the negative emotions coming from the birth; tendency to believe that anxiety symptoms are malicious, dread seizures seen in the childhood period are believed to play an important role at the start of the Panic Disorder. As not being certain, these foresights, severe anxiety of leaving, which happened in the childhood, may be shown as an important role of the development of the Panic Disorder (APA, 2013).

When we tackle the effective environmental factors of ending and possibility of occurrence of the Panic Disorder; we generally see physical and sexual exploitation. Smoking is also detrimental for Panic Disorder and its start. At the same time, on individuals, a difficult situation to handle is frequently seen before the start of the Panic Attack and Panic Disorder.

#### **Pharmacological Treatment on the Panic Disorder**

With the Pharmacological Treatment, it is aimed to cure physiological periods causing to occurrence, to clear the biological tendency hidden beneath the disease and to resolve the distorted functionality (Alkın, 2002).

Generally, within a few weeks after the start of the treatment, it is advised to start using a medicine by doctor approve; yet, because Panic Disorder is a long period disease, it is important to choose a drug which effects after a few week or a month, also it should be easily tolerable. With these, it is also important to tackle comorbidities (Köroğlu & Güleç 2007).

#### **Psychosocial Treatments on the Panic Disorder**

##### **Psychodynamic Psychotherapies**

With the Psychodynamic Therapies of the Panic Disorder (PDT), it is aimed to explain anxiety's and distortions', which are associated with Panic Disorder, unconscious reasons. This process includes establishing transfer relation and expressing, accepting one self's repressed anger. According to the PDT, if individual knows and expresses one self's emotions, this makes anxiety, comes up as Panic Disorder, disappear (Köroğlu & Güle. 2007).

Also, according to the PDT, there are relational reasons in the fundamental of the psychopathology and because of this PDT has an undeniable effect in the recovery of the anxiety disorders (Kaya 2020).

First psychodynamic rating of the individual having got PB starts with the comprehensive psychiatric rating. Therapist asks questions about not only where and when the problems happened but also the story of the first Panic Attack. Eventual goal of the PDT is to decrease and cut off the individual's anxiety. Therapist's goal, in the PDT, is to comprehend individual's unconscious conflicts, and to cooperate to alter the conflicts after this. PDT technique also aims to rate and decrease the anxiety level in other issues such as anger associated with the Panic Attacks and sexuality too (Kaya 2020).

##### *1.2. Cognitive Behaviorist Therapies*

CBT technique is known for its utility in the treatments of all anxiety disorders including common anxiety. With the PDT technique; we aim to alter individual's false beliefs and stereotypes about the expected possible harm and its results, in sight of the clear cognitive and behaviorist ways. In the first step of the treatment of the Panic Disorder used CBT, it is aimed to remove the arousal symptom with the breath and relaxation exercises. After that, treatment continues with making the individuals realize their suffering from Panic Disorder,

noticed about distortions which may lead to change one self's unfunctional stereotypes (Bingöl 2020, Kaya 2020).

In CBT, it is told to the individuals about the Panic Attacks' nature and loop with psycho-education. Also, to change this loop, exposure technique is used frequently (Koroğlu 2015). According to the Durna; the exposure techniques used in the treatments resemble exposure of the individual to physical sensations, which has both role in the start and development period of the disease (Durna, 2016).

### *1.3. Positive Psychotherapy and Panic Disorder Treatment*

Positive psychotherapy is about understanding why a symptom happens in panic disorder. It is about accepting the symptom and trying to understand it. We use specific questions to figure out when the first panic attack happened, when they usually happen, if there are times when they do not happen, and if there are times when they happen more or less. We also ask what would happen if they did not happen at all. In positive psychotherapy, we focus on a person's potential and how they deal with things. We use the information to find out what might be causing the problem from a psychological point of view. While looking at a personal background, we also try to bring out things they are good at but might not know about. We show that they are good at dealing with things and we respect that. During panic disorder, we help people find ways to deal with problems and learn new skills. We might also teach them about panic attacks. We use surveys to help them understand what is going on, and we work with them to find solutions to the problems. The balance model, especially, helps people see problems and things they avoid in their lives, and with the help we give, they can start doing things differently.

#### **Functionality of balance model and positive psychotherapy in panic disorder**

Panic disorder symptoms can cause the individual avoidance in the areas of physical, success, relationships and spirituality. Panic disorder; It may cause the individual avoidance and disruption in all four areas; It seems to be an inventory in which the individual with panic disorder can see the avoidances concretely and experience the changes concretely. While the balance model considers the body area of the

individual, it also focuses on diet patterns and sleeping patterns. For example; Excessive caffeine consumption – more than 250 mg / more than 3 glasses per day – triggers the rise of anxiety. This information is given to the patient during the psychoeducation period; we can also obtain information about the patient's coffee consumption during the balance model process. In this case, the patient himself will associate coffee consumption in his daily life. In this case, from the perspective of the determinants of panic disorder; the individual excessively goes through the area of fantasy to avoid from daily actions and relationships, as well as the avoidances in the field of success, the patient should take actions as much as he can, the balance model can also provide positive developments during the process

### **Case**

#### **Patient/client description**

A. L., 27-year-old female, graduated from university. She is a sales manager in a shop. She lives with her father, mother and brother. She is engaged and she is planning to get married soon.

Sometime after she came home after work, she complained of numbness in her body, dizziness and severe chest pain, and presented to the emergency department of the hospital fearing that she was having a heart attack and would die. When she was first evaluated at the hospital, she was observed to be agitated, very anxious, shaking and crying. In the emergency department, she was evaluated for acute myocardial infarction and no findings were found. Although A. L. was informed that the laboratory and follow-up results were normal, the psychiatry unit was requested for a consultation due to the suspicion that there might be a psychiatric condition since the patient did not feel well, requested different tests because she continued to worry and cry.

During the psychiatry interviews, she stated that for the last 2 months, she had been experiencing abdominal pain or sometimes dizziness accompanied by sweating, feeling as if she could hear the sound of the heart beats from the outside, fever, fainting and chest pain, which she could not fully express, which she interpreted as internal distress. She stated that she experienced such conditions suddenly and for no reason; she felt relieved within 15-20 minutes; but this time she was also afraid that she would die.

In the psychiatric evaluation, the patient was started to be followed up with positive psychotherapy support in addition to pharmacological treatment in order to reduce the existing symptoms.

### Case History

A. L. expressed that she has a brother, her father was a construction worker and her mother was a kitchen worker at the restaurant then. She grew up in a family which had always arguments, fights and financial problems. And also, she indicated that tense family atmosphere that she was in increased in pandemic conditions more. Not to receive their salary or receive it less as 3 people in the family, the uncertainty of the process makes her think the problems more especially at night and her insomnia and waking up frequently during the night were indicated. It was observed that she was worried intensely and fussy in the examination of mental state. She indicated that she lived a scary about death or living the same situation like she had lived. Case was evaluated as cooperative and compatible at the meetings. A. L. indicated that there was no problem until that time, especially until the pandemic period her sleep period was regular and enough. She expressed about her excretory system that she had had a chronic constipation since she had been in primary school. She indicated that she had excessive consumption of coffee and cigarette. Case; she expressed that she did not want to go outside anymore, had difficulty eating, had a nausea constantly. It was not observed any problems on her personal care. It was observed a mood which was slow and tired in her body movements. It was seen no problem in her general appearance. It was not observed any disorder in her speaking and building a relationship, but it was observed that she had tremor in her voice. The patient stated that she had intense sweating, tremors, feeling of pain in the chest, rapid heartbeat, fainting, nausea, and that there was no alcohol or drug addiction.

### Description of Work

This study's goal is to detect whether balance model, a sub-branch of Positive Psychotherapy, can be effective on treatment of panic disorder or not, on a real example. Due to this, patient's panic disorder symptoms and clinical appearance are examined meticulously.

Panic Disorder is a characterized disorder because of Panic Attacks which occur continually

and unexpectedly. It can be relative but generally Panic Attacks reach their peak point within 10 minutes and they also create dread and personal issues. Being iterator and more than one and unexpectable Panic Attacks; means they can occur without any specific reasons. Unable to breathe, palpitation, ache feeling on chest, faint, being unable to stand, dizziness and similar symptoms can be counted as complaints of Panic Disorder (APA 2013, Çölkesen,2004). In accordance with this given information, it is discovered that patient sought for medical help because of numb feeling on body, dizziness, serious chest ache and so feeling like she is getting a heart attack thus she will die. Also, it is detected that she has exposed sweating, trembling, feeling like she can hear her own heartbeat with bare ear, fever, feeling like she will faint, nausea, ache on chest, dread of death and anticipatory anxiety problems which all come with sudden stomach ache or dizziness, for the last 2 months.

Panic Disorder, appears frequently, is seen as prevalence increases in last ten years' life and year statics. Panic Disorder occurs on 15-24 age range people. Panic Disorder decrease by person's age, actually it is encountered over 65 years old people. It is quite rare to experience Panic Attack at young ages, and also it is not very common for it to occur over 45 years old people. In PD, a chronic disorder, it is normal to have personal differences.

In sight of epidemiological information, patient is a female and 27 years old. When we decided to learn whether it is genetic or not, we detected that patient's aunt has also PD. And her father is an alcoholic. It is possible that intensive fears, separation anxiety because of her parents' conflict and physical exploitation were happened in her childhood to be effective about PD's evolution. It is also evaluated within PD that symptoms started to occur in the pandemic when it was difficult to deal with problems both in economical and spiritual way.

### Actual Outcome

There is no drug addiction or any laboratory findings that could explain these symptoms, and there are not any physical health problems. She scored 21 on the anxiety rating scale of Hamilton. This score showed that the case also had moderate level of anxiety. The case meets the diagnostic criteria of Panic Disorder according to DSM-V criteria in terms of symptom amount,

duration and differential diagnosis. There was no abnormality in the laboratory findings of the case. The treatment process was continued with pharmacological treatment and psychotherapy

The patient concluded the therapy sessions in the 40th session because she moved to another city. During the sessions; Significant changes were observed in the patient's life. With usage of the balance model, the patient took actions to reduce his avoidance in line with his own wishes and needs. In line with the four areas of life being affected by each other, improvements in one area are reflected in other areas over time, and the patient shapes his life through the balance model with his own awareness.

## Discussion

The aim of this study is to examine Panic Disorder through a case. In this context, a general view to the epidemiology, causes, diagnosis, and treatment of Panic Disorder is provided in the case. The case fulfills the criteria for diagnosing Panic Disorder as per the DSM-V criteria, considering the number of symptoms, duration, and differential diagnosis. In the case presented, after getting home from work, the person felt numbness in her body, dizziness, and complained of severe chest pain, which led her to think she might be having a heart attack and might die. So, she decided to go to the hospital's emergency room. Even though her lab tests and results were normal, the patient still didn't feel well. She asked for more tests and continued to feel anxious and cry. She met at least four of the 13 symptoms of a panic attack according to the DSM-V criteria. During the psychiatric interview, it came out that these attacks had been going on for the past two months, but she was initially seen as mere discomfort. The sudden onset of these attacks, her calming down in 15-20 minutes, and the ability to distract herself all pointed to a Panic Disorder diagnosis in this case.

Experiencing fits of fear during childhood can suggest future Panic attacks and Panic Disorder, although it is not certain. Also, a history of severe separation anxiety in childhood might indicate the development of Panic Disorder (APA, 2013). When considering environmental factors that could play a role in the beginning and progression of Panic Disorder, a history of childhood sexual and physical abuse is often seen, as well as smoking. Additionally, individual often experiences a major life event she struggles to cope with in the months before the

onset of Panic Disorder or Panic attacks (APA, 2013). With this information in mind, it appears that the intense childhood fears the patient went through, the physical abuse due to her father's alcoholism and violence towards her and her mother and the mother's frequent departures, along with the early responsibilities the patient had to take on, looking after siblings and doing household tasks, as well as the physical abuse she experienced during childhood, combined with the onset of symptoms during the pandemic, a challenging period, all suggest the diagnosis of Panic Disorder when considering the beginning and progression of the illness. Panic Disorder is a chronic and frequently seen illness that can disrupt a person's social and work life (Tükel, 2000). With this information, during the psychiatric interview, the patient's hesitation to go to work, reluctance to leave home, and not wanting to be alone, along with problems in their social and work life, all point to the possibility that Panic Disorder may be behind these disruptions.

### Positive Psychotherapy

A patient's process;

In these therapies which have been made with a panic disorder patient with Positive Psychotherapy method, five step treatments has been used and the patient has been watched carefully.

#### 1) Observation and conversation

Patient's life has been listened and positive comments have been pronounced. A mini psycho-education has been taught about his current and special situation.

#### 2) Treatment

At the inventory stage, the "story of voyager" has been shared with patient. Micro traumas were talked with the client. Her ability to cope with those micro traumas was evaluated. It was focused on the experiences of the last five years. Chngement analysis inventory had been implemented and balance model method was used.

The patient who has been exposed with balance model expressed that she had had difficulty at eating, always had nausea and wanted to stay at her home. She clearly said that she drank too much coffee, smokes too much, avoided to take a shower because of death dread and did not want to see anyone anymore. She underlined that she went his work for just necessity, always thought about her current and



obscure situation, focused on her future.

These results were given to us when we had asked her about how she feels while being exposed by the Balance Method.

Body: she did not want to take a shower, avoided from doing activities like sports or jogging, she consumed too much coffee or tea, she had smoking addiction and she was reluctant to eat.

Work/Achievement: she stated that she has no responsibility at home; going to work was an obligation and also having difficulties in that period because of the obligation.

Contact/Relationship: due to the pandemic lockdown, she diminished meeting with people and she stated that she did not want to see anyone including her boyfriend.

Future/Meaning: Constantly anxious opinions about the future enable her to read book so she tried to the relaxation techniques like yoga and meditation but not to be able to complete them.

She wanted to have some homework like jogging, reducing the consumption of coffee and reducing the smoking or a kind of sport.

### 3) Situational Encourage

When we reach to the situational encouragement stage, during the sessions, she tried to make a sense of the situation she was in. During those sessions she was asking too many questions and she avoided expressing her feelings.

After the psychoeducation about Panic Attack, a reliable relationship was established.

In this stage while considering the balance model again, the change occurred as in the table.

Body: during the sessions, sleeping and eating patterns were settled down. She has begun to do personal care. She has started doing yoga. She has also tried to understand what her body tells her when she is ill.

Work/achievement: She has started to go to work more eagerly and taken responsibilities of her own and her daily routine household chores.

Contact/ Relationship: She has gained awareness on the subject of relationship needs and necessities. She has started to attain recreational Activision with her friends. She has started to contact, and tried to manage a strong relationship and created a clear communication with her boyfriend.

Future/Meaning: She has limited the mobile phone usage duration. She has diminished the negative thoughts. She has gained a more positive point of view for the future. She has

mentioned that with the help of positive changes and awareness, she has had the reliance on the process.

### 4) Verbalization.

Patient has expressed a thought of hers about making new changings in order to create a balance in her life radically. Furthermore, it has been evaluated what kind of subjects that would be dealt with.

The client's constant financial problems and a problematic relationship between her father and mother, her responsibilities of her brother since her childhood have leaded her to feel incomplete, insufficient and loneliness.

During the pandemic lockdown, with the occurrence of more financial problems and the expenses of marriage, the client's financial problems became harsh. In the sessions, while gaining the awareness she expressed herself more comfortable and comparing the old experiences with nowadays and making sense of those experiences and realizing the source of the anxiety make the client feel independent.

### 5)Expanding Goals

When the patient had reached to this step perfectly, she was asked to rate her feelings one more time. All her feeling-rate numbers were stabilized at 25. The client informed that she was going to go on the therapies with a therapist who would work on positive psychotherapy in her new city. Moreover, she emphasized that she would deal with the relationship in marriage. In the context of positive psychotherapy, although the function of the symptom is focused on, the client may face some new problems when she comes across with new but harsh situations in her life so the study should go on with the new situations.

## Conclusions

In conclusion, this case is based on the symptoms of panic disorder, the clinical picture of panic disorder has been studied in details. At the same time, the treatment of panic disorder has progressed together with pharmacology and positive psychotherapy. The effects of the balance model, one of the inventories of positive psychotherapy, on the individual's life were monitored. In this study, in addition to positive psychotherapy practices, the balance model, one of the inventories of positive psychotherapy found to be effective in providing insight to the individual, recognizing the underlying problems and avoidance of individuals, and learning to

establish a connection between problems and symptoms. In addition to the positive psychotherapy practices with the help of balance model, it has been observed that the client's spiritual energy, previous experiences and the dynamic conflicts create an awareness on the effects of the client's illness. In the client's daily life, the balance model gradually has affected to create a balance and created a positive effect on the course of the disease.

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