



FEATURES OF MANIFESTATION, RECOGNITION AND SELF-HELP FOR PANIC ATTACKS

Liana Spytska

PhD in Law

Doctor of Psychological Sciences, Professor

Professor of the Department of Psychology and Pedagogy

Kyiv International University

0000-0002-9004-727X

Tetiana Hryshyna

PhD in Psychology, Associate Professor

Professor of the Department of practical psychology

Classic Private University

0009-0005-1443-8278

Abstract. The process of intensive changes in all spheres of society requires a modern person to react quickly and adapt to current perturbations. This determines the urgency of the problem of protecting the mental health of the population and requires the actualization of educational activities in the field of psychogenic and somatoform disorders caused by external factors and intrapersonal conflicts. In this regard, the research aims to study the etiology of mental disorders, in particular panic attacks in people caused by impaired self-regulation of the body's reactions to stressful situations. It was also important to identify ways to overcome panic attacks and find effective self-help techniques to reduce anxiety during a panic attack. The basis of the methodological approach in this research work was a qualitative combination of an analytical study of the problem of the development of the panic disorder and a substantive analysis of methods of restoring mental health in panic attacks. A survey was conducted on personal psychological resilience among the internally displaced person group, and as a result, the impact of recent traumatic events on the degree of irreversible mental changes was noted. The presented results reflect the issues of modern psychological support for people prone to the panic syndrome, as well as represent ways of self-help during sudden attacks of unreasonable fear. The obtained results on the research problem are of practical value for psychologists who provide assistance and support to people with impaired self-regulation and adaptive capabilities in society, as well as for workers in the educational and social spheres of activity who have a direct impact on the formation of mechanisms for the internal regulation of mental activity and behavior of the individual and can recognize and help stop the process of a panic attack in time.

Keywords: personality disorders; mental disorders; self-regulation; anxiety; paroxysmal activity.

Introduction

Existential crises associated with transformational processes in the political, economic, and social spheres have been accompanying humanity in recent decades and have created a public outcry, which is reflected in a decrease in emotional intelligence and a deterioration in the mental health of people in general. The formation of the body's regulatory mechanisms occurs naturally due to the physical, psychological, and social development of the individual. However, excessive stress on the human psyche



its stay in dangerous and negative conditions, can pose a threat to the development of adequate mental self-regulation.

Studying the issue of the psycho-emotional state of a person and its relationship with crisis events on the example of the COVID-19 pandemic, A.L. Pedrosa et al. [1], T. Chen and M. Lucock [2] point to the aggravation of psychological disorders due to traumatic circumstances, as well as the possibility of provoking anxiety, depression, panic, and paranoid thoughts in stable emotional people. At the same time, the authors note that external factors can also influence the development of obsessive-compulsive behavior and contribute to drug addiction (alcoholism, smoking, etc.). A similar opinion is shared by I. Georgieva et al. [3] in their study of risk factors and the course of anxiety, panic disorder (PD), and depression under the influence of crisis events. The results of the author's study on the example of eleven countries indicate a violation of emotional regulation among the surveyed respondents, in particular, the consequences of the pandemic on people's mental health reflect hypertrophied anxiety about their safety, which leads to stress, panic fear, and panic attacks.

The importance of psychological assistance in restoring psycho-emotional health in case of panic disorder is noted in the scientific achievements of C.S.-R. Espeso [4], A. Hoff, et al. [5], K. Trottier et al. [6], where the authors see not only the need for psychological support but also a targeted therapeutic intervention to restore emotional and psychological balance. At the same time, the authors hold different views on this issue, and their research is based on differentiated and integrated intervention, as well as syncretism. However, each of these concepts is designed to ensure the mental recovery of the individual and his or her rapid return to a productive life. And the difference in approaches allows us to select effective methods of influencing a person's post-traumatic growth on a case-by-case basis and to compare and adjust psychotherapeutic methods of effective intervention in the recovery process. At the same time, modern methods of strengthening the mental health of the population, including self-help during the period of restoring mental stability after panic attacks, should be based on the harmonization of the mental and physical characteristics of a person.



Thus, N. Kalka and Z. Kovalchuk [7], who dealt with the use of art therapy in psychological practice, note the duality of this approach, which makes it possible to apply it to any age and in case of various mental disorders, as well as to use it as a method of diagnosing and correcting mental disorders through self-expression and self-disclosure. The development of abnormal disorders in human mental activity, which are manifested by panic attacks, in most cases is subject to the influence of external factors. Understanding the peculiarities of the course of a panic attack, its timely recognition and knowledge of self-help methods are a modern and urgent problem, where the need for psychological support, its consolidation and enforcement at the state level will help stabilize the mental health of the population in the context of traumatic events.

The main goal of the research is to determine the risks of developing the panic disorder in the face of danger. The search for methods to effectively combat panic attacks in the context of self-help has also become an important component of the study of the manifestation and course of panic attacks in humans.

Material and Methods

The theoretical and methodological basis of the panic attack study was based on the use of qualitative methods of the sociological approach to determine the peculiarities of the course of emotional destabilization of a person in traumatic situations, combined with a content analysis of psychotherapeutic support approaches and possible ways of self-help in the event of a panic attack. The research on the identified problem involved the search for factors that precede the onset of a panic attack, the definition of the consequences of inaction in the fight against this mental disorder, as well as methods of preventive work with panic attacks. The research and empirical analysis were based on the generalization of the world experience of the problem of panic disorders, which became the basis for further research and a source of disclosure of the main content of self-help methods for panic attacks.

The theoretical analysis of the problem of the formation of the personality psyche and the causes of paroxysmal attacks due to crisis events made it possible to critically evaluate the scientific achievements of researchers from Ukraine, Italy, Great Britain,



the United States, Denmark, Canada, Germany, and Japan. The analyzed studies made it possible to highlight the controversial aspects of the problem of the development of the panic disorder and to explore diagnostic and correctional approaches to this issue. The key concept of the organization of this research was based on the theoretical study of factors that can influence neuropsychiatric disorders of the individual, as well as on the identification of ways to strengthen and improve people's mental health, which allowed the substantiation of the main directions of consideration of the problem of the occurrence, course, and treatment of panic attacks. The combination of these aspects contributed to the formation of the scientific apparatus of the research.

The defined goal and analyzed scientific sources on the problem of panic disorder determined the direction of the empirical study, which included the definition of methods and means of experimenting, the formation of a sample, and the analysis of the results. The reviewed theoretical sources suggested that crisis events lead to the formation of non-constructive mechanisms of psychological defense, and the consequences of emotional self-regulation disorders can contribute to the development of the panic disorder. Participation in the study was offered to internally displaced persons (IDPs) currently residing in Kyiv. The formed sample of 342 people consisted of respondents aged 18 to 63 years who sought help from the international charitable organization Caritas Kyiv [8]. This organization carries out its activities in the field of humanitarian, social, legal, and psychological assistance to people in difficult life circumstances. The set objectives were solved by using questionnaire methods to identify the subjective assessment of their psychological resilience, interviewing respondents, and using an online survey. This stage of the study involved determining a person's predisposition to panic attacks and assessing their anxiety and emotional stability (Panic attack test [9]; State-Trait Anxiety Inventory [10]; Level of emotional stability [11]).

This approach made it possible to compare the results of the study of the problem of emotional instability and its consequences the tendency to panic attacks, with the findings of other scientists. This contributed to the identification of key aspects of psychological support for people with the panic syndrome and made it possible to



identify a comprehensive approach to using self-help methods when a panic attack is activated to stop the attack and recover from it.

Results

Emotional stability is ensured by the ability to maneuver one's neuropsychic reserves and the ability to influence the intensity of emotional energy. At the same time, a violation of this optimality leads to the destabilization of self-regulation skills and creates prerequisites for deviations in a person's mental activity, where the instability of the emotional state is reflected in a sharp change of mood, increased excitability, irritability, and inability to control one's behavior. At the same time, emotional stability is formed based on the interconnection of the physical, psychological, and social development of the individual. Emotional experiences accompany a person throughout life, where the lability of emotions and their excitability can form features of emotional instability (neuroticism), which will manifest as anxiety, imbalance of the autonomic nervous system, and low self-esteem. Therefore, it is important to understand the reasons for the development of deviations in the mental activity of individual and possible ways to help restore his or her mental health.

The problem of correctional care for mental disorders caused by impaired regulation of one's psycho-emotional state is reflected in the scientific achievements of researchers from Ukraine, Canada, the USA, Japan, Italy, Denmark, the UK, Slovenia, Germany, and Norway. However, the global relevance of this issue has reached a peak on and global scale since the beginning of the COVID-19 pandemic. Studying the impact of crisis events on the formation of various mental disorders in the population, scientists, A.L. Pedrosa et al. [1], T. Chen and M. Lucock [2], K. Trottier et al. [6], L. Rosebrock et al. [12], I. Okorn et al. [13] point out the vulnerability of the psyche in these conditions. Traumatic circumstances, following the authors' research, precede the development of feelings of fear, anxiety, and paranoia, which can have pathological negative consequences for the human psyche. The process of mental disorders is caused by a sharp change in the social and economic spheres of society, which an individual is not able to influence alone. Therefore, understanding the means and



methods of psychological support in restoring the emotional balance of the individual, including through self-help, is an important task of today.

In Ukrainian society, the issue of supporting mental health is stipulated in the Order of the Cabinet of Ministers of Ukraine No. 1018-r "On the approval of the Concept of Mental Health Care Development in Ukraine for the period until 2030" [14]. Based on this, starting in 2018, conditions should be created to ensure the functioning of an integrated mental health care system. This Concept envisages addressing the problem of public awareness of the role of mental health through joint implementation of educational programs by governmental and non-governmental organizations. Another important goal of the Concept is to overcome discrimination and stigmatization of people with mental disorders and to promote preventive, diagnostic, and corrective measures. Following the planned tasks for the development of the system of social and psychological support for vulnerable people, the implementation of the Concept should be based on the principle of accessibility of specialized and competent assistance, including medical and medication.

A prerequisite for determining a psychocorrectional program to support people with mental disorders, including panic disorder, is the creation of a comprehensive approach to diagnosing the causes and characteristics of attacks, which will not only identify a person's predisposition to the disorder but also help to select effective methods of influencing the restoration of their mental health. Thus, in studying the issue of psychotherapy of mental disorders, B.N. Johnson et al. [15] emphasize the consequences of personality disorder and the maladjustment of an individual in the emotional and social spheres. Following the author, most disorders are chronic and long-term, where properly selected therapeutic methods of assistance can transform a person's thinking and behavior, as well as actualize the adequacy of the person's protective functions and accelerate his or her post-traumatic growth.

Panic attacks are based on the suddenness of severe anxiety and fear, which can be caused by crisis circumstances (relocation, conflict, forced isolation, physical threat to life, violence, accident, death of a loved one) and contribute to the development of specific phobias, somatic diseases, depression, anxiety, and other mental disorders.



Given the current events taking place in Ukrainian society and the introduction of martial law in the country by the President of Ukraine [16], the issues of mental health care, in particular approaches to restoring the emotional and cognitive sphere of a person, are becoming more relevant. Accordingly, a hypothesis was put forward about the impact of traumatic events on the rapid development of recurrent panic attacks in people who remain in the country. To identify indicators of emotional regulation, a psycho-diagnostic toolkit was developed. This approach involved determining the presence of panic syndrome among the population, assessing the level of personal and situational anxiety, as well as the level of emotional vulnerability of the individual.

Respondents from among the IDPs were invited to participate in the study. The sample was formed with the assistance of the international charitable organization Caritas Kyiv [8]. The study included 342 respondents. The preparatory stage was implemented in the format of a face-to-face survey (questionnaire), which included a subjective assessment of their psycho-emotional state, in particular, questions related to the presence of unreasonable fear or anxiety, insomnia, emotional and behavioral changes, Awareness of panic attacks, their manifestations, recognition of themselves and others, knowledge of self-help techniques and assistance to other people experiencing a panic attack, and whether the person had received psychological help in connection with traumatic experiences. The conditions of the experiment were equal for all participants, and after the interview, the study was followed by an online survey with subsequent evaluation of the study results.

The respondents belonging to the category of people suffering from panic attacks were determined using online testing [9]. The results of the survey indicate a tendency to panic disorder among 11% of respondents, which reflects their episodic paroxysmal anxiety, which is likely to divide people's lives into panic attacks and their expectations. Interviews also confirm the presence of alternation of these phases in the lives of the respondents. In addition, testing using this methodology in 18% of respondents identified signs of panic attacks in the corresponding symptoms of sudden episodes of unmotivated anxiety, a sense of danger, fear of losing control, etc. At the same time, according to the respondents' answers (questionnaires), these processes



interfere with their usual life activities, but panic attacks are still not systematic and occur when faced with a specific stimulus. In this context, the respondents testified to the emergence of these signs after traumatic events, including loud sounds similar to explosions, negative news about their previous place of residence, and a sharp deterioration in the health of loved ones. The preliminary survey also revealed a lack of knowledge about the characteristics of panic disorder and possible methods of self-help in case of unmotivated feelings of fear or anxiety (Figure 1).

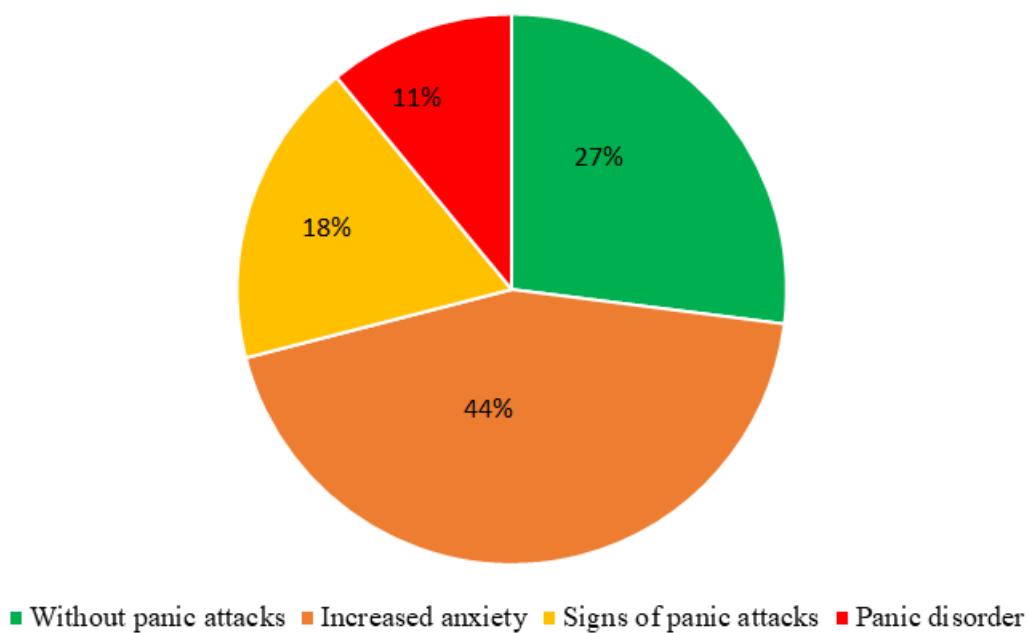


Figure 1. Analysis of the results of the respondents' susceptibility to panic disorder

Source: completed by the author.

The assessment of the research results using this methodology reflects increased anxiety in many respondents. Preliminary interviews indicate the impact of traumatic events, where respondents interpret anxiety as a sense of life threat and are accompanied by some changes in their psychological state (insomnia, isolation, alienation, fear of losing relatives). At the same time, the results of the survey at the initial stage of the experiment indicate that there are no requests for psychological assistance. It should be noted that the charitable organization Caritas Kyiv [8] provides free psychological support for vulnerable categories of people, but there are no requests for help among the IDPs respondents for various reasons (distrust, and desire to cope



with their experiences on their own). However, a small number of respondents (42 people) did attend events held by the charity's psychologists over the past four months. Since attendance at these events is not based on a systematic and targeted psychotherapeutic approach to eliminate the causes and symptoms of anxiety and panic attacks, these indicators were not considered in further study. Thus, after testing for a predisposition to panic disorder, the respondents were divided into three groups. The first group included the participants who did not have panic attacks and those who, according to the survey, were characterized by increased anxiety, respectively, people without panic attacks (WPA) were assigned to this group. The second group consisted of respondents with signs of a panic attack (SPA), and the third group included respondents who, according to the survey, tend to have panic disorder (PD).

The next stage of the study involved determining the level and direction of the respondents' anxiety [10]. The analysis of the results indicates high rates of PD group of personal (94%) and situational (81%) anxiety. A high level of personal anxiety indicates the stability of a fixed negative reaction in the human psyche and its tendency to experience anxiety regardless of the course of life circumstances. At the same time, situational anxiety is reinforced by the traumatic events that are currently taking place in society. However, the preliminary survey of respondents (questionnaire) also indicates an alert and depressed state, and in some situations, it is difficult for people to establish social contact due to a constant feeling of unconscious fear associated with a sense of threat to their own lives from other people. It should be noted that among the surveyed respondents with SPA and a predisposition to PD, there were no indicators of low anxiety. For a visual understanding of the results of the survey using this methodology, the obtained indicators are presented in Table 1.

Besides the definition of the impact of anxiety on panic attacks among the population under martial law, it is important to identify the level of emotional resilience of a person in the context of understanding the possibility of using self-help methods in the long term or the urgent need to seek professional help for targeted psychotherapeutic assistance. At the same time, emotional resilience as a formed personality trait reflects the person's cognitive activity, social adaptability, and



conscious self-regulation.

Table 1 - Results of determining the orientation and level of anxiety of respondents, %

Anxiety level	Personal anxiety			Situational anxiety		
	WPA	SPA	PD	WPA	SPA	PD
Low	25	0	0	3	0	0
Temperate	74	63	6	34	40	19
High	1	37	94	63	60	81

Source: completed by the author.

The obtained results of the research determining the emotional stability of a person using online testing [11] indicate that respondents with a tendency to panic disorder belong to the high emotional excitability of respondents (PD group 89%) and an increase in the indicators of the group with signs of panic attacks (SPA group 75%), which reflects the need for the study participants to master the skills of mental self-regulation. At the same time, an increased level of emotionality is inherent in the respondents of the WPA group (43%), which may lead to the development of certain mental disorders in the future. The results of the face-to-face survey of respondents at the preparatory stage of the study (questionnaires, interviews) correlate with the data obtained. Thus, due to the traumatic events, most respondents (225 respondents) who took part in the experiment indicated negative changes in their emotional state (depression, alienation) and behavioral reactions to familiar situations. The results of the research on emotional stability are presented in Figure 2.

The analysis of the empirical study indicates the destabilization of the individual's regulatory skills in conditions of danger. This affects the social and personal relationships of people, where the need to improve mental health is an urgent issue in today's realities. Diagnosing the susceptibility to panic attacks of people who have experienced severe traumatic events and who have been forced to leave their permanent place of residence has identified disturbances in the stability of the emotional state and an increase in general anxiety. However, the indicators of personal anxiety in 60



respondents (18%) indicate the consolidation of destructive mental neoplasms in the psyche.

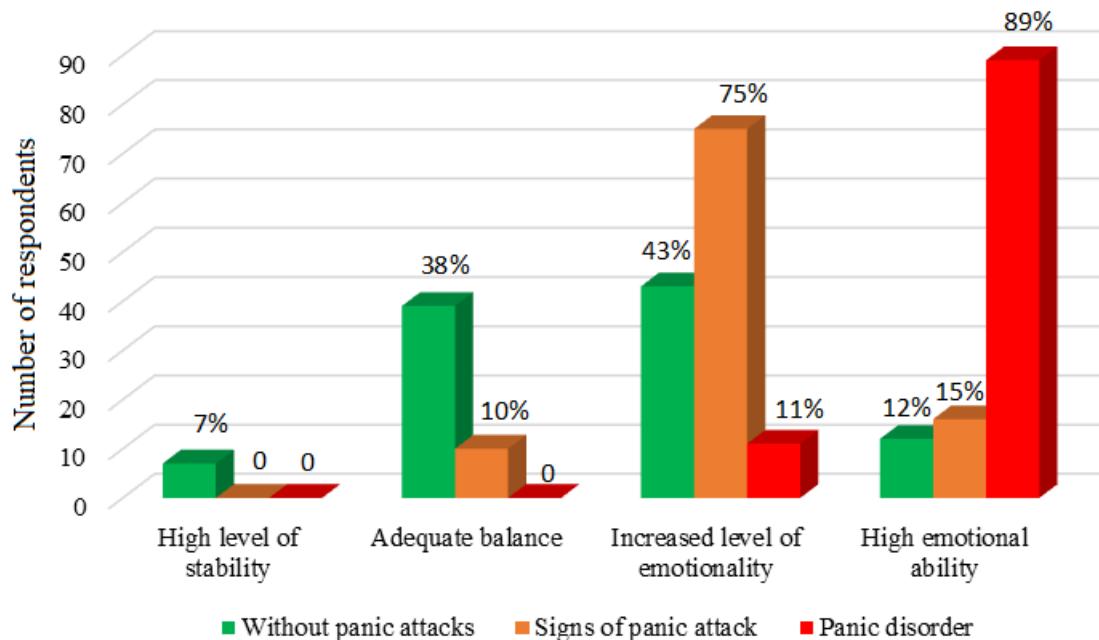


Figure 2 - Analysis of the results of the level of emotional stability of respondents

Source: completed by the author.

Given the results of the Panic attack test [9], an increase in the relevant symptoms was recorded, which are systematic and indicate the likelihood of developing a panic disorder. The experimental stage involved testing the hypothesis, which was fully confirmed throughout the research. The impact of the crisis and traumatic events has become a lever for negative changes in the psyche of people, and as a result, they have systematic panic attacks. The results of the study indicate the need to improve educational activities on the importance of targeted correction of mental disorders, which requires revision of the ways of providing information to the population about self-help methods and psychotherapeutic approaches to mental health recovery.

Discussion

Throughout life, a person is exposed to various factors and events that form their self-regulation skills and contribute to the development of the body's protective functions, as well as the formation of their behavioral reactions. Disorders in mental activity, in particular the development of anxiety and panic states, produce the formation of persistent negative neoplasms in the human psyche. Timely psychological



assistance can improve and restore a person's mental health. However, people do not always seek help from a psychotherapist in the early stages of disorders, which can lead to an exacerbation of the pathological condition and the development of persistent and irreversible consequences for mental health. That is why it is important not only to create comprehensive knowledge among the population about the importance of psychological support for people at risk but also to understand self-help methods in case of sudden feelings of fear or anxiety. This approach is of key importance in the current conditions of society, where under the influence of crisis events and life-threatening situations, people develop psychological and physiological reactions that are often destructive.

The problem of panic attacks as a prerequisite for the formation of anxiety disorders is the subject of many studies. For example, T. Chen and M. Lucock [2], K. Trottier et al. [6], I. Okorn et al. [13], E.P. Terlizzi and M.A. Villarroel [17], B. Bandelow and S. Michaelis [18] characterize panic disorder as persistent anxiety, which is characterized by symptoms of anxiety, fatigue, tension, sleep disturbance, specific phobias, and destabilization of adaptive capacities in society. The authors also point out the comorbidity of panic attacks with other anxiety disorders. At the same time, stressors for panic attacks can be internal criteria (self-perception, self-satisfaction) or external, characterized by specific circumstances and conditions of danger that increase fear and anxiety (physical risks, tense relationships with others, separation from loved ones, etc.) Panic disorder is characterized by sudden and recurrent panic attacks that last from several minutes to an hour. However, there are cases when panic attacks last longer. It should be noted that panic disorder is not caused by single panic attacks based on short-term stress and overwork.

Investigating the issue of anxiety disorders, D.E. Hinton et al. [19] points out that a person's assessment and reaction to a panic attack and unmotivated anxiety accompanied by physical signs (redness, excessive sweating, heart palpitations) will depend on their knowledge of the symptoms and features of a panic attack. The author emphasizes that it is inherent in humans to imagine specific physiological symptoms and, on their basis, to recognize diseases and predict the level of danger to life. At the



same time, fear of a particular disease can exacerbate symptoms due to increased attention to it and general emotional excitability. The analysis of the results of the empirical study (questionnaires, interviews) also indicates that respondents manifest physical symptoms during a panic attack. However, there was low awareness of the peculiarities of the symptoms, where respondents noted a longer duration of the panic attack, and those who experienced a panic attack for the first time after a traumatic experience felt fear due to thoughts of death (shortness of breath, anxiety, inability to control their own body, emotions, and thoughts). After the first attack, some respondents began to study the issue of panic disorder to understand the etiology and the possibility of self-help in case of recurrent panic attacks.

For example, M. Bogic et al. [20], studying the problem of mental health of war refugees, shows that the risk of mental disorders increases significantly among internally displaced person. However, the author also notes that disorders in a person's mental activity can occur not only under the influence of war trauma but also as a result of post-migration factors of a social and economic nature. These results also correlate with the findings of the empirical study, which indicate that all respondents had communication and financial problems related to the loss of their homes and stable jobs. Respondents indicated that it was difficult for them to establish a new life in a new place, but these indicators were recorded only for people over 30 years old.

Studying the relationship between traumatic experience and anxiety disorders, T. Ayazi et al. [21] note that a person experiences distress after a crisis event with signs of emotional and behavioral regulation disorders that go beyond post-traumatic stress disorder and can be manifested by increased anxiety and intense fear. At the same time, the author emphasizes the gender difference in risk factors for the development of a mental disorder and notes that women are more prone to panic attacks. A similar opinion is shared by E.P. Terlizzi and M.A. Villarroel [17] and A. Vahratian et al. [22]. In their study of mental disorders, including depression and panic attacks, the authors note that women are twice as likely to experience anxiety and are more prone to panic attacks. The authors also agree on the impact of age on anxiety that anxiety and panic attacks are acute at the age of 18-29 and decrease over time. The same opinion is shared



by B. Bandelow and S. Michaelis [18] in their study of anxiety disorders noted that the chronic course of panic attacks decreases in intensity with age.

Studying the issue of panic disorders and agoraphobia in adulthood, C.A. Pané-Farré et al. [23] determined that intense panic attacks are interrelated with other mental disorders, and limited symptoms of attacks can be a concomitant pathology of various physical diseases, such as asthma. Moreover, there are several studies [24-27] that point to the genetic heredity of panic attacks, where pathophysiological mechanisms require extensive research, but scientists are hesitant to study this in each case or whether a large-scale assessment of the situation is necessary. However, the researchers note that despite the inaccuracy of the causes, in the context of a person's genetic predisposition to panic attacks, effective methods of mental health recovery should be selected. At the same time, P. Ham et al. [28], studying the methods of treatment of the panic disorder, highlight the medical restoration of mental activity (antidepressants, selective serotonin reuptake inhibitors, benzodiazepines) and psychotherapeutic support, in particular cognitive behavioral therapy. U. Kramer et al. [29] point out the importance of psychological therapy for increasing a person's emotional stability and changes in their behavior and mental attitudes. Investigating the issues of psychotherapy for personality disorders, the author notes the actualization of mental reserves and the transformation of human thinking in the process of psychotherapy sessions. This approach can reduce or eliminate symptoms, including heart palpitations, trembling, shortness of breath, choking, chest discomfort, dizziness, chills or fever, nausea, abdominal pain, fear of loss of control, numbness of the limbs, loss of reality perception, fear of death, and depersonalization.

The empirical study indicates the difficulty of seeking psychological help among respondents for various reasons. Therefore, it was important to identify methods of self-help for panic attacks. An analysis of studies [6; 15; 28-30] allowed the identification of the main areas of self-help for panic attacks, in particular:

1. Restoring breathing, which is the main condition for stabilizing the state of panic. Breathing should be calm and deep, and knowledge of several techniques will allow the selection of the most effective method for each person. Different exercises



can be used, for example, "Breathing in a square", "Breathing on 5", "Breathing 4-7-8", "Belly breathing".

2. Concentration on objects, which allows one to shift the focus of attention to a specific object. These methods include exercises that help focus on 5 things of the same type, color, and shape. The person must name these things out loud. The use of this technique is reflected in the exercises "Objects in the crowd" and "Exercise 5-4-3-2-1".

3. Contact with their own body, which is a key method of reducing symptoms in their physiological manifestation. Such exercises allow you to focus on relaxing your own body through touch, for example, to the nose, rubbing the body, clapping your hands, etc. The exercises "Muscle tension" and "Butterfly hug" can be used.

4. Tactile fixation, which allows one to focus attention on one object, where it is necessary to name the qualities and characteristics of the selected object and feel its structure by touch.

5. Physical grounding, which helps to focus on own actions to reduce panic symptoms. For example, a person needs to walk or crouch or, on the contrary, stand still in one place and lean against an object. Physical grounding exercises are designed to make one aware of own body and how it feels in a moment of panic. Such exercises include "Rubber band on the wrist", "Fixation on the wall", etc.

Among the surveyed respondents, breathing exercises and focusing on objects of the same color were identified as the most common methods of dealing with a panic attack. This indicates that despite the interest of some respondents in the desire to understand self-help techniques for panic attacks, they still lack sufficient knowledge to effectively overcome the symptoms of a panic attack at the time of its onset. In addition to eliminating symptoms, preventive methods should also be used, such as quitting or reducing coffee consumption, leading a healthy lifestyle (quitting smoking, alcohol, etc.), using notebooks to record emotions, engaging in art therapy, and using audio applications to reduce anxiety by focusing on music, books, etc. [7; 30]. The conducted experimental study of the problem of panic attacks and emotional regulation of personality in conditions of danger reflects the psychological maladjustment of



respondents, which arose because of severe anxiety, and fear for their own lives, and which became a lever for reducing the social functions of a person and his or her distrust of others. The results of the empirical study also correlate with the findings of A.L. Pedrosa et al. [1], A. Hoff et al. [5], B.N. Johnson et al. [15], A. Hoffart et al. [31] on the issue of disruption of psychological and social adaptation of a person under the influence of crisis events and the development of pathological abnormalities in the human psyche, including panic disorders, where psychological support of the individual during the period of traumatic and post-traumatic experience is important.

International practice shows that educational missions allow people to consider seeking psychological help as a necessary condition for restoring and maintaining their mental health. Particular attention should be devoted to educating the public about the possible risks and consequences of inaction in the treatment of mental disorders, including panic and anxiety syndromes. Social and civic organizations need to change their approaches to communicating the importance of psychotherapeutic care to overcome barriers among the population to work with a psychologist, in particular using social media and television broadcasting. Transformation and improvement of these conditions will ensure timely access to psychological workers, which will allow a person to return to normal social life and thus become an effective link in shaping the country's economic potential.

Conclusions

Crisis events in a life of a modern person actualize the issue of supporting the mental health of the population. Before seeking psychological help, it is important to understand what actions during sudden panic attacks should be taken. Recognition and self-help during a panic attack caused by an emotional imbalance or external stimulus require the use of effective methods of restoring balance, which allows one to engage the physical and psychological sensations of own actions and fixate attention on them. Timely psychotherapeutic treatment allows you to avoid the formation of persistent negative cognition that precedes the development of panic and anxiety disorders. Competent help from a psychologist will allow one to assess the severity of panic attacks, identify the factors of their occurrence, and help overcome distress and



psychological maladjustment. The conducted research indicates an increase in panic attacks in the population due to traumatic experiences, which requires targeted intervention to restore people's mental health. The actualization of this issue and the recognition of the need to ensure health care at the state level as a tool for the formation of a mentally healthy nation is controversial given the slow implementation of the tasks in the context of information and education. At the same time, the greatest difficulty is in providing comprehensive information to the population. This issue is especially acute given the crisis in the country and the growing number of people with symptoms of panic attacks and related personality disorders.

The suggested hypothesis at the beginning of the study was fully confirmed during the experiment. It should be noted that the impact of traumatic experience on the cognitive processes of the psyche is accompanied by a disturbance in the mental activity of the individual and is manifested by panic attacks and unmotivated anxiety. The impact of external circumstances, such as moving, loss of stable financial income, and control over one's life, can cause the development of the panic disorder and increase the frequency of panic attacks. A promising area for further research is the analysis of psychocorrectional programs for the restoration of the mental health of people at risk. The findings of the study are significant for social and public organizations, as well as for educators and practical psychologists who can influence the development of mechanisms for regulating the psychoemotional state of the individual and contribute to their constructive formation.

References

1. Pedrosa, A.L, Bitencourt, L., Fróes, A.C.F., Cazumbá, M.L.B., Campos, R.G.B., de Brito, S.B.C.S., Simões e Silva, A.C. 2020. Emotional, behavioral, and psychological impact of the COVID-19 Pandemic. *Frontiers in Psychology*, 11, article number: 566212. <https://doi.org/10.3389/fpsyg.2020.566212>.
2. Chen, T., Lucock, M. 2022. The mental health of university students during the COVID-19 pandemic: An online survey in the UK. *PLoS oNE*, 17(1), article number: e0262562. <https://doi.org/10.1371/journal.pone.0262562>.



3. Georgieva, I., Lepping, P., Bozhev, V., Lickiewicz, J., Pekara, J., Wikman, S., Loseviča, M., Raveesh, B.N., Mihai, A., Lantta, T. 2021. Prevalence, new incidence, course, and risk factors of PTSD, depression, anxiety, and panic disorder during the COVID-19 Pandemic in 11 countries. *Healthcare*, 9(6), article number: 664. <https://doi.org/10.3390/healthcare9060664>.

4. Espeso, C.S.-R. 2022. From safe places to therapeutic landscapes: The role of the home in panic disorder recovery. *Wellbeing, Space and Society*, 3, article number: 100108. <https://doi.org/10.1016/j.wss.2022.100108>.

5. Hoff, A., Poulsen, R.M., Fisker, J., Hjorthøj, C., Rosenberg, N., Nordentoft, M., Bojesen, A.B., Eplov, L.F. 2022. Integrating vocational rehabilitation and mental healthcare to improve the return-to-work process for people on sick leave with depression or anxiety: results from a three-arm, parallel randomised trial. *Occupational and Environmental Medicine*, 79, 134-142. <https://doi.org/10.1136/oemed-2021-107894>.

6. Trottier, K., Monson, C.M., Kaysen, D., Wagner, A.C., Pun, C., Abbey, S.E. 2021. Development of RESTORE: an online intervention to improve mental health symptoms associated with COVID-19-related traumatic and extreme stressors. *European Journal of Psychotraumatology*, 12(1), article number: 1984049. <https://doi.org/10.1080/20008198.2021.1984049>.

7. Kalka, N., Kovalchuk, Z. 2020. *Workshop on art therapy*. Lviv: LvDUVS.

8. Caritas Kyiv. 2022. <https://caritas.kyiv.ua/merezha-bf-caritas/>.

9. Trofimova, I. 2022. *Panic attack test*. <https://wikigrowth.com/tests/test-panicheskie-ataki/>.

10. State-Trait Anxiety Inventory. 2022. <https://mozok.ua/depressiya/testy/item/2703-shkala-trivogi-splbergera-STAI>.

11. Tarasov, Ye.O. 2021. *Level of emotional stability*. <https://goo.su/NFiRt>.

12. Rosebrock, L., Černis, E., Lambe, S., Waite, F., Rek, S., Petit, A., Ehlers, A., Clark, D.M., Freeman, D. 2021. Catastrophic cognitions about coronavirus: the Oxford psychological investigation of coronavirus questionnaire [TOPIC-Q]. *Psychological Medicine*, 2021, 1-10. <https://doi.org/10.1017/s0033291721000283>.





of anxiety or depressive disorder and use of mental health care among adults during the COVID-19 pandemic – United States, August 2020–February 2021. *Morbidity and Mortality Weekly Report*, 70, 490–494. <https://doi.org/10.15585/mmwr.mm7013e2>.

23. Pané-Farré, C.A., Fenske, K., Stender, J.P., Meyer, C., John, U., Rumpf, H.-J., Hapke, U., Hamm, A.O. 2013. Sub-threshold panic attacks and agoraphobic avoidance increase comorbidity of mental disorders: Results from an adult general population sample. *Journal of Anxiety Disorders*, 27(5), 485–493. <https://doi.org/10.1016/j.janxdis.2013.06.008>.

24. Ohi, K., Otowa, T., Shimada, M., Sugiyama, S., Muto, Y., Tanahashi, S., Kaiya, H., Nishimura, F., Saaki, T., Tanii, H., Shioiri, T. 2021. Shared transethnic genetic basis of panic disorder and psychiatric and related intermediate phenotypes. *European Neuropsychopharmacology*, 42, 87–96. <https://doi.org/10.1016/j.euroneuro.2020.11.003>.

25. Forstner, A.J., Awasthi, S., Wolf, C. 2021. Genome-wide association study of panic disorder reveals genetic overlap with neuroticism and depression. *Molecular Psychiatry*, 26, 4179–4190. <https://doi.org/10.1038/s41380-019-0590-2>.

26. Ask, H., Cheesman, R., Jami, E.S., Levey, D.F., Purves, K.L., Weber, H. 2021. Genetic contributions to anxiety disorders: where we are and where we are heading. *Psychological Medicine*, 51(13), 2231–2246. <https://doi.org/10.1017/S0033291720005486>.

27. Roy-Byrne, P.P., Craske, M.G., Stein, M.B. 2006. Panic disorder. *Seminar*, 368, 1023–1032. [https://doi.org/10.1016/S0140-6736\(06\)69418-X](https://doi.org/10.1016/S0140-6736(06)69418-X).

28. Ham, P., Waters, D.B., Oliver, M.N. 2005. Treatment of panic disorder. *American Family Physician*, 17(4), 733–739.

29. Kramer, U., Eubanks, C.F., Bertsch, K., Herpertz, S.C., McMain, S., Mehlum, L., Renneberg, B., Zimmermann, J. 2022. Future challenges in psychotherapy research for personality disorders. *Current Psychiatry Reports*, 24, 613–622. <https://doi.org/10.1007/s11920-022-01379-4>.

30. Ponedilok, N. 2022. *Emergency self-help for panic attacks*. <https://ukrainer.net/panika/>.



31. Hoffart, A., Bauer, D.J., Johnson, S.U., Ebrahimi, O.V. 2022. Anxiety in the adult population from the onset to termination of social distancing protocols during the COVID-19: A 20-month longitudinal study. *Scientific Reports*, 12, article number: 17846. <https://doi.org/10.1038/s41598-022-22686-z>.