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# **Integrated Psychodynamic Therapy of Panic Disorder: A Case Study**

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## **Abstract**

Findings of epidemiological studies have demonstrated Anxiety Disorders to be among the most common and heterogeneous disorders in adults. About 7.2% of general population suffers from such disorders, whereas only about one fourth of them seek treatment. Panic disorder is one of the common chronic and debilitating Anxiety Disorders, with a life-time occurrence rate of 1.5% to 3%. Medication, of course, has proved to be helpful in the short-term treatment of the disorder, but its long-term consequences and complications are not clear. Moreover, many of those suffering from it show no interest in medication or cannot tolerate its side-effects. Researchers have thus developed an interest in designing and promoting psychodynamic models for treating the disorder. The **purpose** of the present case study was to treat Panic disorder through application of the psychodynamic approach. The client was a 23-year-old female university student who was diagnosed with Panic Disorder, according to clinical interview, DSM-IV-TR criteria, MMPI results and the psychiatrist's diagnosis. The **method** consisted of exposing her to psychodynamic therapy, focusing on Object Relations, Ego Psychology and Self Psychology. The techniques used in this method were Free Association, emphasis on the unconscious, processing the repressed emotions of childhood, enhancing the Ego defense mechanisms, and analysis of transference. According to the **results**, the techniques were highly efficient in the treatment of the subject diagnosed with Panic Disorder. The client developed a more integrated feeling of herself by reviewing, observing and examining her personality construct, including the "ego", and by gaining insight into her relationships with her significant objects. Finally, consistency of the results with the literatures, limitation of the study and future suggestion, are discussed.

**Key words:** Anxiety Disorders, Panic Attacks, Psychodynamic Psychotherapy, Object Relations, Ego Psychology, Self Psychology.

## **Introduction**

Panic disorder, which can become chronic and debilitating, is one of the most common anxiety disorders, with a monthly occurrence rate ranging from zero to five percent, and a life-time occurrence rate of 1.6 percent (Regier, Narrow & Rae, 1990). According to DSM-IV-TR (American Psychiatric Association, 2000), major symptoms of the disorder are unexpected, recurring panic attacks, often followed by a worry about the occurrence of another attack, any implications or complications of an already experienced attack, and significant behavioral changes, over a period of at least one month. The cause of panic attacks is not as a direct physiological impact of any substance, or from a general medical condition. Also, the attack cannot be explained in reference to other mental disorders, such as specific phobia, or compulsive

disorder. Its rate of life-time occurrence is 1.5 to 3.5 percent, and its rate of occurrence per year is 1 to 2 percent. It is often accompanied by agoraphobia and separation anxiety in childhood. According to DSM-IV-TR, a panic attack is a single period which starts with severe fear, phobia and panic, characterized by four or more of the following symptoms developed abruptly and reached a peak within 10 minutes:

1. palpitations, pounding heart, or accelerated heart rate
2. sweating
3. trembling or shaking
4. sensations of shortness of breath or smothering
5. feeling of choking
6. chest pain or discomfort
7. nausea, abdominal distress
8. feeling dizzy, unsteady, lightheaded, or faint
9. derealization (feelings of unreality) or depersonalization (being detached from oneself)
10. fear of losing control or going crazy
11. fear of dying
12. paresthesias (numbness or tingling sensations)
13. chills or hot flushes

Neurobiological and cognitive-behavioral models influence most psychiatric research on panic disorder. However, none of these models can adequately explain the psychopathology and etiology of the disorder. Researchers have thus developed an interest in designing psychodynamic models that can explain the etiology, psychopathology and treatment of the disorder. The assumption underlying the psychodynamic model is that there is a relationship between the client's present psychological functions (including the syndrome) and his/her childhood experiences, and that the major factors which contribute to the formation of the syndrome are the client's psychological characteristics and his/her biological and psychological construct interacting with his/her environmental factors (Shear et al., 1993).

A lot of research is recently being devoted to psychodynamic psychotherapy as an efficient method of treating panic (see Wiborg & Dahl, 1996; Milrod & Shear, 1997), the results of which demonstrate that psychotherapy using psychodynamic approach, creates changes in the mental functioning of the person who suffers from the disorder and leads to treatment (Gabbard, 1997). The studies also demonstrate that, in treatment of the panic disorder, alternatives such as medication and cognitive-behavioral methods are efficient in the short term, whereas their long-term results are not clear (Milrod & Busch, 1996). The reason might be that a 'good' treatment includes not only treatment of the symptoms, but also the modification and improvement of factors which contribute to vulnerability of the client to the disorder. Psychodynamic

psychotherapy, focusing on the role of unconscious ideas, impulses and factors, free association and analysis of transference can successfully control and treat the panic disorder syndrome. In fact, the therapist here explores the significant dynamisms that have formed around the client's formulation and treats them by focusing on the client's unconscious processes so as to increase insight into the links between his/her present behavioral patterns and the childhood events and thus to control their vulnerability to panic. The common conflicts in Panic disorder are dependence-independence issues, separation anxiety, anger control and the Ego's management of impulses (Milrod, Busch & Leon, 2000).

Reviewing the reports and case studies on psychoanalysis and psycho-dynamism, Milrod and Shear found out that, in such treatments, the treatment seekers discover their major conflicts, recognize and control their anger during panic attacks, and reduce their severely negative repressed feelings. This in turn leads to reduction of the psychological syndrome in them.

The theories of object relations (Greenberg & Mitchell, 1983) and self-psychology are among the psychodynamic approaches that are based on the need for self respect and importance of basic relations. They both share and emphasize the following propositions:

1. the significance of unconscious processes in man's intellectual life, such as unconscious ideas, feelings, motivations and actions;
2. conflict, ambivalence and compromise;
3. personality stability and the significance of childhood experiences;
4. foregrounding the role of self image , others and relations;
5. developmental paths

In the theory of object relations, the general belief is that the personality is shaped through interaction with significant and important others (objects) especially during the first years of childhood. Interacting with others is of considerable importance at critical times and stages of development, so much that important developmental assignments such as basic confidence, autonomy, and the process of separation-individuation result from the quality of one's experiences with others. Based on this, the purpose of object relations therapy is the formation of modified experiences with the important others, and thus modified insight, in the client. The present study reports a successful case of psychodynamic therapy of panic disorder using object relations and self-psychology theories.

Reviewing the related literature and explaining the psychotherapeutic processes of improvement in treatment of panic disorder, Klein et al. (2003) emphasize the high efficiency of psychodynamic psychotherapy. In a study, Milrod et al. (2001) treated 21 panic disorder patients

through short-term psychodynamic psychotherapy. The patients attended 24 hour-long sessions of psychotherapy twice a week. The results showed that out of the 21 patients, 16 were treated and showed no signs of the disorder within a six-month follow-up. In another study, Milrod et al (2000) assessed and checked 14 panic disorder patients. Based on DSM-IV, they assessed the syndrome, first at the base line before treatment, then at the end of the therapy period, and once again six months after the end of the treatment. In the study, they placed the patients in psychodynamic psychotherapy sessions, which were held twice a week, for a total of 24 sessions. At the end, they observed that 13 of them had recovered perfectly and showed no signs of the disorder in a six-month follow-up. They concluded that the method is efficient in treating panic disorder.

In their case study, Milrod et al. (1996) reported a successful case of psychodynamic psychotherapy of a 23-year-old woman suffering from the disorder. No sign of the disorder was noticed in the client within a two-year follow-up. Reviewing one hundred cases of panic disorder diagnosed on the basis of DSM-IV, Bandelow et al. (1995) found out that 31.4% of the clients used non-medication treatments such as cognitive-behavioral psychotherapy (20%), psychodynamic psychotherapy (33%), and autogenic training (43%). Through interviews, they also found out that the clients were most satisfied with psychodynamic and cognitive-behavioral treatments. In a case study, Milrod (1995) treated and studied an 18-year-old client diagnosed with panic disorder combined with obsessive-compulsive disorder, through the use of psychodynamic psychotherapy and psychoanalytical techniques. In order to provide a psychodynamic model for treatment of panic disorder, Shear et al. (1993) interviewed 9 clients suffering from it. The results showed that all of them had low self-esteem, suffered from fear and panic, were considered nervous and aggressive, and were in pain because of having had controlling or terrorizing parents.

Reviewing the related literature and case studies, Milrod and Shear (1991) noticed 35 cases of successful treatment of panic disorder through psychodynamic psychotherapy. They concluded that the method is efficient in treatment of panic disorder.

## **Method**

**Subject:** Ms. M. M., age 23, single, university student majoring in English Language, with a 21-year-old sister and a 19-year-old brother. Her mother was 45 years old and her father was 51 years old. The treatment period was 47 weekly sessions.

## Procedure

The subject was diagnosed with panic disorder according to clinical interview, DSM-IV criteria, and the psychiatrist's diagnosis. To identify the co-morbid disorders, TAT and MMPI were administered. The results of TAT demonstrated the client's extreme fear and aggressive impulses towards her father and her sister, and the loss of a father-figure as a love object. The results of the MMPI are shown in Diagram 1.

The test results showed the client's tendency to amplify her problems and to malingering. It also revealed a degree of narcissism, somatization and hostility. A background of anxiety and fear is shown as well. The case was then referred to a psychiatrist to ensure a careful examination. The psychiatrist approved the existence of panic disorder.

After the initial administration of the MMPI and the diagnosis of panic disorder, the subject received psychodynamic treatments based on Object Relations, Ego Psychology and Self Psychology. Using mainly the techniques of Free Association, emphasis on the unconscious, processing the repressed emotions from childhood, enhancing the defense mechanisms, and analysis of the transference, the dynamics of the patient's problems were processed. In analyzing the transference, the client recognized her repressed anger and fear, and managed to experience and process some of the unconscious emotions from her past.

The main purpose of the present research was to help the client not only gain insight into her damaging childhood experiences, but also to rethink and re-experience her developmental paths through establishing a therapeutic alliance with the therapist. Throughout the therapy, the client developed a more integrated feeling of herself by reviewing, observing and examining her repressed emotions, and by gaining insight into her relationships with her family members. This was done through careful recognition of her most important anxieties, her dominant defense mechanisms, and through acquiring more mature and functional mechanisms.

The reason for deciding the psychodynamic method for this client was the prominent childhood experiences such as her fear and hatred toward her father that had still left a mark in her life as an adult.

In the first treatment session, the client said: *“Since childhood and for as long as I can remember, I have feared darkness. I also have a fear of being alone, especially in the evening. I even fear my sister at night or when alone. I fear the color green and anything that is green. I have recently developed a poor memory, and cannot learn my course materials by heart. At night, I always have a queer feeling before going to sleep: my heart beats fast, I have vertigo, I tremble,*

*feel choked, as if I cannot talk and my body feels heavy, numb, and paralyzed. I can make no movement. Then I panic and think that my body might split apart and I might fall into a deep endless well and die. I sweat all over and gasp for breath; my heart beats fast and I start trembling. I even sometimes feel I am being thrown this way and that. These only happen at nighttime, when I go to bed. I don't have these problems during the day. Sometimes I see a white plane in front of me, with a black spot on it, which grows larger and larger, until it fills me all over. Also, there are always two frightening eyes watching me. They drive me crazy."*

About the origin of these symptoms, the client said that she thought everything went back to the time when she was eleven, when her best friend was hospitalized. One night whilst asleep, the client felt a heavy weight falling on her. Then her body grew heavier and heavier until it seemed as if it was split in two. She felt as if her soul had left her body, so that she could watch herself lying cold and dead on the bed. Her soul then moved into a hospital and went to the CCU ward. Right then she heard someone say that her friend would die and she saw her lying there dead. The client felt so frightened that she woke up. Three days later, her playmate died in exactly the same way that she had seen in her dream.

The client had visited few psychiatrists before meeting the psychologist, and had received various sorts of medical treatment. But medication had failed to reduce her symptoms. The last time she visited a psychiatrist was about a year before. She did not use the medication prescribed by her last psychiatrist, because her experience had shown it to be useless.

### **Treatment Measures**

During the treatment sessions, the results of the tests were explained to the client. Considering the client's emphasis on her father's aggressive and terrorizing behavior toward her and her family members, the psychodynamic psychotherapy based on Object Relations and Ego Psychology was chosen as her treatment method. Using the Free Association technique, the client was asked to sit calmly on a comfortable chair, relax and freely express her feelings or anything that came to her mind during the therapy sessions. The client said: *"My father is responsible for all my problems. I hate him, because he is evil and does not understand love. The only thing he cares about is his career. When at home, he only curses and insults, hits us and scares all the family members. When I was six, once he struck my hand with a hammer so hard that I lost one of my fingernails. He has been that way ever since I remember. One more thing is that I love my sister very much, but I am frightened of her and I have bad dreams about her."*

The client was asked to picture fear clearly in her mind and describe it in as much detail as she can. She said: *“Sometimes I think an evil spirit has entered my sister’s body and wants to torment me in my sleep. My father also torments me much in my sleep, sometimes turning into a scary monster. I hate him. In fact he is a dark, black spot in my life. To me he is worthless, absolute zero.”*

A great many sessions were focused on her childhood. She talked in detail about her father and how aggressive he had always been. About one of her queer experiences she said *“At night when I am alone, if I see a dark spot in the corner of my room, I think there is another creature around. I imagine a horrible creature with green eyes that wants to kill me.”*

In the following sessions, she said that she was sleeping better, but she kept thinking that every member of her family, especially her sister, had another face, which was very scary, and it was this other face that tormented her during sleep and in her dreams. When asked to talk about her experience with her sister in the past, the client said that she did not remember anything, and that her sister was only a white plane to her (whereas her father was a black spot). However, she still did not know why she feared her, despite loving her so much and being loved by her. In the next session, the client was placed in an in-depth state of free association. She said: *“When my sister Maryam was two years old, my parents had a serious problem. Dad was having an affair with his secretary. Mom found out and when objected about it, dad shouted and started hitting her. At the peak of his rage, he ran into the kitchen and picked up the kitchen knife, then held Maryam in his arms looking so furious and scary, and said he wanted to cut Maryam’s throat”.*

In the following sessions, the client became conscious of the fact that her fear of her parents’ fight, her father’s rage and her fear of losing her sister, on the one hand, and the color of her sister’s eyes, which were green as her father’s, on the other, had been too strong that she had unconsciously displaced this fear onto her sister. In one of the sessions, the client said that one of the reasons why she was in such a state was her own acts which gave her a guilty conscience. She had a boyfriend who was very quick-tempered, and whom she did not love, and did not want to marry, although the boy told her that he loved her. She said *“He is like my father. I think he is crazy. His behavior scares me. But somehow, I dare not leave him”.* After pursuing the matter, she gained the insight that she had chosen her boyfriend in an unconscious search for a father figure and an attempt at gaining control-mastery. But she hated the only father she had ever known and she seemed unable to break the loop of the formed relational pattern with males because of her early experiences with the first man she had ever known, that is, her father. The client also said:

*“Since two months ago, when I noticed this, I decided to break up with him and not to marry him. This has placed me in a conflict. On the other hand, I think I love him so much. I have had sex with him. But he acts and thinks like my father. This scares me. The whole thing makes me feel so guilty and confused.”*

The client repeatedly used displacement as a defense mechanism, for example she displaced her anger from the father to the boyfriend, or her fear of her father’s green eyes to anything that is green and to her sister. The therapist asked the client to think about the reasons she had for not marrying the boy, to examine them carefully and write them down. In the next session, the client said: *“The true self of the boy is like my father. He is quick-tempered. He shouts and makes fights. He will beat me, as my father does. If I marry him, it will not work out well and we will surely get divorced. He is extremely authoritative; he gives orders all the time. He is aggressive. He is just like my dad. I do not want to live with him. I sometimes think that I hate my boyfriend the same way I hate my dad. But he has done nothing bad. In fact I am the one who is quick-tempered, worthless, indifferent, merciless and undecided in our relationship”*.

Gradually, she became conscious of her frequent use of displacement and the fact that her defenses were dysfunctional. The Ego improvement technique was used to help the client in assessing more realistically the events and relations around her. In one of the sessions, the client said that she was having less panic attacks, but the attacks were still there. She said that she’d had slept badly the night before, and had suddenly felt her body was stretching and she was falling deep down, then her body felt numb and she could not speak. But later, when she felt better, she had concluded that the reasons for her fears were unrealistic, and that it had to do with her mind and thought. She also said that the two green eyes which followed her were not real, but she could not help feeling scared of them.

At this stage the client was asked to think, every day, of those things which were real and those which were not, and keep them in mind or write them down, so that she could talk about them later. In one of the sessions she said: *“I have been quick-tempered, aggressive, and angry for some time now. I very much like to take revenge on those who torment me, such as my father, friends and university authorities. They all want to torment me. But most of all, I want to take revenge on my father, because he always scares me. He very much disturbs me with his shouting and beatings. Once when I was six, he bit my leg. Another time he spilled hot food on me and burned my body. I have always been afraid of him”*.

The displacement mechanism was discussed again, so she could recognize her feelings toward her university friends and authorities. She said: *“I always feel great hatred against my classmates. I feel jealous of their comfortable lives and caring parents”*.

In the following sessions she gained the insight that there was a link between her nightmares and her fear of her father. She always saw her father in her dreams in the form of a monster.

Through forming transference with the therapist, the client told him at one point: *“You are like my father too. You want to defend him, and this makes me sick”*. The transference was discussed and analyzed through the next sessions. Later the client said: *“My father has good points as well. For instance he has provided good economic and welfare status for us. The only thing is that he has no love for us.”* She then said that she thought she might forgive her father for her lack of love and try to compensate for this by giving him love, that her relationship with her father was gradually improving, and that she tried to understand her father’s conditions and tried to have a better and friendlier relationship with him. She also said that she was having better sleep, and had not suffered from any panic attacks within the past few weeks. She said that she thought it was because she no more felt guilty for hating her father now. Yet her fear of the color green still remained and she did not know why.

In one of the sessions, the client said: *“I always feared my father’s eyes, which were green. Once on a trip abroad, I saw a woman on the bus we got on. She was wearing a fine green overcoat. I was watching her overcoat, when I suddenly noticed her ugly, terrifying face. I was extremely frightened. I clutched at my Mom and cried, while nobody knew why I was crying.”* In another session she said: *“My father had a laboratory in the basement of our house. When I was eight, one night he asked me to go there and get him something from the Lab. When I opened the door to the basement, I saw a green head behind the window, so I screamed, stepped back, and shut the door immediately. My father said it was but an illusion. The next day he found out that a thief who had covered his head with a piece of green cloth had tried to break into the basement, but had escaped upon seeing me in there.”*

In another session, the client said that she had seen the movie called *The Exorcist* in her childhood and she’d been frightened by it. In that film the little girl who was seized by the evil spirit vomited something that was also green.

In the following sessions, the client developed a proper insight into a major part of the reasons for her fears and especially her fear of the color green. Through the use of free association,

remembering the past in the course of treatment, reflecting on childhood experiences and consequent feelings, gradually she noticed that a connection had been established between different times, places and people in her life. Now she could find out about her repressed memories and feelings, re-experience and process them, identify her prominent defense mechanisms and resources available to her at that time, recognizing the repressed needs of herself as a child, and gradually learn how to treat that “little girl”, so that she would not copy the introjections she had been exposed to in childhood. In the following sessions, the client said she was feeling much better, she could sleep without any problems, she was not suffering from poor memory anymore, and moreover, she had realized that one of the major reasons of her fears was her own conflicts which resulted in guilt feelings.

In the final sessions, the client expressed her gratitude to the therapist and said: *“Two years ago I was terribly depressed, lonely, terrified and filled with anxiety and I was suffering from insomnia. But now I feel happy and healthy. I no more fear anything needlessly. I am not afraid of being alone, or of darkness. I do not suffer from panic attacks in my sleep anymore. I do not hate my dad. I even like him now. I have better and closer relationships with my friends. I am not as quick-tempered as I used to be. I can control my anger. Most important of all, I am not weak in making decisions. I am realistic and logical in dealing with things. I generally feel to be more at peace with myself. I am not sad anymore and I enjoy life now.”*

## **Results**

Considering the client’s final treatment, the therapist once again administered the MMPI and explained the results for her. The results (Diagram 1) demonstrated that the client was in normal psychological health.

The MMPI results (Diagram 1) and the client’s subjective reports at the end of the therapy show the effectiveness of Integrated Psychodynamic Psychotherapy in the treatment of panic disorder. The follow up sessions two years after treatment have shown no signs of the recurrence of the symptoms (Diagram 1).

A comparison of the three diagrams shows that the subject’s post-treatment and follow up profiles are quite normal, which is an evidence of the efficiency of the psychodynamic psychotherapy model in improving the Panic disorder syndrome.

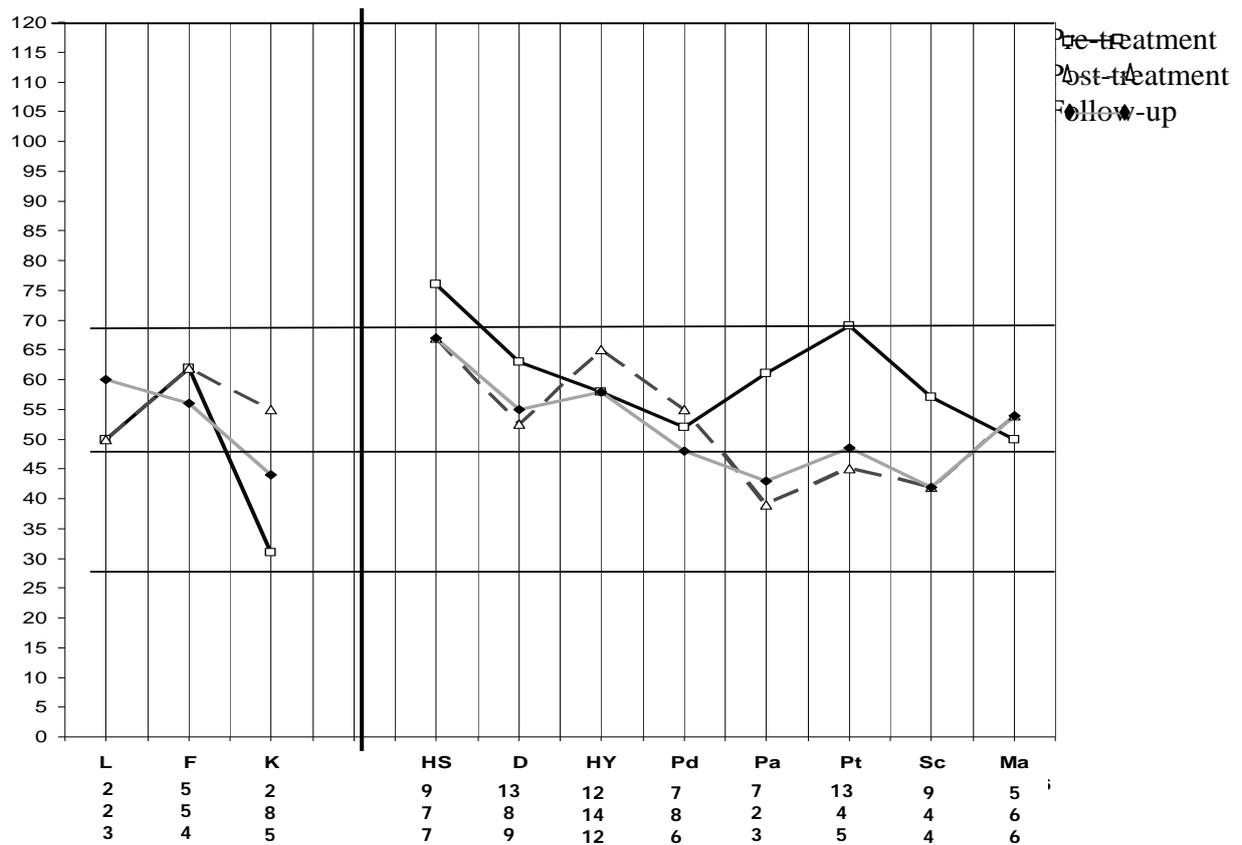


Diagram 1: The subject's pre treatment, post-treatment & follow up results of MMPI Profiles

### Conclusion and Discussion

The findings of the present study show that psychodynamic therapy based on Object Relations and Ego Psychology, can be an effective treatment for panic disorder, and is particularly advisable in the case of clients who do not wish to use medication. The results confirm those obtained in studies (Klein et al., 2003; Milrod et al., 2001; Milrod et al., 2000; Bandelow et al., 1995).

Reviewing the research literature, Klein et al. (2003) concluded that psychodynamic therapy is an efficient treatment of panic disorder. Also Milrod et al. (2001) studied and treated 21 clients suffering from panic disorder. The clients attended weekly psychodynamic therapy sessions and recovered the symptoms of the disorder after 24 sessions. Moreover, in their study of 14 cases of panic disorder, Milrod et al. (2000) found out that psychodynamic therapy is one of the most efficient treatments of the disorder. Reviewing 100 cases of panic disorder, Bandelow et al.

(1995) observed that 33% were perfectly treated with psychodynamic therapy and showed no signs of recurrence in a one year follow-up.

The use of Free Association in the therapy sessions showed that the subject's disorder was strongly related to her father's terrifying and violent behavior perceived by her in childhood, so much that her fear of the color green was related, among other things, to the father's green eyes. The subject had also a weak Ego and a strong Super-Ego, which caused her guilt feelings. So, at the first stage, the therapy used techniques of Object Relations, and focused on complexities which were shaped in the course of the client's relationships with her father and sister. The purpose was to reduce the tension of the conflicts which had caused her anxiety in her relationships with the significant people in her life during childhood and to help her re-experience and process the feelings she'd had to repress at the time for the lack of efficient defense mechanisms

The clinical interviews showed that the subject had low self-esteem, was terribly frightened, thought she was aggressive and quick-tempered, and thought of her father as a person with horrifying and terrorizing behavior. These findings confirm those of Shear et al. (1993), who in their interviews with 9 panic disorder patients found out that they all had low self-esteem, had weak control over their anger and emotions, and had aggressive and terrorizing parents.

Another significant issue was the client's perceptions regarding her sister during childhood. She believed that with the birth of the younger sister, the parents and other family members had lost interest in her. So not only her natural need for love and attention was neglected, but also a strong anger developed in her, particularly against her father. So in order for her not to be rejected, on the one hand she played the role of a sick, needy and dependent child since the age of eleven, and on the other hand, displaced her fear against the father, as a love object, partly onto her sister, thus trying to resolve the conflict against her father through dependence. Also, in finding a boyfriend, it was clear that she was seeking a father figure.

The client's emotions against her father, and also against herself, together with the father's violent and rejecting screams, which had been internalized during the client's stages of development, were recalled after so many years, unconsciously giving her the same messages from within, so much that she herself had started to hate the needy, weak and dependent child she was, treating it in the same manner the others had treated her. The therapist therefore used Self-focused techniques (e.g. Merging and Mirroring) to help her understand the needs of this child and respond to them properly. When these psychological needs of the previous stages were met, the

defense mechanisms lost their significance and the client acquired access to more mature mechanisms.

One of the limitations of the present research was that it studied only one subject. It is suggested that more subjects be studied in further researches. Also, research can be done with control groups, comparing various treatment methods, such as Cognitive Behavioral Therapy and Behavior Therapy, either independent of, or in combination with, medication.

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