The patients with implanted cardioverter-defibrillator (ICD) who underwent the multiple device interventions or so called 'electric storm' need special attention. Key point in everyday functioning of the patient with ICD play information concerning the mechanism and performance of the ICD given by the doctor and psychologist as well as information about physical activity given by physiotherapist. The role of a psychologist is crucial also after the intervention of ICD. Rehabilitation process begins before the implementation of ICD and lasts during the whole hospitalization. Further rehabilitation under supervision of a physiotherapist after discharge is desirable, as well. The aim of this presentation is to point out a problem and introduce the analysis of illness and treatment history of the patient with recurrent ICD discharges in the aspect of psychological intervention made in parallel to the standard medical treatment. We present a 66 year-old patient, married, having 3 adult children with the history of heart failure (NYHA III), stable angina pectoris (CCSII), hypertension, hypercholesterolemia and psoriasis. A few years ago ICD implementation took place. Subsequently several phantom discharges occurred which were described by the patient as unpleasant and suffocating painless feeling. However, one adequate ICD discharge occurred, characterized by the patient as painful with a feeling of 'thunder in his head' and 'fire in his chest'. At the presentation to our Department, the patient was emotionally tensed with the feeling of fear and anticipatory anxiety before another ICD discharges. Psychological interview, conversation and examination with the use of STAI Questionnaire (by Spielberger, Strelau, Tysarczyk, Wrześniewski) in the 1st and 4th day of hospitalization showed significant changes in the anxiety level depending on the time interval from ICD intervention. In the Intensive Care Unit, the feeling of the patient's anxiety as a state reached 10th sten, when the level of anxiety as a feature achieved 6th sten. The patient reported the feeling of nervousness, problems with sleeping, vigilance at night hours connected with the fear of another discharges, despite the ICD being turned off. After discharging from ICU, the patient was treated on General Cardiac Department where, in the 4th day of hospital stay, the level of anxiety as a state decreased to 5th sten. During hospitalization the patient took part in the physiotherapy process every day. Before discharge he made 6-minute walk test (distance of 480 m), his blood pressure level and pulse were correct. The patient was recommended to continue exercises and cykloergometer riding after discharge. He was also directed to rehabilitation hospital for further physiotherapy. Conclusions: In the cases of ICD discharges psychological and physiotherapeutic help, in parallel to the standard medical interventions, seems to be necessary. Future research could be aimed at the verification of the correlation between psychological evaluation of the patient's functioning and biochemical tests: determination of the levels of steroids and catecholamines in the blood and urine.