# Clinical Case Summary

Age and Gender  
• Female, 39 years old

Summary of Identified Issues  
• Panic disorder with obsessive component, particularly centered on fear of death, illness, and loss of bodily control.  
• Postpartum anxiety disorder not identified at the time, which evolved into a form of maternal impulse phobia (fear that something will happen to the children, fear of being unable to protect them).  
• Bodily hypervigilance, somatization (abdominal pain), traumatic anchoring around hospitalization.  
• Traumatic memories related to domestic violence, violent deaths (a woman killed in front of her), and episodes of medical helplessness (poorly treated fever in a child).  
• Maternal loneliness, experience of mental overload, lack of support during the early years.  
• Transgenerational transmission of maternal anxiety (maternal overcontrol model).  
• Internal conflict between the desire for security for her children and the inability to let go, generating emotional overflow.

Dominant Emotions  
• Fear (of death, illness, abandonment)  
• Anticipatory anxiety  
• Powerlessness  
• Guilt  
• Sadness  
• Internalized anger  
• Protective hyper-emotionality

Identified Limiting Beliefs  
• “I must control everything to prevent bad things from happening.”  
• “I’m alone in protecting my children.”  
• “If I relax, something terrible will happen.”  
• “I’m vulnerable in a dangerous world.”

Main Triggers  
• Hospitalization abroad (Turkey)  
• Unexpected bodily pain  
• Separation from children  
• Poorly integrated postpartum experience  
• Violent memories (shooting, Africa, abusive ex-partner)

Proposed Solutions  
  
Immediate Solutions  
• Body scan exercise (5 minutes) and 4-7-8 breathing technique to deactivate somatic alert.  
• Safety anchoring technique: visualization of smiling, safe children to deactivate obsessive thoughts.  
• Emotional emergency card: calming phrases + acupressure points (9C point “source of peace”).

Intermediate Solutions  
• Therapeutic writing: letters to oneself from the point of view of a serene mother to recondition the maternal image.  
• Journal of catastrophic anticipations with after-the-fact verification.  
• Gradual desensitization of traumatic bodily memories (gentle methods like EFT or light EMDR with alternating stimulation).

Long-Term Solutions  
• Schema therapy focused on extreme vigilance / self-sacrifice schema.  
• Hypnosis to deactivate fear of death and post-traumatic bodily anchoring.  
• Emotional separation work with children (permission to live without fusion).

Adapted Hypnosis/Meditation Session  
Title: “Reprogramming Inner Safety: From Hypervigilance to Maternal Letting Go”  
Objectives:  
• Defuse fear anchors around hospitalization and bodily pain.  
• Reconcile the mother and inner woman (reduce overcontrol).  
• Install a sense of grounding, trust in life, and a stable image of the children’s safety even in her absence.  
• Reactivate resourceful memories (gentle care, recovery).  
Duration: 20–25 minutes  
Style: kinesthetic with soft visualization, soothing female voice, warm and enveloping soundscape (music or guided silence).

Follow-up and Indicators of Progress  
• Intensity scale of anxious anticipations (0–10) before and after exposure or separation.  
• Self-evaluation of crisis frequency (number per week).  
• Level of bodily relaxation (daily check-in 3 times/day on a tension scale).  
• Progress in separation capacity (letting the children go, or traveling herself without anxiety spike).

Final Motivational Phrase  
“You don’t have to control everything to love. Your love is already a powerful protection. Learn to lean on that trust: your children don’t need you to be perfect, but present… and at peace.”