

PROJECT DEMONSTRATING EXCELLENCE

DISCOVERING MEANING IN PANIC:

A PROCESS-ORIENTED APPROACH TO PANIC ATTACKS



Popular saying by Pedro Hernandez

BY
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ABSTRACT

This dissertation provides an elucidation of a process-oriented approach to panic attacks. The multiple case study is framed within the interpretive framework of the constructivist paradigm and heuristic research, and set in the context of the emergent standards of care for panic disorder: cognitive behavioral therapy; pharmacological treatment; a combination of both. Included is a review of other psychotherapeutic approaches to treating panic disorder. The approach was abstracted from case studies of the work of Dr. Arnold Mindell (founder of Process-oriented Psychology, also called Process Work) done with me, the researcher, and five other people who have experienced unexpected panic attacks. Transcribed video recordings were analyzed by within-case, deductive, inductive and cross-case methods.

The process-oriented approach is delineated in nine steps (phases of the work) that describe broad directions and methods composing the therapeutic interaction observed across the six cases. These steps detail an approach emphasizing the role of awareness, and addressing the multidimensionality of individual experience by investigating biomedical and contextual, as well as dreamlike aspects (i.e., a person's subjective experience of the neurobiological and cognitive features) of a panic attack.

A central hypothesis, brought to the foreground by the explication of the approach and its illustration in the case studies, is that embedded within the experience of a panic attack is a needed direction for a person's life (aspects of a

person's nature marginalized by the person's identity), which can be revealed by the unfolding of the dreamlike aspects of a panic attack. My personal experience is presented as anecdotal data supporting additional investigation of this hypothesis.

This study describes my understanding of an area of practice in Process-oriented Psychology that has not previously been defined in writing. The elucidation of this approach creates the ground for future research on the application of process thinking to working with panic attacks.

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PREFACE

I begin this thesis by taking the reader on a short journey through some personal experiences and inner processes that are simultaneously the ground from which this writing arose and a reflection, in part, of its content. This personal dimension is intricately connected to the theoretical one that follows. I chose to begin with the personal dimension because it is my nature to do so, but also because in my experience, theoretical concepts become easier to grasp when introduced experientially.

My first experience of a panic attack shook the ground I was standing on... The illusion of “knowing myself” was ripped away... A sudden, all engulfing, “out of the blue” – for my everyday mind – unexplainable sense of terror overtook me with such force that it felt like something slammed into me, instantaneously inundating my existence... There was only terror... and the shattering of the world as I knew it... *What’s happening? Why am I so afraid? Nothing’s happening on the outside... This must be what people experience when they’re going crazy...I must be going crazy...* I was afraid that I had lost my sanity for ever... The terror of experiencing something I had never experienced before added to the sense of terror that the experience itself entailed.

The next panic attacks were easier in that sense; at least I “knew” what they were. A tiny part of my everyday mind could hold on to the knowledge that what I was experiencing was a “panic attack” and that all this would peak and soon be

over. There is a huge sense of relief in “knowing” what something is, at least on some level; in something being a recognizable experience, one that other people have had, that humanity knows about! You’re not alone falling off a cliff into the unknown. Others have fallen off that cliff before you! The unknown becomes a little less unknown because others have experienced it, and that makes the experience a little more tolerable.

Yet this sense of reassurance and slight safety that came with knowing that what I was experiencing was a “panic attack” only took me so far. The experience was so intense it was barely tolerable. It disrupted the flow of my life and took a toll on me both physically and emotionally. My experience of being at the mercy of an unknown, uncontrollable, overpowering, threatening force left me with a sense of living in a dangerous, unfriendly universe over which I had no control.

I still remember the thrill and excitement that I felt the first time I recognized for a split second this terrifying, unknown force that had overtaken me as an aspect of myself, and the instantaneous relief of the tightness in my chest that accompanied that recognition! Life had suddenly become a mystery of which I was a part, well worth living! This occurred on the morning that I was going to fly out to Cincinnati to attend the entry colloquium for my Ph.D. program. My focus on panic attacks as scholarship had not yet crystallized. In my mind, I was off to start a doctoral program that was going to focus on Process Work’s approach to extreme states of consciousness – states of consciousness that are referred to

by the biomedical paradigm as mental disorders. As the following journal excerpt reveals, the days running up to the entry colloquium had been intense, filled with inner doubts about my intellectual abilities...

October 15, 2000

In four days, I'm heading off to the entry colloquium to start my Ph.D. program and I'm freaking out about it... just like I freaked out when I enrolled in the Process Work program... something in me still thinks I can't think... Damn it! I'm such a deep thinker! I LOVE to think, to study, to ponder, to investigate... process fascinates me... I want to study it deeper and deeper till I understand it in my bones... I can't believe that something in me still believes that I'm incapable of thinking! Getting a Ph.D. is intimately connected, for me, with the dynamics of sexism, both internalized sexism – satisfying an inner need to apply my intellect, experience that part of myself, which *I, myself* still marginalize by doubting its existence – and sexism out in the world – acquiring the credentials that will help me as a woman be more respected and heard as I take a stand for the things that I believe in.

The morning that I was going to fly to Cincinnati to matriculate into the doctoral program, I woke up with a panic attack. Up until that day I had never attempted to work on my experience of the panic attack while it was occurring. Perhaps it had all still been too new and terrifying until that fifth, I think, panic attack. That morning I somehow remembered my inner work skills and began to unfold my experience. The following is a journal excerpt from that day:

October 19, 2000 on board to Cincinnati

I woke up this morning with a panic attack... that feeling of tightness in my chest and that ominous sense of fear... Tried my hardest to not let it happen, to calm myself down – this was the last thing I needed...I had to catch a plane in two hours, go start my Ph.D., and then fly to Greece to work with people and teach. How was I going to function in the world in a state of terror? The more I tried to stop it the more intense it became, till I had to give in and accept that it was here, and there was nothing I could do to stop it. That actually helped! Why is it always so hard to open up to the disturbance? We put up such a fight to protect who we think we are that we force whatever is trying to come into our lives to come in with a vengeance. *“I’ll kill you if I have to but I’m coming in.”*

Accepting that it had won for the moment created a little tiny space, an opening that allowed for a different kind of feeling to come in, a curiosity, an interest in what was happening to me. I remembered my Process Work skills and used my awareness to focus on my body experience and try to help it unfold. The most intense experience in the moment was the uncontrollable trembling that I felt in my legs so I stood up and allowed my body to shake. The more permission I gave myself to shake, the more intense the shaking became. As I allowed my entire body to shake vigorously, including my head, amplifying the energy that was going through my legs, I suddenly felt the form of my face begin to melt away, and had a split-second sense of something beyond my human form. *“I KNOW that in me!”* I thought, and with that split-second recognition I instantly felt this huge sense of relief in my chest! *“I’m on the right track!”* I thought to myself feeling the tightness disappear. That sense of being “on track,” of having tapped into a stream of experience that was flowing, was so thrilling! I had never before been able to follow my body in this state to an extent that it relieved the state momentarily! This relieving of the physical sensations indicated to me that I had tapped into the

process underlying these sensations and was in the flow. That split second during which the disappearance of the physical sensations occurred in tandem with the sense of recognition of the force that had overtaken me as an aspect of myself, was so intense! All the cells of my body were alive! I was part of the mystery of it all...

I stopped there. I didn't unfold my experience of what I am inadequately describing as "something beyond my human form," but I got a glimpse of this energy as it began to surface through the unfolding of my somatic experience of the panic attack. That split-second experience contained so much... The physical sensation of my face dissolving... a recognition of a fierce intensity... a dimension of existence beyond my physical form... What manifests in my everyday life as a panic attack is somehow connected to this fierce intensity in me, and my tendency and yearning to experience myself and the universe not only in their physical dimension but in a dimension that goes beyond the bounds of space and time as well. Both are so marginalized in the world I live in, so marginalized in me... Still, this tiny bit of opening was a beginning!

Suddenly things are making sense to me; I understand why the panic attack came this morning. Something about my panic attacks is intimately connected to my Ph.D.... It's not only space in the world that I'm trying to create for what extreme states of consciousness are attempting to bring but space in *me* as well! I remember realizing this when I finished my application for the program but my experience today has brought me to a different kind of knowing, deep down in my bones. I'm emotionally exhausted from the experience of terror, yet also touched by the meaning that is beginning to be revealed through its unfolding, of the journey that I am embarking on... What spirit has been hovering over me, protecting me, bringing me here? What luck to be part of a learning community that is interested in exploring human experience; to have

developed skills that enable me to work with my experiences and gain access to another point of view; to be starting a Ph.D. related to these states instead of being immobilized by them, feeling crazy, downing myself. What a privilege... What a blessing... This needs to be shared...

The convener of our entry colloquium asked us to write what came up for us when we thought of our Ph.D. and how that was connected to our life's work. When I relaxed my mind the following poem emerged:

What keeps me going?

A little tiny drop of essence at the core of me
that's connected with the universe
that *is* the universe
that goes beyond my human form
that's *me*...

No matter what happens to me
how low or how freaked out I get
it's there
holding me in the background
loving me
guiding me
a songline taking me on my journey
a sense of well being deep down inside

I've come here to open up to this
let go of all that blinds me to it
believe in it
follow it

give me the credentials I need to stand in the world
be respected
heard
find the spirit in "insanity" and midwife it
make space for it
in me
and in the world
opening us up to the gifts it brings to us

The path was long and winding! Throughout the journey, my doctoral program was coming together more slowly than I expected. Again and again, I had to open up to the rhythm that was emerging rather than the one that I was trying to impose. This meant opening up to the “slowness;” trusting the long periods of incubation when nothing was emerging rather than turning against myself and seeing them as proof of my intellectual incapacity. It meant trusting the periods of chaos; noticing my fear of the altered state of consciousness of a rush of ideas pulling me in more directions than what I thought my brain capable to simultaneously hold, and opening up to that. It involved following my impulse to begin writing my thesis from the middle and then tolerating the anxiety of a non-linear process which moved around from chapter to chapter, sometimes leaving me in a state of chaos, realizing that another chapter needed to be written first before that one could take form. In other words, opening up to the rhythm emerging from within involved noticing what was happening, believing in the wisdom of its direction and joining that direction intentionally. This is a central thread that connects all the experiences and ideas throughout this document.

The following is a journal excerpt describing a beginning realization of the above:

March 10, 2001

Though this Ph.D. program will include extended outer research, diving into outer resources such as literature, courses, seminars and knowledge of experts in the field, it is based on an internal search, the unfolding of an inner process that has to do with a different way of being in the world; a way of being that has to do with coming from the inside out. This is a journey into non-ordinary states of consciousness and all they signify for our concept of reality; a journey that has its own path, its own structure and methodology, one that will emerge from the inside out. Taking this journey requires total trust in this emergence from within, in going into and staying with the formless till it gives birth to form. The methodology of this journey mirrors its goal: opening up to, making space for and living this non-linear emergence, going between the worlds, diving within to come out, staying with the unknown, letting *it* reveal itself. That is the task at hand that requires of me nothing less than dropping my personal history and shape-shifting into my shamanic nature.

In the above journal excerpt, I use the phrase “dropping my personal history” to describe the process of letting go of personal, familial, cultural and societal beliefs that define who I think I am, and what I think I can and cannot do. I use the phrase “shape-shifting into my shamanic nature” to describe the process of allowing myself to shift fluidly between the various dimensions of my experience. That is, to relax my everyday mind and notice and unfold vague body sensations, impulses, flash-like sensations and/or images, disturbances, things that happen to me or that I find myself doing, in order to uncover the energy within that is arising in my life; sense this energy, become it, and let it move me, recreate my life.

When I realized that “extreme states of consciousness” was too wide a focus, I went back to what was motivating me. The personal significance of the journey of my doctoral studies, which had been circling at the edge of my awareness since the initial formulation of my research design, came to center: I wanted to make space in the world, and in myself, for extreme states of consciousness and the gifts they potentially carry, and raise awareness of the interconnection of the outer and the inner realms.

How much space I can make in myself for certain experiences is intimately connected to how much space there is in the world for those experiences, and vice versa. If the culture I live in views certain states of consciousness solely as abnormal or pathological, focusing only on the disruption they bring in one’s life, I will find it harder to open up to the idea of them carrying potential meaning. Each time I open up to exploring the potential meaning of an experience, I relax the grasp that internalized viewpoint has on me, and through this, on everyone else in the culture, making it a little bit easier for other people to open up to potential meaning of their experiences. Each of us changes our culture through changing ourselves and vice versa. The political is personal; the personal is political. In this sense, the personal significance of my doctoral studies was entangled with their social meaning, and this, in itself, reflected the interconnection between the inner and outer realms I aspired to bring to the foreground.

My experiences of panic attacks were my personal point of contact with the theme of extreme states of consciousness. In light of the above, panic attacks seemed the logical choice for tighter focus. This focus brought to the foreground another reflection of the interconnection of the outer and inner realms as it appeared in the intertwining of my “professional” and a “personal” development. These doctoral studies were both a professional and a personal exploration, in the sense that I was interested in the topic both as a researcher and psychologist and as a person who experienced panic attacks and wanted to find out more about their meaning and significance for my life. Therefore, what this study would bring, in part, was a view of this interconnection of the outer and inner realms, and simultaneously a description of the viewpoint that awareness of this interconnection gave me.

Focusing my doctoral studies on panic attacks brought me face to face with them in a way that hadn’t happened before. At first, just attempting to search for literature on panic attacks was enough to give me a tight sensation in the chest, which for me was associated with the beginning of a panic attack. There being no way around the literature review, I forced myself to stay with what I was doing. That is, I began to notice and acknowledge the discomfort and attempt to stay with what I was reading, bearing it as much as I could. Over time, I was able to read about panic attacks without feeling that I would get one. When I read about the cognitive-behavioral approach to panic attacks, I realized that I had spontaneously discovered and used aspects of this approach! The process that I

am describing above, for example, can be seen as a form of desensitization to physical stimuli (the sensation of tightness in the chest).

I immersed myself in reading, studying the various hypotheses on the psychological and physiological origins of panic and the approaches developed to deal with it. Understanding the hypothesized neurobiology of panic – the cycling that can occur between physical stimuli, cognition and the arousal of the autonomic nervous system, which can bring on and/or intensify a panic attack – made the experience a little more comprehensible to my everyday mind, lessening to a small extent my fear of it. It also emboldened my attempts to try to stop it! I began to experiment with using my thought processes to stop an experience from becoming a full blown panic attack. I remember my surprise and relief when, lying in bed one day, feeling the onset of a panic attack, I succeeded in stopping it with the thought, *“This doesn’t have to become a full blown panic attack!”* I was thrilled to have been able to stop it! A few minutes later, however, panic hit me full force just as I was falling asleep (and the pre-frontal cortex no longer controlled things)! In a strange way, something in me was also relieved when the panic attack occurred: I was relieved to both have and not have control over the experience. A part of me needed that sense of control, while another part needed something of what the panic brought... During that panic attack I noticed that though I was panicking, I was more lucid through the experience: a part of me had begun noticing myself panicking, and I was simultaneously the

one panicking, the one noticing me panic, and the one noticing that I was simultaneously experiencing both!

The ability to stop the panic from occurring, even momentarily, gave me a sense of control that I didn't have before and that I needed. This sense of control was connected to the development of my lucidity, in the sense that it relaxed my everyday mind's fear of the uncontrollable nature of the experience, allowing more space for the feeling of curiosity. This feeling of curiosity was fertile ground for the development of a lucid observer. The experience that I describe above gave me a deeper appreciation for the need for different approaches that aim at different goals (for example, cognitive-behavioral therapy or psychopharmaca that aim at educating a person about the biological aspects of panic, and at reducing or eliminating symptoms), for each of these goals can be an important and needed part of the process of unfolding the experience of panic attacks at one point or another.

Another way that I came face to face with my panic attacks, while on this journey, was by using an opportunity that arose to explore my experiences of panic in the context of a class that Dr. Arnold Mindell (the founder of Process Work) taught at the Process Work Center of Portland. I later decided to include this exploration as one of the case studies of this research (case 1) given that this dissertation is centered on my understanding of the application of Process Work to panic

attacks, and that my understanding is intimately connected to and influenced by my personal experience.

Working in the middle of a group of people that one feels supported by is an amazing experience. I felt held, supported and encouraged to step into the unknown and go as far as I could. Working on my panic attacks changed my relationship to them, over time. I still dread the physical sensation of a panic attack. My first impulse still is to try to avoid it! Yet somehow now I experience it as an aspect of myself that carries vital information for my well being. If/when it comes again I am yearning to try to use its energy creatively: Dip my fingers in paint and let them move on a large piece of paper, play the drum or whatever arises in the moment, letting this energy express itself creatively.

My panic attacks have brought me in touch with my intensity, an aspect of my nature that I am coming to accept and love and support more and more. The wailing that arises in me when I am in pain, the roaring laughter when I am happy, losing it and then coming back to my senses, the fire and the water, the stormy ocean and the still sea. I have a dramatic nature! I can be balanced through moving in and out of extremes, not through tempering my intensity.

Even more importantly for me, panic attacks have brought me in touch with my yearning and tendency toward experiencing life as fluid motion, detached from any one particular form. In my work (see case 1) I name this state of being “love”

but the word does not convey in its entirety the sensation... a wave-like motion... a wave endlessly changing shape, forming, surging, joining with other waves, adding to and canceling itself out, disappearing, appearing in a new form... In disrupting my everyday mind's need for and, in a way, addiction to, holding on to one particular form, my panic attacks are attempting to make space in me for experiencing myself living free from any one definition of myself. I understand my everyday mind's need for the stability of form, and appreciate and value what this stability brings to my life, but I am also now more aware of my yearning and tendency to experience life as fluid motion and detachment from one particular form, and I appreciate and value what that brings to my life too. I am experimenting more and more with trying to relax my everyday mind, notice what is happening, believe in the wisdom of its direction and join it, letting it recreate my life anew.

Yet another path of this journey went through the exploration of the creative process; making music on the keyboard, singing, performing and painting. What I refer to as my intensity found a way to express itself! Playing my guitar and singing have always been ways through which a state change occurs in me. Everything I sense and feel has a way to express itself and this leaves me in a state of momentary "emptiness." When a friend lent me her keyboard to experiment with, it sat for almost a month before I switched on the power button. The thought that I don't know how to play was keeping me from even trying until a member of my committee shared with me her experience of jamming and how

she had to actually overcome her music training in order to jam freely. As I sat at the keyboard more and more, I began to witness my fingers dancing on the keys, and listening to actual pieces of music emerging. I was amazed and frightened by the experience. *How could I be making music when I don't know how?* Many times, right when my hands were off on their own discovering the keys, I would stop them, not being able to believe that they could do that. The more I could keep my brain out of this process, the more my hands could find their way around the keyboard. I realized that I hear the music in my head and search for it on the keys. Sometimes, when I was exasperated with writing, I sat at the keyboard and just let myself play and get lost in the sounds. When I got up, my mind was in a different state and writing flowed again.

Exploring music in this way is helping me learn to let go; stop holding on to the world as I know it and let it reveal itself to me in all its mystery. I experienced a similar process with painting and letting go into movement. Thus, the artistic path – music, painting and dance – was and continues to be for me a path that helps me develop my fluidity of letting go of everyday mind and opening up to a source both in me, around me from which things arise, and joining it in its creative surge. My sense is that my panic attacks are an attempt to help me let go and allow myself to be moved. In conventional terms, it's a paradox. The more I am able to let go into the unknown, the less I panic.

The more I immersed myself in the study of panic attacks and exploration of my own experiences of them the more people came to me to work on their experiences of panic. Having explored more in depth my own panic attacks lessened my fear, not only of my own experiences, but of other people's experiences as well. Panic attacks were more familiar territory now. As some of the people that I worked with told me, this sense of familiarity and interest in the experience of panic itself – i.e., the perception of the panic as a carrier of information as well as a disturber of the person's life – created an atmosphere that itself relieved some of the terror and pain that comes from the sense that one is sick or crazy. It has been an honor to journey with other people through these personal explorations. It has also been a gift: seeing the difference that a change in perception can make in someone's life has reinforced my belief that the Process Work paradigm has a lot to offer in this realm.

This belief was also reinforced in the process of collecting the research data for this dissertation by the research participants' feedback on their participation in the research project. The data collection involved videotaping people working on their experiences of panic attacks with Dr. Mindell. The research participants' feedback after their individual sessions revealed that they had experienced their participation as worthwhile and meaningful. This made my research all the more meaningful for me.

The last phase of this journey involved writing this dissertation. Trying to bring all my experiences and thoughts together has been both exasperating and thrilling! There were times when I was overwhelmed by the multitude of directions I could go, and could barely hold all the ideas rushing through my mind. There are at least five more research projects entangled in this one, waiting to unfold. I tried to limit myself to presenting what was absolutely necessary for the reader to understand, get a sense and a feeling of how an awareness facilitator trained in the Process Work paradigm might approach panic attacks. I hope that I have succeeded in presenting the material in such a way that is both comprehensible and alive.

CHAPTER 1: INTRODUCTION TO PROBLEM AND STUDY

Panic attacks are terrifying physical and intrapsychic experiences that disrupt the flow of everyday life. Most people can somewhat relate to the experience of a panic attack for, phenomenologically, it appears to be identical to the experience of fear. Fear is considered by theorists (Izard, 1992; Ekman, 1992) a basic emotion that is present across cultures and across species. It is associated with the instantaneous “flight-or-flight” (Cannon, 1929) response of the organism which entails specific neurobiological and cognitive features. This response is viewed by Cannon as an “alarm reaction” in which the organism is physically and cognitively mobilized for action in order to protect itself from imminent danger. The fight-or-flight response varies in intensity depending on the situation. In Barlow’s¹ (2002) view, growing phenomenological evidence “supports the equivalence of fear and panic” (p. 107), suggesting that a panic attack is the activation of the fight-or-flight response in the absence of imminent danger.

In other words, people experiencing panic attacks report experiencing physiological sensations similar to those of people who suddenly find themselves in imminent danger. Specifically, they might freeze or feel an overwhelming urge to escape, experience shortness of breath or a sensation of suffocation, a racing, pounding or palpitating heart, a feeling of dizziness or faintness, trembling or

¹ David Barlow is among the preeminent theorists in the field of anxiety disorders. I found his book, *Anxiety and Its Disorders*, especially helpful.

shaking, sweating, hot flashes or chills, nausea, numbness or tingling sensations in parts of the body, a sense that the surrounding environment or their own bodies are not real, a fear of dying or losing control. The difference is that in the case of a panic attack there is no known imminent danger facing the person who experiences the attack.

Panic attacks usually have an abrupt onset and peak within ten minutes. They may be associated with situational cues, such as driving over a bridge or flying, or occur spontaneously, seemingly out of nowhere. They are features of various anxiety disorders, as these are defined in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1994), including panic disorder, social phobia, specific phobia, posttraumatic stress disorder, obsessive-compulsive disorder and separation anxiety disorder. Panic attacks can also occur due to the direct physiological effects of a substance or a general medical condition.

Panic Disorder and Agoraphobia

Spontaneous panic attacks can be followed by severe "anticipatory anxiety" – a persistent concern about future attacks, worry about their implications or changes in the sufferer's behavior, such as not leaving home – which can be as debilitating as the panic attack itself and can become so intense that they bring on a panic attack. Such a cycle is called "panic disorder" in the biomedical paradigm (American Psychiatric Association, 1994) provided that the panic attacks are not due to substance abuse or a general medical condition and are

not better accounted for by another mental disorder. About one third of the people who experience panic attacks develop "agoraphobia" – "anxiety about being in a place or situation where escape is difficult or embarrassing or help unavailable in case of an attack" (Harvard Mental Health Letter, 2001, ¶ 2 What is Panic Disorder).

Epidemiology & Human Costs

Data from the Epidemiological Catchment Area study (ECA), sponsored by the National Institute of Mental Health and conducted in 1990, revealed that at any given time in the United States approximately 6% of adult males and 13% of adult females suffer from an anxiety disorder (Reiger, Narrow, & Rae, 1990). The most recent estimates to date of the prevalence of anxiety disorders indicate that they comprise "the single largest mental health problem" (Barlow, 2002, p. 22) in the United States. In addition, data indicates that "anxiety disorders tend to be chronic and to remain present in somewhat less severe form even if successfully treated (Noyes, Clancy, Hoenk & Slymen, 1980; Yonkers, Warshaw, Massion & Keller, 1996; Roy-Byrne & Cowley, 1995)" (p. 19).

Panic disorder in the clinical population.

A study of mental disorders in primary care settings sponsored by the World Health Organization (WHO) reported a 10% rate for panic disorder with and without agoraphobia and GAD (generalized anxiety disorder) in primary care settings around the world (Sartorius, Ustun, Lecrubier, & Wittchen, 1996).

Studies in the United States report a lifetime prevalence rate of panic disorder of

approximately 2% for men, 5% for women (Kessler et al., 1994). The higher prevalence rate of panic disorder for women is consistently recorded in primary health care settings around the world (Gater et al., 1998). This gender discrepancy has been attributed by some researchers to cultural norms that make it more acceptable for woman to report fear and exhibit avoidance behavior than it is for men (Fodor, 1992; Pierce & Kirpatrick, 1992; Ginsberg & Silverman, 2000).

Hirschfeld's (1996) analysis of data from the Harvard-Brown Anxiety Disorder Research Program (Keller et al., 1994) – a naturalistic and longitudinal study charting the course and outcome of anxiety disorders – showed that only 17% of patients with panic disorder with agoraphobia, and 37% of patients with panic disorder, had attained remission in the 1-year follow up. In addition, relapse was common among those who had attained remission. As Barlow (2002) reports, analysis of data on chronicity and relapse from the same study, communicated to him by Keller in July 2000, showed that the cumulative probability of symptom recurrence for panic disorder was .65 for women and .39 for men, and for panic disorder with agoraphobia was .75 for women and .47 for men. In summary, though the prevalence rate of panic disorder with or without agoraphobia is relatively low (i.e., the disorder is not very common) the chronicity and relapse rates are very high and remission rates very low.

The following complications add to the difficulties presented by the chronicity, high relapse and low remission rates. Two-thirds of people diagnosed with panic disorder present with comorbid disorders that include other anxiety disorders, mood disorders, personality disorders, and/or substance use disorders (Harvard Mental Health Letter, 2001, ¶ 1 Related Disorders). Studies (Barlow, 2002) have shown substantially elevated risks of suicide for patients with panic disorder who present with comorbid depressive disorders, borderline personality disorder and/or substance use disorders. Panic disorder is also associated with substance abuse and dependence, particularly alcohol and cocaine. One study (Otto, Pollack, Sachs, O'Neil, & Rosenbaum, 1992) shows that 24% of 100 patients with panic disorder had a history of alcohol dependency. As Barlow (2002) points out, studies show that there is no consistent pattern concerning the onset of alcoholism relative to major depression, dysthymia, or panic disorder – mental disorders which often co-occur. Panic disorder can occur "either as a consequence of alcoholism, or subsequent to attempts to self-medicate panic and anxiety" (p. 15). Other studies (Bystritsky, Ackerman, & Pasnau, 1991; Louie et al., 1996) strongly associate panic disorder to the use of cocaine. Apparently the disorder occurs as a result of both long term use of cocaine and abrupt cessation of its use. Lastly, panic disorder is associated with a higher- than-expected mortality rate due to cardiovascular disease, especially among men (Coryell, Noyes, & Clancy, 1982; Kawachi et al., 1994).

Panic attacks in the general population.

Panic attacks are a relatively frequent phenomenon in the general population. The occurrence of occasional panic attacks is also referred to by authors as "subclinical episodes of panic" or "nonclinical panic." A study conducted by Norton, Harrison, Hauch, and Rhodes (1985) and replicated by Norton, Dorward and Cox (1986) showed that 34.4% of 186 and 35.9% of 256 (respectively), presumably normal young adults had had one or more panic attacks in the past year. The high prevalence of occasional panic attacks has been subsequently confirmed by other studies (Rappe, Ancis, & Barlow, 1988; Salge, Beck, & Logan, 1988; Wittchen & Essau, 1991)

Human costs.

Studies on the costs of mental health care in the United States (Rice & Miller, 1993) have shown that anxiety disorders account for approximately 31% of total costs of mental health care. In addition to the costs to the health care system in terms of money, anxiety disorders result in huge costs to individuals in terms of loss of quality of life and loss of income due to their frequently incapacitating nature. Greenberg et al. (1999), who conducted the most thorough study to date on the economic burdens of anxiety disorders in the United States reported the annual costs of anxiety disorders in the United States, in 1990 to be approximately \$42.3 billion. A detailed breakdown of these costs showed that 54% of the costs were associated with direct nonpsychiatric medical treatment (i.e., utilization of primary health care services), 31% with direct psychiatric

treatment, 2% with pharmaceutical costs, 10% with workplace costs (i.e., indirect costs of lost productivity) and 3% with mortality costs.

According to the same study the greatest costs in terms of utilization of health care services (both medical and psychiatric) and workplace costs were associated with panic disorder and PTSD. People with panic disorder frequently visit the emergency room and utilize psychiatric and medical services excessively. They also have a high rate of unemployment (68% for women and 60% for men), and therefore financial dependency, compared to people without anxiety disorders (Leon, Portera, & Weissman, 1995).

Standards of Care

The emerging standards of care for panic disorder in the United States include treatment with psychotropic medications and/or cognitive-behavioral therapy (Beamish, Granello, & Belcastro, 2002; American Psychiatric Association, 1998). The administration of psychotropic medication is based on the biological model of anxiety which postulates that anxiety and panic arise in response to a neurobiological defect in brain function. The various hypotheses revolve around the dysregulation of the various neurotransmitter systems; specifically the interdependently operating noradrenergic and serotonergic systems and the GABAergic systems (Ballenger, 1999). Investigations are also currently under way in order to understand the influence of peptides on the neuronal networks. The most promising potential targets for anti-anxiety drugs seem to be the angiotensin system (AT receptors), the cholecystokinin (CCK) receptor ligands,

the neurokinin (NK) receptors, the neuropeptide Y receptors (NPY), the corticotrophin-releasing factor (CRF) receptors, the NMDA receptors and the adenosine receptors (Stanford, 2001).

The treatment of panic disorder with anti-panic medication aims at eliminating or reducing the panic attacks and the accompanying anticipatory anxiety, and involves administering a high potency benzodiazepine and/or an antidepressant. The most commonly prescribed medications in this protocol are the benzodiazepines alprazolam (Xanax[®]), clonazepam (Klonopin[®]) and diazepam (Valium[®]); the tricyclic antidepressants (TCA) imipramine (Tofranil[®]) and clomipramine (Anafranil[®]); the selective serotonin reuptake inhibitors (SSRI) antidepressants paroxetine (Paxil[®]) and sertraline (Zoloft[®]) (Preston, 2003).

As Barlow (2002) points out, the high potency benzodiazepines are effective, work quickly and have fewer side effects than other drugs used to treat anxiety disorders. The downside of their use is the physiological dependency that develops with prolonged use and that results in withdrawal symptoms upon discontinuation of the drug. Tricyclic antidepressants, especially imipramine, have been proven to be very effective in short-term and long-term use, superior to placebo and comparable to the benzodiazepine alprazolam though the latter works faster. The downside of tricyclic antidepressants is their difficult side effects (blurred vision, drowsiness, constipation, dry mouth, difficulty urinating, dizziness, decreased blood pressure, weight gain) which make them hard to

tolerate. The selective serotonin reuptake inhibitors are effective in reducing symptoms and are better tolerated than tricyclic antidepressants. These drugs, however, have a delayed onset of action (between 2 to 4 weeks) and many people experience an initial increase in panic attacks during this period. Selective serotonin reuptake inhibitors are usually administered with a benzodiazepine initially in order to manage the initial increase of symptoms. Psychotropic medications are effective in reducing and oftentimes eliminating the symptoms, however, studies show that relapse rates after discontinuation of medications range from 54% to over 70% (Otto, Pollack, & Maki, 2000).

Cognitive behavioral therapy (CBT) has also been found helpful in the treatment of Panic Disorder. This therapeutic approach is based on models of anxiety which postulate that panic is a psychological response (a phobic reaction) to a set of physiological sensations (internal cues) mediated by distorted cognitions (threatening appraisal of bodily changes). CBT has been proven to offer short-term treatment gains similar to pharmacotherapy and to be more durable in its effects without the need for ongoing treatment. In addition, the course of treatment is short (12 to 15 sessions), it can be administered in either individual or group format, and is a "highly tolerable treatment" (Otto et al., 2000, p. 557), i.e., it has a much lower drop out rate than pharmacotherapy.

Purpose of the Study

Panic attacks are experiences which are widespread both in the general population and in the clinical population suffering from anxiety disorders. They

disrupt the flow of a person's everyday life and, depending on their severity and comorbidity with other disorders, can have serious consequences for people and their communities, including increased health risks, increased risk of substance abuse and dependency, increased risk of suicide, loss of quality of life, loss of social and occupational functioning, loss of income, loss of productivity and increased health care costs.

The treatment approaches promoted by the emerging standards of care aim at reducing vulnerability to panic attacks and providing effective ways to cope with the disruptive experience. This is a very important goal as it addresses the person's biological need for relief of symptoms which are distressing and which theoretically can lead to brain damage (neuronal death due to excitotoxicity) (Stahl, 2000, p. 128). This goal also addresses people's psychological need for regaining a sense of control over their lives and creating some distance from the panic state, offering them a more detached point of view from which to view the experience.

At the same time, these standards of care reflect the worldview that emerged during the European Renaissance and that currently prevails in science and thus medicine, which understands the universe as composed of material objects that can be reduced to their elemental parts and operate according to cause and effect rules which can be discovered (Radin, 1997). This worldview defines

reality solely as that which can be perceived by the physical senses and measured and tested (Mindell, 2000).

This prevailing worldview is currently being challenged by overwhelming evidence of anomalies that has accumulated across disciplines over the past four hundred years. Thinkers across disciplines are making new assumptions, attempting to accommodate these anomalies, slowly creating a new story. These new assumptions have a certain similarity to what some have called the perennial philosophy – the “core tendency” or “common truth” that emerges when one considers “all the spiritual traditions throughout the ages which have been articulated in different languages (DiCarlo, 1996, p. 80).”

Some of the elements of this new story are *deep interconnectedness* – an interconnectedness that “embraces everything, unbound by the usual limitations of time and space” (Radin, 1997, p. 270); *wholeness* – “the universe is a single whole within which every part is intimately connected to every other part” (p. 266); *consciousness as a spectrum* – “the entire spectrum of states of consciousness... may be an important investigative tool, a ‘window’ to other dimensions of reality” (p. 266); *purpose* – “the universe may be genuinely... purposeful and goal-oriented” (p. 266); *evolving consciousness* – “evidence points to consciousness either evolving along with, or being prior to the material world” (p. 267); *mystical knowing, direct experience of reality* – “reality is

contacted through physical sense data and through inner, deep, intuitive knowing” (p. 267).

If one were to express in a sentence a core element of the thinking of people across disciplines, which tends toward the reunification of science and consciousness, spirit and matter, psyche and body, one could say, “*There is more than what meets the eye!*” In other words, the reality that we (human beings) perceive through our senses is “*a*” reality not “*the*” reality.

The purpose of this study is to elucidate and explicate a way of thinking about and working with panic attacks that is complementary to the one proposed by the current standards of care, a way which is based on a worldview of multiple dimensions of reality; namely, process-oriented psychology's (or Process Work, as it is also known) perspective on panic attacks.

Specifics of the Study

In this study I explicate the application of the Process Work paradigm to panic attacks by presenting: a) a description of the process of investigating a person's experience of a panic attack based on analysis of the six case studies that comprise the data of this study; b) a series of hypotheses about the process underlying panic attacks implied in and brought to the foreground by this description; c) anecdotal data from my personal experience supporting the direction of an investigation of these hypotheses in future research.

This descriptive study presents my understanding of the Process Work paradigm as I experienced it being applied by its founder, Dr. Arnold Mindell, in his work with me (see Appendix H, case 1), and as I observed it being applied in his work with five other people who had experienced unexpected panic attacks (see Appendix H, cases 2 through 6). This is not an efficacy study. It is an anecdotal study that may serve as a foundation for future studies investigating the impact of Process Work on therapeutic outcome with people who experience panic attacks. Any statements that I make about outcome arise from my personal experience.

My understanding is influenced by the biases created by a multitude of lenses through which I am looking at my topic of inquiry. These include the lens of someone who has experienced panic attacks; the lens of someone who has found value in working on her inner experiences using the methods of the Process Work paradigm; the lens of a trained process worker and therefore the lens of the Process Work paradigm; the lens of someone who has studied with, been mentored by and is a colleague of Mindell; the lens of a therapist who works with people who experience panic attacks; the lens of a scholar and researcher; the lens of my personal experience; namely, the experience of a 42 year old, White woman of Greek national origin and heritage, and middle class background. The reader will find a description of the biases created by these lenses in the methodology section (see Chapter 3, pages 80-84).

In this study I adopted a dual role as researcher and research participant by working with Mindell on my experiences of panic attacks (see case 1), and by keeping track of my experience of panic attacks over the course of my doctoral studies. Adopting a dual role as researcher and research participant gave me the opportunity to bring to the foreground the viewpoint created by the combination of the multiple lenses through which I viewed my topic of inquiry. The reader will find a description of the strengths and limitations of this choice in the methodology section (see Chapter 3, pages 86-88).

In the same section the reader will find a description of the research participants' familiarity with the Process Work paradigm and Mindell (four out of the six research participants were familiar or somewhat familiar with the paradigm or Mindell or both), and a discussion of the limitations and strengths of these choices (see Chapter 3, pages 90-92). For greater transparency of my subjectivity I have included a description of my preconceptions about the study as those were noted both before data collection and during data analysis (see Appendix A). In order to establish credibility in my study I have built in ways so that the readers can make this judgment for themselves. A description of these ways can be found in the methodology section (see Chapter 3, page 101-103). In the same section the reader will find a description of the limitations of the study (see Chapter 3, page 105-107).

Process Work's Perspective on Panic Attacks

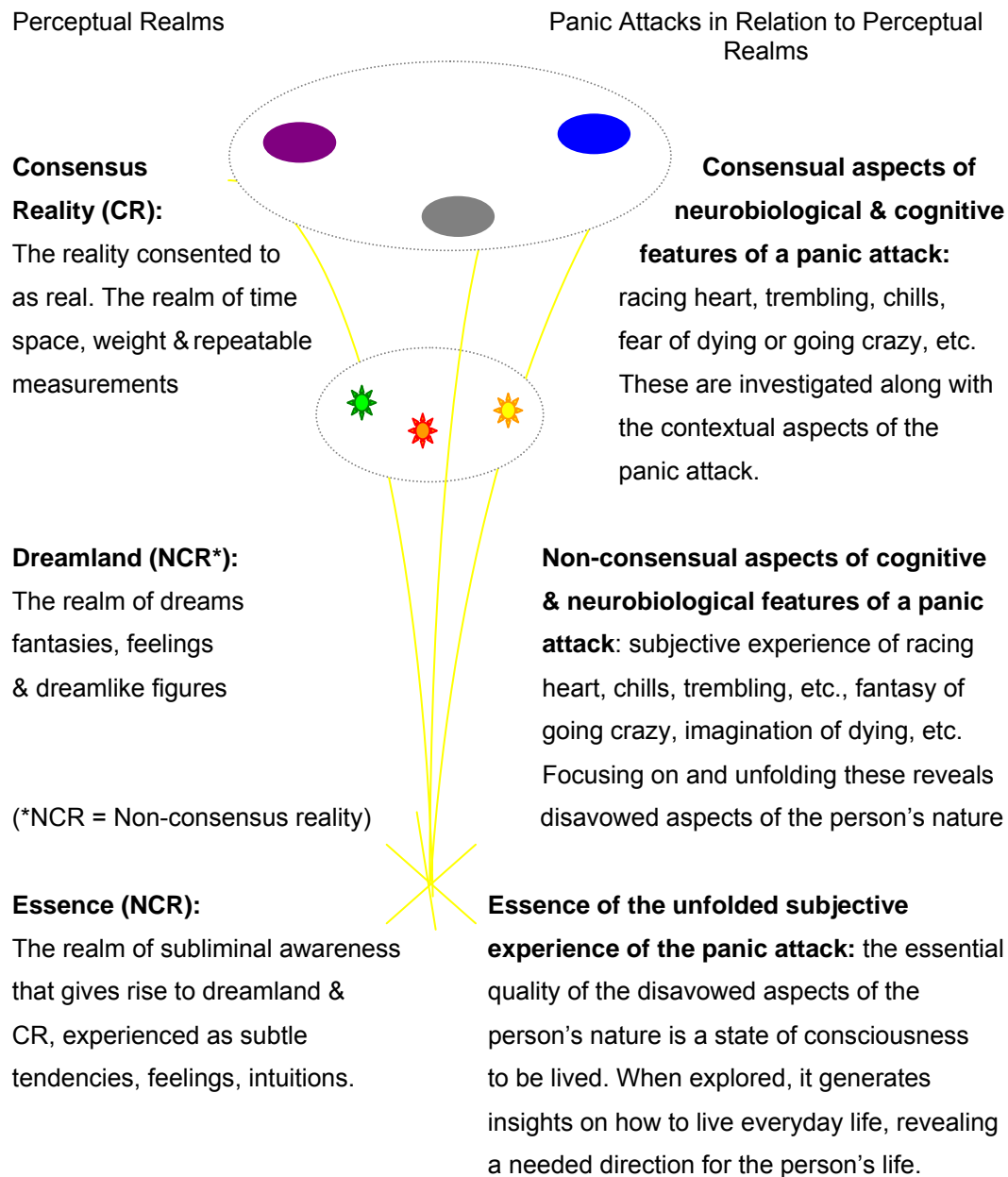


Figure 1: Panic Attacks in Relation to Perceptual Realms²

² This diagram is my adaptation – to the issue of panic attacks – of Mindell's diagram titled "Reality Comes from Dreaming," in *Dreaming While Awake* (Hampton Roads, 2000, page 15).

As depicted in Figure 1 on page 41, panic attacks are experiences that are associated with specific neurobiological and cognitive features (such as a racing heart, a shortness of breath, a fear of dying or losing control, etc.) These features have consensual and non-consensual aspects to them.

The consensual aspects are those that can be perceived by the human senses, measured or tested and collectively agreed upon. For example, the movement of the extremities or the jaw of someone who is trembling, the heart rate of a person with a racing heart, the gasping for air of a person who is experiencing shortness of breath; the statement of a person saying that she³ is afraid of dying or losing control; and also, the level of a metabolite of a neurotransmitter in the cerebrospinal fluid of a person who has panic attacks, the area of the brain that gets activated during a panic attack, the presence or absence of a specific gene or the number of specific receptors in a person who has panic attacks, etc.

The consensual aspects of the neurobiological features of panic are associated with the tangible, physical dimensions of the body; i.e., the body as an object located in space and time. Mindell uses the term "consensus reality" (CR) to refer to this tangible, physical dimension of reality which is collectively consented to as real (Mindell, 2000, p. 25).

³ Throughout the document I interchange the use of female and male pronouns rather than using both for easier reading.

The non-consensual aspects of the neurobiological and cognitive features of panic are the dreamlike experiences associated with those features which cannot be directly measured or collectively consented to as real. For example, a person's experience of the sensation of a rapid heart rate as a beating drum, a person's experience of the sensation of tightness in the chest as a sense of being frozen, a person's experience of the sensation of fear as a sense of being threatened by his soul that wants to kill him, etc.

The non-consensual aspects of the features of panic are associated with dreamlike dimensions of the body that cannot be easily located in space and time. Mindell uses the term "non-consensus reality" (NCR) to refer to the dreamlike dimensions of reality which cannot be directly measured nor collectively consented to as real (Mindell, 2000, p. 25), and differentiates between "dreamland" – the realm of "fantasies, subjective feelings, dreams and dreamlike figures" (Mindell, 2004, p. 17), and "essence" – the realm of "subliminal or 'flash-like' awareness that exists without reflection" (Mindell, 2000, p. 310).

These non-consensual aspects of the features of panic, when explored, reveal entry points to the dreamlike dimensions of reality and the process underlying panic. By closely tracking the intended and unintended signals of the person, an awareness facilitator can help the person follow the momentary flow of

experience (the process) as it generates itself, revealing meaning and insights about the person's everyday life. This study describes in detail how one can enter and track the process underlying panic.

An awareness facilitator following a process-oriented approach to panic attacks values, appreciates and investigates multiple dimensions of a person's experience, knowing that each entails a different viewpoint. Thus, healing involves focusing on and investigating both the consensual and the non-consensual aspects of a person's experience, aiming at helping the person appreciate the viewpoint entailed in each, yet identify solely with none. In this way the awareness facilitator helps the person develop, over time, an identity as an awareness focuser, and a center around which the person's perceptions are organized that spans the various dimensions of the person's experience. The aspiration of this study is that the above statements will become clearer to readers by the time they reach the conclusion chapter.

From a process-oriented perspective, all approaches to panic attacks are important, as they are developing different ways of addressing the different dimensions of a person's experience. For example, biomedical approaches researching the neurobiology of panic, attempting to develop anti-panic drugs, and cognitive behavioral approaches focusing on controlling or eliminating the symptoms, do offer ways to address a person's needs in consensus reality, such as the need to deal with the disturbance of her everyday life in a relatively short

period of time, the need to regain a sense of control of his life, the need to gain some distance from the experience, etc. The uniqueness and need for the Process Work perspective, in my mind, lies in three areas: the redefinition of reality as multidimensional; the valuing, appreciating and addressing of multiple dimensions of a person's experience; and the development of methods for tracking the flow of experience in and through multiple perceptual realms, which can lead to the development of an awareness that spans the various realms.

CHAPTER 2: LITERATURE REVIEW

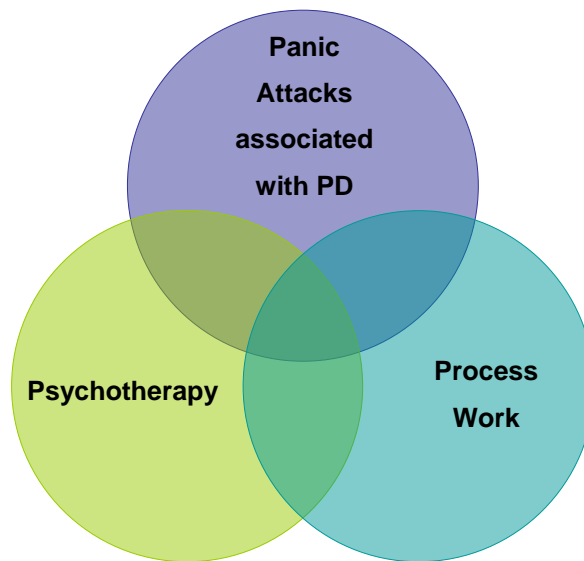


Figure 2: Venn Diagram of Study

Venn diagrams, borrowed from mathematics, are oftentimes used in qualitative research to help situate a study in the existing literature. Three or sometimes four circles, each representing a general area of study, are interlocked. The space they overlap forms a visual representation of where a study fits in the literature (Schooley, 1995). As shown in the Venn diagram above, my study begins to fill the gap in current knowledge by overlapping the areas of *panic attacks associated with panic disorder*, *psychotherapy* and *Process Work*.

In this section, I review the approaches currently available for the treatment of panic attacks associated with panic disorder. The critical review of these

approaches and report on their known efficacy is not intended to set the stage for a comparative study of Process Work and other approaches, or an efficacy study of the application of the Process Work paradigm to panic attacks. Rather, it is intended to set the context for a descriptive study of the application of the Process Work paradigm to panic attacks. Currently there are no efficacy studies of the application of the Process Work paradigm to panic attacks. This descriptive study may become the ground for such studies to be done in the future.

Standards of Care

Beamish et al. (1997) reviewed the latest research on the treatment of panic disorder and presented emerging standards of care for its diagnosis and treatment. These include a thorough assessment that rules out other mental or physiological disorders; a substance abuse assessment; an assessment of suicide potential; a comprehensive presentation to the patient of the advantages and side-effects of the available pharmacological treatments, and a description to the patient of the efficacy of the different treatment modalities. The last item on the above recommendations, a comprehensive presentation of the efficacy of the various psychotherapeutic approaches, is currently at best inadequate due to the lack of outcome studies of the various psychotherapeutic approaches (Dittrich, Houts, & Lichstein, 1983) and comparison studies among the various approaches (Craske, 1999; Milrod et al., 2000; Milrod et al., 2000).

In 1998, the American Psychiatric Association (1998) published a practice guideline for the treatment of patients with panic disorder that put cognitive behavioral therapies (CBT) and pharmacotherapy at the top of the list of modalities shown to be the most effective in conjunction with psychiatric management. The guideline indicates that other psychotherapies, such as psychodynamic psychotherapy, are also used in conjunction with medication or CBT techniques, as clinical experience has shown this to be effective for some people.

Craske and Zucker (2001) critiqued the presentation of CBT in the APA's practice guideline arguing that CBT is "underrepresented" in terms of its "breadth, technique, utility, and implementation of the treatment" (p. 259). The authors cited numerous outcome studies that showed CBT's efficacy, and objected to the APA's recommendation of psychodynamic therapy when comorbid conditions exist or when there is a lack of compliance with, or positive response to, CBT, arguing that there were no outcome studies to support such a recommendation. Finally, Beamish et al. (2002) presented a set of practical guidelines for mental health counselors outlining the CBT interventions proven to be effective, and the advantages and drawbacks of the available pharmacological treatments.

Cognitive-Behavioral Therapy (CBT)

In the 1980's Barlow and his colleagues (Barlow et al., 1984; Barlow, Craske, Cerny, & Klosko, 1989; Rapee, 1987; Rapee & Barlow, 1991), developed "panic control treatment" (PCT) (Barlow & Craske, 2000; Craske & Barlow, 2001; Hofmann & Spiegel, 1999), a cognitive-behavioral approach to treating panic attacks, while Clark and his colleagues were developing a cognitive approach to panic attacks (CT) (Clark, 1986; Clark & Ehlers, 1993; Clark, Steer, & Beck, 1994). Both approaches are based on a number of models of panic (Barlow, 1988; Beck, Emery, & Greenberg, 1985; Clark, 1986; Ehlers & Margraf, 1989; Rachman & Maser, 1988) that view panic as a psychological response (a phobic reaction) to a set of physiological sensations (internal cues). Panic, in these terms, is viewed as fear of the body sensations of the fight-or-flight response that has been falsely activated by stressful life circumstances, in physiologically and psychologically vulnerable individuals. Physiological vulnerability is investigated in terms of genetics. Psychological vulnerability has been investigated in terms of cognitive distortions and catastrophic misinterpretations of the bodily sensations, including believing that one is going crazy, losing control, having a heart attack or dying. While these definitional models have differed in the emphasis they put on the physiological or the psychological aspects of the disorder, techniques emerging from them were combined to form cognitive-behavioral treatments of panic disorder.

The PCT treatment protocol includes psychosocial education on the nature of the fight-or-flight response and the physiology of anxiety, through which clients learn that the sensations they are experiencing are normal and harmless rather than signs of physical or emotional breakdown; cognitive restructuring – a process of identifying and challenging anxiety provoking thoughts and beliefs; breathing retraining – the teaching of breathing techniques such as diaphragmatic breathing; interoceptive exposure – the systematic exposure to the somatic sensations that occur during a panic attack to reduce fear of them; and exteroceptive or in-vivo exposure – the systematic exposure and confrontation with agoraphobic situations to reduce fear of them. (Barlow, 2002).

The efficacy of the breathing retraining component of the PCT protocol has recently been questioned by researchers (Schmidt et al., 2000). This behavioral intervention is based on the belief that hyperventilation causes panic. In a recent study researchers did not find this technique to be adding any clear benefits to the various components of the PCT protocol. To the contrary, they found indications of a correlation between having received breathing retraining and a lower end-state functioning, which led them to the speculation that breathing retraining may actually increase the risk for relapse or decrease the chances for complete recovery. White and Barlow (2002) caution that conclusions about the efficacy of each component of the PCT protocol cannot be reached before a study is conducted that would identify and assess the treatment components that each patient actually used.

At the same time, highlighting a potential theoretical incompatibility in the use of this behavioral technique in the PCT protocol, White and Barlow point out that breathing retraining would be “maladaptive” if used during exposure practices as a means of reducing or avoiding the panic sensations, for that would be “an attempt to keep a patient ‘safe’ from a false threat (i.e., panic symptoms, high anxiety)” (p. 371). They explain that the technique is currently included in the PCT protocol and introduced to the client as an experimental procedure in order to investigate whether some of the client’s anxiety symptoms are due to hyperventilation. Clients, thus, are aware that if they are able to reduce the panic sensations through the alteration of breathing, then this is strong evidence that the sensations are “predictable, manageable and harmless” (p. 371). Once this conclusion is reached, continued use of breathing techniques is discouraged, and the emphasis is put on using this information to challenge and alter the catastrophic misinterpretations about the sensations.

Numerous independently conducted controlled clinical trials support the efficacy of various forms of CBT (Barlow et al., 1989; Barlow, Gorman, Shear, & Woods, 2000; Craske, Brown, & Barlow, 1991; Michelson et al., 1990), including the briefer formats (Côté, Gauthier, Laberge, Cormier, & Plamondon, 1994; Craske, Maidenberg, & Bystritsky, 1995) the self-directed treatment utilizing a manual for panic attacks (Lidren et al., 1994) and CBT administered in a group therapy setting (Lang & Craske, 2000; Otto, Pollack, Penava, & Zucker, 1999; Telch et al., 1993).

As Otto et al. (2000) point out, comparative studies indicate that CBT is as effective as pharmacotherapy (the use of antidepressants or high-potency benzodiazepines) in short-term treatment trials. These studies also indicate, the authors contend, that CBT treatment gains appear to be maintained over time (panic-free rates are reported to be above 80% at follow-up intervals of 1 to 2 years), in contrast to those of pharmacotherapy which appear to require on-going treatment in order to be maintained (relapse rates after discontinuation of medications range from 54% to over 70%).

Numerous studies (Barlow et al., 2000; Brown & Barlow, 1995; Mavissakalian, 1996; Otto et al., 1993; Otto, Pollack, & Sabatino, 1996; Schmidt, Koselka, & Woolaway-Bickel, 2001; Spiegel, Bruce, Gregg, & Nuzzarello, 1994) support the potential use of combination treatments; that is, pharmacotherapy and CBT. Specifically, these treatments include “benzodiazepines (initially to provide immediate relief and/or to treat those who desire medications) followed by or used in conjunction with CBT protocols” (Barlow, 2002, p. 376).

Studies have also explored the efficacy of CBT in treating patients who did not respond to medication. Pollack et al. (1994) concluded that the addition of 12 weeks of CBT was effective in reducing panic attack frequency in patients who previously had not responded to medications. White and Barlow (2002), however, warn that the positive findings of the research on CBT should be interpreted with “cautious optimism,” because methodological differences across

studies “may misrepresent true longitudinal outcomes” (p. 277). For example, the various outcome studies that have been conducted lack a common definition of the outcome referred to as “panic free;” in some studies this includes occasional recurrence of panic attacks.

In my view, CBT techniques are potentially very useful in addressing a client’s presenting need for immediate symptom relief because they have been proven to be relatively effective in the short term control of panic symptoms. I find them potentially less useful as the sole available approach to dealing with panic attacks, for they do not address issues of *meaning*, which is often a presented need as well. By “meaning” I refer to people’s need to find the significance of their experiences for their lives.

Paradoxical Intention

Paradoxical intention, a concept originally developed by Frankl (1984), was introduced by Dattilio as a potentially useful crisis intervention technique in the treatment of panic attacks (Dattilio, 1987; Dattilio & Salas-Auvert, 2000; Dattilio, 2001). A therapist using this technique would ask clients “to exaggerate their [feared] anticipations” (Dattilio, 2001, p. 158). For example, if the clients were afraid of dying the therapist would encourage them to allow themselves to die. The fact that the feared event does not occur in spite of the invitation brings about a realization of the irrationality of the fear, which diminishes anxiety. The clients are encouraged to repeat this procedure in panic-evoking situations or until they are symptom free.

This method is recommended as an alternative treatment to CBT for patients who experience relaxation-induced anxiety, or appear resistant to symptom induction techniques, or have a history of cardiovascular disorders. Systematic outcome studies of the use of paradoxical induction for the treatment of panic attack have yet to be conducted.

Eye Movement Desensitization and Reprocessing (EMDR)

Eye Movement Desensitization and Reprocessing (EMDR) (Shapiro, 1989; Shapiro & Forrest, 1997) was developed by Shapiro for the treatment of traumatic memories. Shapiro noticed that her eyes spontaneously moved rapidly in an upward diagonal direction whenever disturbing thoughts came to her mind and that subsequently those thoughts disappeared. She began experimenting with making that pattern of eye movements while focusing on disturbing thoughts and memories and found that they lost their emotional charge and disappeared.

The first trial study of the use of EMDR for the treatment of panic disorder (Goldstein & Feske, 1994) supported further investigation of the approach (subjects reported a decrease in the frequency of panic attacks after 5 EMDR sessions). A subsequent study (Feske & Goldstein, 1997), however, showed that treatment gains dissipated three months after the treatment, and subsequent randomized controlled trials (Goldstein, de Beurs, Chambless, & Wislon, 2000) concluded that EMDR should not be the first-line of treatment for panic but could be used as an alternative treatment.

Emotion-Focused Psychotherapy (EFT)

Emotion-Focused Psychotherapy (Shear & Weiner, 1997), as its theorists write, was developed as an alternative treatment to CBT. It is thought to be potentially beneficial for patients with panic disorder with comorbid symptoms, patients who do not want to participate in a structured prescriptive treatment that requires homework, and patients with residual vulnerability as indicated by the continued occurrence of panic attacks.

This treatment is based on the hypothesis that panic attacks are triggered by unrecognized emotions. Specifically, interpersonal problems, linked to “a sense of loss of control, or the possibility of being abandoned or trapped” (p. 39), oftentimes give rise to feelings of fear, anger, guilt or shame. When these feelings are disavowed a sense of unease arises, which is often misattributed to a physical condition, which in turn triggers the panic attack.

Using a reflective listening approach and supportive techniques the therapist remains alert to indications of unrecognized negative emotions and attempts to help the patient identify and process them. As the authors point out, transference is not utilized nor are psychodynamic interpretations made; thus this approach differs from psychoanalytic psychotherapy.

A comparative study of treatment results of patients with panic disorder treated with EFT, CBT, imipramine, and placebo showed that EFT was more effective

than placebo but significantly less effective than CBT or imipramine. These results indicated that “emotion-focused psychotherapy has low efficacy for the treatment of panic disorder. However, emotion-focused psychotherapy may be superior to medical management in helping patients stay in treatment” (Shear, Houck, Greeno, & Masters, 2001, p. 1993).

Psychodynamic Psychotherapy

The psychodynamic approach in the treatment of panic disorder is based on Freud’s psychoanalytic theory of anxiety. In his initial theory (Freud, 1895) Freud explained the somatic manifestations of anxiety as a state of excessive neuronal excitation of the body. In other words, he theorized that experiences such as trauma or sexual activity were linked to neuronal excitation, which needed to be discharged through motor or verbal activity. He believed that incomplete discharge of such physiological excitation resulted in the somatic symptoms of the syndrome that he termed “anxiety neurosis.” In his revised theory (Freud, 1900) he postulated that anxiety could originate from disturbed somatic process, sexual excitation that was not discharged, and repressed libido. In his final theory (Freud, 1926) he moved away from the physiological basis of anxiety, postulating a psychological model in which anxiety was conceptualized as a function of the ego triggered in response to the perception of danger – a situation of potential hopelessness originating from an internal (the id or superego) or external (the environment) threat.

Putting together all three theories, Shear (1991), one of the theorists and practitioners of psychodynamic psychotherapy, writes,

Although Freud did not say so directly, his ideas are consistent with the notion that the ego confers the quality of anxiety upon sensations of physiological arousal that: (1) accompany the perception of impending external physical or social danger, (2) arise physiologically (from 'spontaneous' autonomic activation, drugs, physical illness), (3) occur in connection with other affective responses (such as excitement, anger, or frustration). The reader will recognize that these conditions are commonly accepted as triggers of anxiety by cognitive-behavioral or biological researchers. The perspective that remains unique to psychodynamic theory is that neurotic anxiety is generated when there is an activation of unconscious mental urges and prohibitions. Thus, there is a fourth possible trigger situation, in which a stimulus directly activates unconscious danger situations without an intermediary conscious perception (p. 339).

As Shear points out, there are various forms of psychodynamic psychotherapy, including *brief psychodynamic psychotherapy* – a short-term, focused form, *exploratory psychotherapy* – a longer-term form of moderate intensity, and *psychoanalysis proper* – a long-term form of high intensity and frequency. The author cites anecdotal evidence “(Kessler, 1996; Malan, 1976; Mann, 1973;

McDougall, 1985; Sandler, 1988; Sifneos, 1972; and Sibler, 1984)” (p. 336), of the effectiveness of these forms of psychodynamic psychotherapy in the treatment of panic disorder, and points out that a systematic study of the various forms of psychodynamic psychotherapy as treatment for panic disorders has yet to be conducted.

Two forms of psychodynamic psychotherapy that were developed to treat panic disorder have received attention in the last decade: *panic focused psychodynamic psychotherapy (PFPP)* (also referred to as brief psychodynamic psychotherapy) and *intensive short-term dynamic psychotherapy (IS-TDP)*. Both are based on the hypothesis that panic attacks are generated from unconscious psychodynamic conflicts, and that identifying, understanding and altering these conflicts reduces the vulnerability to panic.

In panic-focused psychodynamic psychotherapy (Shear, 1991; Milrod, Busch Frederic N., Cooper Arnold M., & Shapiro, 1997; Milrod et al., 2000), these conflicts are seen as often involving “difficulty with separation and independence, with recognition and management of anger, and with perceived dangers of sexual excitement” (p. 1879) Identification of the conflicts is achieved through exploring the personal meaning of the panic symptoms and the circumstances, feelings and thoughts surrounding them. They are also explored through their emergence in transference and free association. The underlying conflicts are altered in the process of working through the transference.

An initial open trial of brief psychodynamic psychotherapy conducted recently (Milrod et al., 2000) showed that the improvement in panic symptoms was statistically significant and clinically meaningful, concluding that further research is warranted. According to the author (Rizq, 2002), a single case study of brief psychodynamic treatment of a woman who experienced mild panic attacks two or three times a week showed that “it was a psychodynamic understanding of the complex aetiology (Amador & Johanson, 2000) of her panic attacks that ultimately produced improved coping skills and a subjective sense of improvement for her” (Karon & VandenBos, 1981).

Intensive short-term dynamic psychotherapy (IS-TDP) (Davanloo, 1995; Davanloo, 1999a; Davanloo, 1999b; Davanloo, 1999c) as its theorist contends, is a powerful technique for overcoming resistance and unlocking the unconscious, which enables the therapist and the patient to have a clear view of the patient’s neurotic structure that is creating the difficulties, and work to resolve it. The approach is described as a dynamic sequence in which the patient’s difficulties and ability to respond to treatment are explored; character defenses are identified; resistance is challenged through mobilization of the therapeutic alliance to help the client become conscious of it and turn against it; resistance is confronted, transference feelings are intensified, therapeutic alliance is mobilized against the resistance and a partial unlocking of the unconscious is initiated; transference feelings are broken through; a systemic analysis of the transference is undertaken which resolves the residual resistance and enables the dynamic

exploration of the unconscious. A detailed description of a case study of a man treated with this approach for panic disorder offers the reader an inside view into its application (Said, Rossi, Van Oyen, & Witt, 1998a; Said, Rossi, Van Oyen, & Witt, 1998b). Outcome studies have yet to be conducted on this form of psychodynamic therapy.

In my view, the psychodynamic approach offers valuable insights into the various emotional experiences oftentimes entailed in the experiences of panic attacks. I find these insights, however, potentially less useful, when viewed as *the* rather than *a potential* origin and meaning of panic attacks, for such a view can hinder open phenomenological inquiry into the individual's experience.

Jungian Analysis

James Hillman, a Jungian analyst and theorist, studied the ancient Greek God of fertility, Pan, associated in Greek mythology with the emotional and physical state of panic, writing an in depth analysis of the various archetypal aspects of this mythical figure. In his analysis (Hillman, 2000) the author points out the constraining nature of "the monotheism of consciousness" that denies "the existence of fragmentary autonomous systems" and sets up "conflicting opposites" between "the beast and Bethlehem, between chaos and unity" (p. 2). He posits the need for "the psyche's return to Greece" as a metaphor for Western civilization's need to journey back to the "imaginal" realm, the realm of the archetypes, and to an alternative polytheistic attitude that allows for "the coexistence of all the psychic fragments," and views panic as a conduit of this

return (p. 2). Specifically, Hillman points out the irreconcilable conflict between the ancient Greek God Pan (and its Christian mirror image, the Devil), and Christ. He writes, “Pan is the obstreperous, unruly goat; Jesus the Good Shepherd. Pan is naked and phallic; Jesus circumcised, covered and asexual” (p. 8) Pan goes underground with Christianity’s ascension. “Spontaneity of consciousness,” the essence of “Hellenism,” gets marginalized. “Strictness of conscience,” the essence of “Hebrewism” becomes central. “The spontaneous phenomena of Pan – panic, sexual urges, nightmares are encountered moralistically. We are told to fight the good fight against bad impulses” (p. 9).

Thus, Hillman views panic, sexual urges and nightmares, symbolically, as “Pan-induced events that force us out of civilized habits,” to a “descent into the cave” (p. 9). For Hillman, “these are the modes by which Pan’s music reaches us today” (p. 9), returning us to the realm of “pagan imagination” where there are messages awaiting us. “When we panic,” Hillman writes, “we can never know whether it may not be the first movement of nature that will yield – if we can hear the echo of reflection – a new insight into nature” (p. 19). The manner in which we respond to Pan’s revelation of himself depends, for Hillman, upon Christianity’s influence on our attitudes.

In spite of Hillman’s detailed theoretical analysis on panic, my bibliographical search did not produce any literature on the application of Jungian theory to the treatment of panic disorder. In general, Jungian therapy aims at helping people

gain insight into the meaning of their experiences, thus obtaining a new ego position; one that is heading toward individuation and wholeness. In my view, the value of the Jungian theoretical approach to panic attacks lies in its teleology. Specifically, in the idea that panic has meaning and purpose, which can be explored and revealed. This potentially addresses people's need for the exploration of the meaning of panic attacks.

Existential Psychotherapy

Existential psychotherapy (Yalom, 1980; May, 1950; May, 1958; Frankl, 1969), influenced by existential philosophy, is based on the premise that deep existential anxiety may arise from the conflicts between what life is and what one would like or believe it to be. According to Yalom, existential psychotherapy is “a dynamic approach to therapy which focuses on concerns rooted in the individual's experience” (p. 5). It is designed to help people deal with “ultimate concerns” about *death, freedom, isolation* and *meaning*, and alleviate the accompanying anxiety.

Matheson and Elkins (1999) presented an existential model of panic and anxiety, in which panic and anxiety are viewed as “growth experiences,” in the sense that they are “a ‘call’ for the individual to explore the deeper meanings of her existence and from this exploration create a more authentic, passionate, and liveable life” (p. 140). The authors report on existential literature that suggests that anxiety is a “signal” calling the individual's attention to the presence of an existential conflict. When confrontation with this “ontological anxiety” is avoided,

the anxiety becomes “neurotic.” Neurotic anxiety is thus viewed as an attempt to avoid the real problem – confrontation with the underlying existential issues at hand. From this point of view, aiming solely at ameliorating symptoms by intervening either at the level of the mistaken and catastrophic thinking or that of physiological processes may actually “contribute and participate in the client’s neurotic efforts to avoid the real problem” (p. 133) and result in ignoring “important messages inherent in the panic experience” (p. 138).

Adopting an existential approach to the treatment of panic would mean: (1) Looking for “existential themes or patterns” in the material presented during the initial interview related to “mortality,” “individuation issues,” “relationship issues,” and “threats to one’s identity or meaning system” (p. 138); (2) doing “a phenomenological investigation” of the client’s experience of panic and “the existential meanings he or she ascribes to it” (p. 139); and (3) accepting symptom reduction as a “legitimate” therapeutic goal but focusing mainly on “an in-depth exploration” of the existential issues underlying the problems and the “reorientation toward life that these problems imply” (p. 140).

Randal (2001) presents a case illustrating the successful treatment of a panic disordered client whose condition had deteriorated over the course of three years of pharmacological treatment, and whose symptoms went into complete remission within the third week of existential psychotherapy. The author points out that treating panic disorder with pharmacological and CBT interventions,

which focus on the physiological and symptomatic aspects of the problem, may lead to overlooking “the life context which gave rise to the disorder” (p. 259), and “may serve to mask underlying issues like a Band-aid applied to a festering wound that will only heal with deeper cleaning and some carefully placed sutures” (p. 266). A systematic study of the use of existential therapy in the treatment of panic disorder has yet to be completed.

In my view, the value of the existential approach, like the Jungian approach, lies in its validation of the symbolic “reality” of the experienced threat. This allows for a phenomenological exploration of the individual’s experience. However, I find the predefined notion of the destination of this phenomenological journey potentially less useful, for it can blind the therapist to discoveries that do not fit that destination, and this way limit the phenomenological inquiry of a person’s experience of panic.

Feminist Therapy

Feminist theorists and practitioners re-examine psychological theories of personality development and psychopathology with a focus on gender and point out their inadequacies. Namely, “their limited views of human nature; their exclusion of the multiple internal and structural forces affecting human development and functioning; their narrowly constructed definitions of mental health and mental disorder” (Brown & Ballou, 1992, p. xi). Brown and Ballou’s analysis established that “both the experiences of oppression and the sources of resilience arising from structures of gender, culture, class, race, and sexuality”

(Ballou & Brown, 2002, p. xi) influence the constructs of *normality* and *abnormality*, and challenge the “very notion that distress and difficulty are equivalent to disease or psychopathology” (p. xviii)

Orr (1999) placed panic disorder in a historical context tracing the shifts in psychiatric language and diagnostic techniques that resulted in its introduction in 1980 as an individualized disorder. She points out that psychiatry adopted a cybernetic model of the central nervous system as information processing apparatus, and has been targeting more and more specific psychic symptoms with pharmaceutical treatments aimed at correcting malfunctions in the “communication system” that supposedly controls the human brain and behavior.

Orr (2000) also challenged the very notion of panic disorder as a distinct mental disorder, questioning the purported validity and reliability of the experimental method (“pharmaceutical dissection”) used to identify and classify it by highlighting the circular thinking it entails. As the author points out,

“Pharmaceutical dissection is a kind of inductionism in reverse: working backward from drug effect to syndrome, it reveals discrete psychiatric syndromes as a function of drug response (Klein, 1967). Panic disorder ‘exists’ as a distinct and real mental disorder because, in response to imipramine, a specific cluster of symptoms disappears (p. 65).

Fodor (1992) also placed panic disorder in a historical context highlighting the social forces that had influenced its conceptualization and reformulation. She examined the construct's conceptual predecessor in each edition of the *Diagnostic and Statistical Manual of Mental Disorders*, the shifts in conceptualization that each entailed and the forces that had influenced those shifts, and pointed out that the differing conceptualizations over time “reflect the shift in membership on the panels, from a mostly psychoanalytic perspective in the 1960s to increased representation of the behavioral, cognitive, and biological points of view” (p. 180).

Specifically, Fodor points out that in the second edition of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1968), agoraphobia (fear and avoidance of the outdoors oftentimes experienced with panic attacks) was placed with other phobias in the category of anxiety neurosis, and accompanied with a proposed psychodynamic etiology. In the third edition (American Psychiatric Association, 1980), the psychoanalytic language and etiology focusing on anxiety neuroses were discarded in favor of a more behavioral point of view. A general category of anxiety disorders was created with panic disorders and phobias as the main subcategories. Agoraphobia was placed under the subcategory of phobias, creating thus “two disorders with almost identical symptoms, one linked to phobic stimuli and the other triggered by unexplained panic attacks” (p. 188).

Research was conducted subsequently to differentiate panic attacks from avoidant-anxiety disorders, the results of which posited either panic or learned avoidance and agoraphobic cognitions as central, depending on the theoretical orientation of the researchers (biologically oriented researchers and psychologically oriented behavior and cognitive researchers, respectively). The revision of the third edition (American Psychiatric Association, 1987) stressed biological aspects of panic disorder (heredity). Two categories of panic disorder were created: panic disorder without agoraphobia, which was now the central category, with the “unexpected” aspect of the panic attack as an essential feature; and panic disorder with agoraphobia, with the agoraphobic symptoms presented as deriving from previous panic attacks, “in effect, ruling out psychological causation” (p. 189).

Fodor critiques the above formulations for their lack of focus “on gender and its meaning” (p. 189). She also critiques the biologically based researchers and theorists for not raising the question: “What is it in women’s experiences, beyond their more (supposedly) anxiety-prone brains or nervous systems, that might affect the production of the brain chemicals that produce anxiety attacks?” (p. 189). Placing panic and agoraphobia in the social context of gender, the author makes a connection between “being in the stereotypic feminine role – staying at home, being anxious and non-functional, depending on a significant other” (p. 201), and the symptoms of agoraphobia. She points out that agoraphobia was not defined as a problem when women’s prescribed role was to “stay at home

and not go out in the world alone” (p. 200). Fodor contends that while women’s roles have changed in Western societies and women are expected “to be out in the world,” they have to contend with the concurrent conflicting expectation of “put family first,” a lack of familial and cultural support for these multiple roles, and a society that continues “to put up many barriers to women’s achievement of full autonomy over their lives” (p. 201).

The author critiques the biological model’s view of agoraphobia and panic as a disorder; that is as “defective genes or constitutional predisposition to separation anxiety and panic attacks” (p. 198). Citing studies of other feminist theorists (Meyer, 1987; Brown & Cash, 1990) that have shown avoidance behaviors to be common in many women, she posits that “agoraphobic-like behaviors exist on a continuum, with panic disorder and extreme agoraphobia as the most extreme variants” (p. 198). The concept of a continuum entails particular circumstances under which a behavior becomes extreme. Fodor accepts physiological susceptibility (genetic predisposition) as one of the factors but adds socio-cultural influences as another. Drawing on her clinical experience she contends that women who experience agoraphobia and panic attacks are more likely to have grown up in an environment (familial and cultural) that has facilitated “dependency” rather than “healthy attachments,” has not provided “positive role models” nor “positive emotional support for independency and mastery,” and has not provided training in nor fostered “coping and self-enhancing cognitive skills” (p. 199). She concludes that women who experience “too much conflict or

trauma out in the world” may experience a sense of panic and desire to retreat at home where they perhaps “can still feel in control and retain a sense of power” (p. 201).

Based on the above she sketches a model for treatment that takes into account the multiple stressors in a woman’s life, allowing for the possibility that retreating at home may be, temporarily, a way to cope with society’s conflicting expectations. The goal of therapy in this model is “to foster coping skills and encourage cognitions that counter feelings of helplessness, dependency, and lack of control over one’s life... [and] support the client’s development and self-derived goals” (p. 201).

By bringing into the discussion of panic and agoraphobia the socio-cultural influences, Fodor attempts to introduce more holistic thinking and raise her readers’ awareness of the effects of sexism on women’s experience of themselves and the world around them, and the possible connection of that to panic attacks and agoraphobia. However, she at times falls prey to a more dualistic and “sexist” way of thinking herself. For instance, the author writes:

The “bad news” is that some biological predisposition to agoraphobia and panic may exist, with the family and society reinforcing the avoidant behavior by promoting a traditional female role. It may be easier for a woman in this kind of situation to stay home rather than try to become independent. The “good news” is

that this avoidant way of behaving is becoming more and more unacceptable for a modern woman's role. Furthermore, avoidant symptoms appear to be maintained by the client's own cognitions, which are adapted from the culture. We now know better how to change these negative cognitions and to teach positive coping skills to override anxiety and dependent patterning. More mainstream feminists need to take up the cause of this large number of anxious, helpless, mainly heterosexual, married women, for there is a high risk of passing on this syndrome on to the next generation of women" (p. 199-200).

Avoidant behavior is associated with the traditional female role, which is deemed bad or inferior for contemporary women's lives, associated with being out in the world, self-sufficient, independent, etc. This thinking rests on a value judgment: experiences of dependency, weakness, helplessness, anxiety, and fear are bad, or inferior to experiences of independence, strength, mastery and self sufficiency, calm, and courage. The separation of experiences into good and bad, inferior and superior is itself dualistic. This dualism applied to gender roles impedes a woman's freedom to define her own gender. This thinking implies there is only one "right" or "healthy" way to be a woman. In my view, the belief of any one way being the right way or superior to another way excludes or marginalizes diversity of experience.

Additionally, making panic attacks or agoraphobia the defining characteristic of the people who experience them and perceiving and labeling these people as “helpless” misses the wholeness of people. It also misses the potential teleology of the experience. The author posits the conceptualization of panic attacks and agoraphobia as extremes of a continuum of common place avoidant behaviors to replace that of disorder as biological and/or psychological dysfunction and defect. Yet, I perceive the same connotation of pathology in the way that she talks about these experiences as I do in their description as disorders.

The above criticisms have to do more with the way that the insights of feminist therapy have been put together to form a whole, than with the insights themselves. That is to say, I find the insights on the effect of sexism on women’s (and men’s) experience of themselves and the world around them and the possible influence on the experience of panic attacks and agoraphobia to be crucial and potentially very useful in the exploration of these experiences.

Watkins and Lee (1997) suggest the use of a feminist narrative approach to panic disorder and agoraphobia. In their article they highlight three components of such an approach that could be effective for helping women with panic disorder: (1) Avoiding the replication of “power issues in therapy” and facilitating “a trusting relationship with the therapist” (p. 77). (2) Helping clients “understand their condition as a direct function of pathologizing forces in society rather than a function of intrapsychic deficits” (p. 78). (3) Actively promoting “efficacy, self-

confidence and personal power” as the client is “reauthoring” her story (p. 79). The authors point out that this reconstruction of meaning “does not mean the imposition upon women of alternative feminist accounts by the therapist... but a renegotiation of meanings” (p. 80). Watkins and Lee conclude by suggesting the integration of feminist narrative techniques with more established treatment methods in order to maximize their effectiveness, yet acknowledging the lack of and need for empirical investigation of the approach.

Process Work

Though much has been written about the Process Work paradigm (see chapter 4), very little has been written about its application to mental disorders (Audergon, 1990; Audergon, 1994; Courvoisier, 2001; Goodbread, 1994; Ikiugu, 1994; Loeken, 1994; Menken, 1994; Mindell, 1988; Reiss, 2001; The Journal, 1994), and nothing about its application to panic attacks. Because of its centrality to this study, Chapter 4 of this document is given to describing the Process Work Paradigm.

Psychotherapy Integration

As one would expect, no particular treatment appears to be effective for all clients. Moreover, no particular treatment strategy appears to address all the needs of the same client at various points in time. Several theorists and practitioners (Bohart, 1995; Dattilio & Salas-Auvert, 2000; Goldfried, Wiser, & Raue, 1992; Watkins & Lee, 1997) have been advocating for the need and usefulness of integrating aspects of various therapeutic approaches in the

treatment of panic disorder, in spite of their origins in seemingly diverse and differing theoretical frameworks or schools of thoughts. As Watkins & Lee (1997) point out, psychotherapy integration entails the notion that human behavior is too complex for any one theoretical framework to adequately comprehend, and rests on the belief that “one approach’s weakness may be offset by another approach’s strength” (p. 80). In addition, as mentioned above, different treatment strategies may be needed and indicated in order to address a client’s shifting needs at various points in the course of treatment. For example, an initial presenting need for symptom relief may shift to a need to explore the meaning of the panic experience or to deal with relationship difficulties. Mental health practitioners, therefore, are called upon to be well versed in the available treatment options and to use their creativity to combine and tailor therapeutic practices in order to address the momentary needs of their clients.

My Viewpoint

All theories are vulnerable to being misused by being reduced to fixed narrative templates. That is, all therapists are in danger of functioning as “pattern makers” rather than “pattern finders,” molding their client’s emerging narrative to fit the narrative templates of preexisting theory (Spence, 1982, p. 293). Used in this way, all psychotherapeutic theories can hinder rather than facilitate healing. Looking at the various approaches that I have described in this section, I find each to be potentially useful when its conceptual framework fits that of the client, and its area of strength addresses the client’s presenting need.

I use the word *potentially* because the areas of strength of each approach, for the most part, remain a theoretical presupposition, supported by anecdotal evidence in the form of case studies awaiting systematic empirical validation. Even CBT, the application of which in the treatment of panic disorder has been studied systematically, cannot yet claim a high level of efficacy that is maintained over time in its stated goal and strength of symptom elimination. The search, therefore, for ways to comprehend and work with people's experiences of panic attacks effectively (i.e., addressing people's varying needs) is currently on-going.

This descriptive study aims at contributing to this search by introducing a new and complementary way of thinking about and working with people's experiences of panic attacks: Process Work's perspective. The Process Work paradigm offers a lens through which one can look at panic attacks as part of a person's overall flow of experience (process), which potentially carries a purpose and a meaning for the person's life that can be discovered by tracking a person's momentary flow of experience. I am making a switch now from setting the context of this study to its purpose.

CHAPTER 3: METHODOLOGY

The motivating force behind this research was a deep seated curiosity, a yearning to learn more about panic attacks and the application of Process Work theory to them. This was an area of practice that had not yet been clearly articulated or put forth in writing.

My interest in the application of Process Work theory to panic attacks was manifold. As someone who had experienced panic attacks I was interested in finding out more about how I could work on my experiences using this particular paradigm. As a therapist trained in the Process Work paradigm I was interested in deepening my understanding of the application of Process Work to panic attacks and developing my skills of working with people on these experiences. As a member of the international Process Work learning community⁴ I was interested in contributing to the body of knowledge of Process Work by

⁴ I use the term *international Process Work learning community* to refer to a network of learning communities in countries around the world including, Australia, Austria, Belgium, Bulgaria, Canada, Czech Republic, Croatia, Denmark, England, Estonia, Germany, Greece, India, Ireland, Israel, Japan, Korea, Mexico, New Zealand, Norway, Poland, Russia, Scotland, Serbia, Slovak Republic, Slovenia, South Africa, Spain, Switzerland and the United States currently affiliated through interlinked web sites, e-groups conversations and attendance in training events. The members of this community are certified process workers, people currently enrolled in a Process Work training program, and people who are interested in the Process Work paradigm and attend seminars and classes offered by certified process workers.

explicating an area of practice that had not yet been clearly articulated and put forth in writing, thus, supporting and forwarding the research tradition out of which the paradigm emerged and through which it evolves. As a scholar conducting research I was interested in contributing to the body of knowledge of the field of Psychology by bringing to the foreground a little-known approach to working with panic attacks.

To develop further understanding of this particular application of Process Work, I decided to study the work of its founder and elucidate the method that he applies when working with people who experience unexpected panic attacks, attempting to separate the method from its original theoretician and practitioner. The aspiration and goal of this study is to explicate the Process Work paradigm in such a way that the reader can comprehend its basic premises and their application to panic attacks.

Terms

According to the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders, DSM-IV* (American Psychiatric Association, 1994) *panic attack* is

A discrete period of intense fear or discomfort that is accompanied by at least 4 of 13 somatic or cognitive symptoms. The attack has a sudden onset and builds to a peak rapidly (usually in 10 minutes or less) and is often accompanied by a sense of imminent danger or impending doom and an urge to escape. The 13 somatic or

cognitive symptoms are palpitations, sweating, trembling or shaking, sensations of shortness of breath or smothering, feeling of choking, chest pain or discomfort, nausea or abdominal distress, dizziness or lightheadedness, derealization or depersonalization, fear of losing control or “going crazy,” fear of dying, paresthesias, and chills or hot flashes (p. 394).

An *unexpected* panic attack is one “in which the onset of the Panic Attack is not associated with a situational trigger (i.e., occurring spontaneously ‘out of the blue’)” (American Psychiatric Association, 1994, p. 395).

Research Strategy

In order to elucidate and explicate Mindell’s method of working with people who experience unexpected panic attacks I employed a qualitative research design; namely, a combination of qualitative case study and heuristic research. Qualitative research facilitates exploration and in-depth understanding of phenomena (Patton, 2002). It is interpretive and naturalistic, in the sense that researchers study phenomena where they naturally occur, attempting to understand them “in terms of the meanings people bring to them” (Denzin & Lincoln, 2000, p. 3). Furthermore, qualitative research involves an inductive process; that is, researchers “build toward theory from observations and intuitive understandings gleaned from being in the field” (Merriam & Associates, 2002, p. 5).

Case study has an unmistakable advantage as a research strategy when a “how” or “why” question is being asked (Yin, 1994; Yin, 2003). It is often referred to as “purposeful sampling” (Patton, 2002) to highlight the emphasis on in-depth understanding gained through the study of selected “information rich” cases. “Information rich cases” are cases that provide useful manifestations of the object of inquiry, the study of which “will illuminate the questions under study” (p. 46). I chose case study as my research strategy because this would enable me to study in depth Mindell’s work with people who experience panic attacks, in the setting that it occurs, and engage in an inductive process to answer my research questions.

I chose heuristic research as an additional research strategy because this would enable me to utilize my personal experience by engaging myself in a full involvement into the inquiry, exploration and discovery of the study. That is to participate in the study itself by engaging in “a process of internal searching through which one discovers the nature and meaning of experience and develops methods and procedures for further investigation and analysis” (Moustakas, 1990, p.9). In heuristic research the researcher is required to be “present throughout the process” and make use of her experiences of “self awareness and self-knowledge” (p.9).

Type of Research

This study falls within a type of research called *clinical qualitative research*.

Clinical qualitative research is focused on “learning more about a therapist’s way

of practicing and thinking in the world” (Chenail, 1992, Clinical Qualitative Research in Family Therapy section, ¶ 11). This study also falls within a type of research called *discovery-oriented psychotherapy research* (Mahrer, 1988; Mahrer, 1996; Mahrer & Boulet, 1999). Discovery-oriented psychotherapy research aims at providing a closer, in-depth, “discovery oriented look” at psychotherapy phenomena “to discover what is there to be discovered” (Mahrer, 1988, An Alternative Approach to Psychotherapy Research section, ¶ 32).

Philosophical Framework

The interpretive framework, that is, “the set of beliefs and feelings about the world and how it should be understood and studied” (Denzin & Lincoln, 2000, p. 19), that structures this research is the constructivist paradigm. As Denzin and Lincoln write, “The constructivist paradigm assumes a relativist ontology (there are multiple realities), a subjectivist epistemology (knower and respondent cocreate [*sic*] understandings), and a naturalistic (in the natural world) set of methodological procedures” (p. 21). My interpretive framework is also heuristic research which emphasizes “examining and understanding how who we are can shape what we see, hear, know, and learn during fieldwork and subsequent analysis” (Patton, 2002, p. 27).

The Role of the Researcher

In qualitative research, the researcher is the instrument for data collection and data analysis (Merriam & Associates, 2002; Patton, 2002). The advantage lies in researchers’ ability to instantly process information, respond and adapt during

data collection and analysis, and thus expand their understanding, which is the goal of this type of research. The disadvantage lies in the researcher's subjectivity or biases. Rather than attempting to eliminate them, however, qualitative researchers engage in *reflexivity* – the process of an ongoing examination of *what they know* and *how they know it* – attempting to identify their biases, assumptions and expectations and observe how they affect what is studied and shape what is discovered. As Merriam points out,

Peshkin (1988, p. 18) goes as far as to make the case that one's subjectivities 'can be seen as virtuous, for it is the basis of researchers making a distinctive contribution, one that results from the unique configuration of their personal qualities joined to the data they have collected' (p. 5).

I am looking at my object of inquiry from the unique perspective of the combination of multiple lenses. One of these is the lens of someone who has experienced panic attacks. As such, I come to this research with the visceral knowledge of the terror that engulfs one during such an attack, and the disruption that panic attack brings in one's everyday reality. I feel and value the need for symptom relief and alleviation, and tend to be biased in the direction of approaches that offer that. At the same time, I feel and value the need for finding meaning in my experience, and tend to be biased in the direction of theoretical frameworks that also embrace a teleological and phenomenological worldview. Lastly, having experienced the effects on my sense of well-being, I believe in the

value and feel the need for theoretical frameworks that avoid conceptualizing experiences as pathological. Thus, I tend to be biased in that direction.

A second lens through which I am looking at my object of inquiry is the lens of the Process Work paradigm. This lens allows me to explicate the approach within its theoretical framework, yet also defines what I perceive in terms of that theoretical framework. As a trained process worker I come to this research with a belief in multiple dimensions of experience. That is, I hold the belief that panic attacks, like all experiences, have everyday reality aspects to them – the manifestations that can be measured and, therefore, agreed upon by all, such as a rapid heartbeat, the sense of asphyxiation, etc., and dreamlike aspects to them – people’s subjective experience of the various manifestations that cannot be measured and agreed upon by all, which when explored and followed can potentially reveal meaning and direction for a person’s life. As someone who was worked on her inner experiences using the methods of the Process Work paradigm (that is, someone who has experienced and found value in noticing and focusing on the dreamlike aspects of her experience, allowing them to unfold and reveal meaning and direction in her life) I come to this research with a belief in the potential value of such an endeavor for a person’s life. As someone who has studied with, been mentored by and is a colleague of Mindell I come to this research with an understanding of his concepts, ideas and work that is the result of 13 years of proximity to the development of these ideas, as well as an interest and inclination to learn from studying his work.

A third lens through which I am looking at my object of inquiry is the lens of a therapist who works with people who experience panic attacks. As such, I come to this research with first hand knowledge of the effect of panic attacks on other people's lives as well as my own, and the effect of the application of the Process Work paradigm on these experiences. Therefore, I also come with a belief in the usefulness of the perspective that the Process Work paradigm brings to people's lives.

A fourth lens through which I am looking at my object of inquiry is the lens of my personal experience; that is, the experience of a 42 year old White woman of Greek national origin and heritage, and middle class background. I grew up in a family that was psychologically oriented. My mother is a clinical psychologist. My father was a psychiatrist. Both practiced as family therapists. I have a long standing interest in self-growth. I value self-reflection, analytical thinking, and learning. I tend to be biased in the direction of self-awareness. At the same time, I am aware that having the opportunity to gain the skills to psychologically self-reflect and develop self-awareness is an unearned socio-economic privilege. I value relationship and community. I believe that privileges need to be used to benefit the whole. I tend to be biased in the direction of making psychological knowledge and skills widely available. Experiences of discrimination in terms of gender have given me direct knowledge of socio-cultural influences on personal psychology. I believe that psychological concepts separated from social awareness can become oppressive. I therefore tend to be biased in the direction

of raising awareness on the interconnection between socio-cultural influences and personal psychology.

Members of my doctoral committee questioned whether I could come into my own authority by focusing my research on someone who has been my teacher and mentor; yet, in my mind it was crystal clear that this was the path. This was an area of application of the process work paradigm that had not yet been sufficiently separated from its founder and put forth in writing. My training in the process work paradigm had given me proximity to Mindell. This proximity, along with my knowledge of the theory and practice of the process work paradigm and my personal interest in panic attacks put me in a unique position to take on such an endeavor.

At the same time, the questions my committee members were posing were valid and valuable. Could I manage the complexity of the multiple roles this endeavor entailed? Could I analyze Mindell's work looking at it from the viewpoint of a scholar and researcher, focusing on my perceptions to make an original contribution to knowledge, while also having the tendency to study the work from the viewpoint of a trainee interested in learning from it?

I firmly believe my training in process work, which involved extensive learning in multiple roles awareness – awareness of the role from which one is approaching another person in any one moment, for example, the role of a therapist, the role

of a teacher, the role of a learner, the role of a friend, the role of a parent, etc., with a recognition of the simultaneous existence of multiple roles in all relationships at different moments in time – has adequately prepared me for this. Discussion of all the above during a meeting with my doctoral committee helped clarify my intentions and goals. I trusted my awareness, my analytical abilities, my integrity and scholarly rigor, and had a vision of this research forming the ground that would spawn future research. It was a pivotal moment of my journey towards my authority when at the conclusion of the meeting I experienced my committee acknowledging the value and the validity of my vision, and standing wholeheartedly behind me, trusting my abilities to accomplish what I had set out to do.

Data Collection

When thinking about the type of data that I could collect and analyze in order to investigate Mindell's method of working with people who experience panic attacks, I considered various options, including videotape recordings and transcripts of therapy sessions, post-session questionnaires for the therapist, post-session interviews with the therapist, post-session journal of the therapist, open-ended interview with the therapist after the conclusion of the analysis of my data. I chose to collect videotape recordings of Mindell working with people who have experienced unexpected panic attacks; I then transcribed the videotape recordings and studied them. I decided to study this data on its own, rather than combining it with data that would provide me with the therapist's viewpoint of his work, because I was interested in investigating my own understanding of his

work and the unique viewpoint that would emerge from the combination of the various lenses that I brought to the research.

Strategy.

My data collection strategy, therefore, was twofold. One part was gathering observational data; that is, data representing “firsthand encounter with the phenomenon of interest” (Merriam & Associates, 2002, p. 13) in the form of videotape recordings of therapy sessions conducted by Mindell. The other part was “engaging” and making use of “direct personal experience;” that is, having “direct contact with the phenomenon under study” (Patton, 2002, p. 40) by being one of the research participants; by being present and operating the video camera during the sessions that Mindell conducted with other people who experience panic attacks; by making use of the enhanced understanding of Mindell’s work that my prior relationship with him (as his student, supervisee and colleague) gave me.

The study of videotape recordings of therapeutic sessions is one of the methods used in qualitative studies exploring aspects of the psychotherapeutic process (Maione & Chenail, 1999). Studies that have used videotapes and transcripts of therapy sessions as their data include but are not limited to a study investigating Sluzki’s narrative approach (Coulehan, Friedlander, & Heatherington, 1998), a study researching solution-focused therapy (Gale & Newfield, 1992), and a study investigating narrative therapy (Kogan & Gale, 1997).

I considered videotape recordings of therapy sessions appropriate for researching Mindell's method of working with people because it would provide a holistic view of Mindell's work, capturing in detail the interaction between him and his clients, including non-verbal communication; that is, communication that happens through the use of the body such as facial expressions, coloring and grimaces, the use of the eyes or gaze, body orientation and posture, sitting positions, gestures, body contact, and movements (Collier & Collier, 1986). I also chose videotape recordings for the possibility that they may provide, through the replay of scenes, for in-depth reflection, which "reduces the possibility of premature inferences and conclusions" (Ratcliff, 2000, Why Use Videotape section, ¶ 2).

I was aware that a weakness of this medium was the large accumulation of data which could become overwhelming during data analysis and countered that by limiting the number of cases I recorded, as Ratcliff suggests. I was also aware that my proximity to Mindell defined the data I collected. That is to say, a camera person unfamiliar with Mindell's work would have noticed and focused on different elements of the work, and thus shot different videotape recordings of Mindell's work than the ones I did. This brings me to the discussion of my second data collection strategy: having direct contact with the phenomenon under study.

Qualitative methodologists (Bruyn, 1963; Denzin, 1978; Patton, 2002) stand for the necessity of the researcher's personal engagement, maintaining that it leads

to empathy and introspection thus, enabling full understanding of human behavior. In Patton's words:

Immersing oneself in naturally occurring complexity.... makes possible description and understanding of *both* externally observable behaviors *and* internal states (worldview, opinions, values, attitudes, and symbolic constructs).... Understanding comes from trying to put oneself in the other person's shoes, from trying to discern how others think, act and feel (p. 48-49).

Patton points out that such proximity of the researcher to the phenomenon under study is antithetical to the distance and detachment of the objective observer traditionally recommended to social scientists for its presumed reduction of bias. He rebuts that presumption by citing instances where crucial insights were made possible by the proximity of researchers to their sources of data, including Piaget, Freud, Darwin and Newton, and cautions that "closeness does not make bias and loss of perspective inevitable; distance is no guarantee of objectivity" (p. 49).

In the case of the data collection for this study, my prior knowledge of Mindell's method enabled me to capture on tape elements of the work which I believed essential for studying it. In the context of a study aimed at explicating an approach within its own theoretical framework, my proximity to the source of data strengthens the design.

Adopting a dual role as a researcher and research participant in one of the case studies gave me direct personal experience of Mindell's work, deepening my understanding of it. In the context of a study aimed at presenting my understanding of Mindell's work, such a choice strengthens the design. At the same time, my positive experience as a research participant increased my bias. Including my work with Mindell as one of the case studies presented in this dissertation provides for greater transparency of this bias.

Adopting a dual role as researcher and research participant also gave me the opportunity to bring to the foreground the observations and insights regarding my personal experience that arose from the combination of the multiple lenses through which I viewed my topic of inquiry. In the context of a descriptive study, such insights and observations can serve as additional (anecdotal) data.

To summarize, my personal experience of panic attacks and the value I have found in exploring them using Process Work methods greatly influences the understanding that I present in this dissertation. Thus, choosing to adopt a dual role as researcher and participant makes use of this personal experience while it also increases the transparency of its influence on my understanding.

Before initiating data collection I reflected on my preconceived notions regarding the phenomenon that I was going to study and my expectations of the findings that would emerge arising from my previous experiences of the phenomenon in

my personal life and in my clinical education, training and practice, and I recorded these in a journal which I kept throughout the data collection process (see Appendix A). This provided me with a record of my expectations that I could later compare to my findings and notice whether I had discovered something that I did not expect to find. It also strengthened the research design by making my assumptions more overt and creating a record of the evolution of my thought process.

Sample.

For the purpose of this research I selected the sample purposefully to fit the following criteria: a) The individual had experienced in the past or was experiencing in the present *unexpected panic attacks* – as defined in the section titled “terms” above; b) The individual was willing to take part in this research project, i.e., work on their experience of panic attacks with Dr. Mindell, have their work videotaped by the researcher, and then transcribed, analyzed and used in the researcher’s thesis.

I chose to make six such videotape recordings. This number of cases was large enough to provide the needed diverse variations in order to capture a wide range of methods that Mindell applies, and to identify important common patterns that cut across those variations, while small enough to produce a manageable quantity of data for in-depth study and analysis. In addition, this number of cases fit the time constraints that I faced as a learner and Mindell’s availability for participation in the research project.

In terms of familiarity with the Process Work paradigm my sample consisted of the following: The research participants in cases 1 (myself) and 2 were very familiar with the paradigm and Mindell. That is, I, the research participant in case 1, had been trained as a process worker and was very familiar with Mindell who had been my teacher and mentor; the research participant in case 2 had been trained as a process worker and was in therapy with Mindell. The research participants in cases 3 and 5 were somewhat familiar with the paradigm and Mindell, in the sense that they had read some of the literature on Process Work and attended a few of his or other classes at the Process Work Center of Portland. Lastly, the research participants in cases 4 and 6 were new to the paradigm and had never met Mindell.

In summary, four of the six research participants were very familiar or somewhat familiar with the Process Work paradigm and Mindell. This potentially raises questions about the validity of the sample. Had the purpose of the research been, for example, to study the efficacy of the approach as it is applied to panic attacks, such a sample would not have been valid for it could not provide sufficient data to study the topic of inquiry. The purpose of this study, however, was to explicate the application of the Process Work paradigm to panic attacks. A sample of people who were mostly familiar with Mindell and the Process Work paradigm could be seen as strength of the design. Specifically, people's positive predisposition toward Mindell could have influenced their sense of ease and willingness to go into experiences that were unknown and scary. People's

familiarity with using the paradigm's methods to explore their experiences could have influenced their sense of ease and willingness to use these methods to explore their experiences. Both the above could have influenced the depth to which people explored their momentary experiences, creating the opportunity for a fuller demonstration of the approach (richer case studies). This, however, could also be seen as weakness of the design, insofar as the lack of more research participants, unfamiliar with Mindell and the Process Work paradigm, might have prevented the surfacing of difficulties of applying the approach and/or an even greater variation of methods that Mindell uses.

The sample and its variation is too small to make any definitive statements regarding the effects of the research participant's familiarity with Mindell and the Process Work paradigm on Mindell's application of the approach, and the research participants' ability to utilize the approach to their benefit. Nonetheless, the variation was sufficient to make initial observations that led to the formulation of questions regarding such difference to be investigated in future research (see Chapter 5, page 212).

In terms of gender the sample consisted of five women and one man. I had not included gender as one of the selection criteria for the sample; when volunteers began to appear I started the data collection process without thinking about their gender. Halfway through collecting the data I noticed the preponderance of women in the sample. I put the collection of the remaining data on hold, looking

for more male volunteers. Time constraints, however, allowed me to delay the completion of the data collection process for a limited time only. The preponderance of female volunteers might be an indication of a reflection of the epidemiological data, but the sample is too small to make any statements.

Table 1 below summarizes the variation of the sample in terms of gender and familiarity with Mindell and the Process Work paradigm.

Case #	Gender	Very familiar In therapy w/PW therapist	Somewhat familiar Not in therapy w/PW therapist	New to PW paradigm
1	F	◆		
2	F	◆		
3	F		◆	
4	F			◆
5	F		◆	
6	M			◆

Table 1: Variation of Sample in Terms of Familiarity with Mindell and the Process Work Paradigm and Gender

Note: Abbreviations: F = female, M = male, PW=Process Work

Process of locating research participants.

In order to locate research participants I wrote a letter describing my research (see Appendix B), and sent it to colleagues working at various mental health care agencies in Portland, asking them to post it on the bulleting boards and show it to people who might be interested in participating. Additionally, I distributed this

letter to colleagues and residents at my internship site (a shelter for homeless people with a dual diagnosis – mental illness and addiction), and posted a message about my research on the local (Portland, OR, USA) process work community e-mail group. People who were interested in participating began to contact me, and after checking that they fit the criteria that I had set for my sample selection, I informed them of whether they could be included in the research project.

Process of data collection.

Case 1 (my work) was videotaped in the context of a class that Mindell gave at the Process Work Center of Portland on panic attacks. It is a recording of a fishbowl demonstration of Mindell working with a class participant (myself) on her panic attacks. The other five sessions (cases 2 through 6) were videotaped in the context of Mindell's private practice. I chose to collect my data in the contexts of the above mentioned class and private practice because these were the natural settings where the phenomenon that I wanted to study was occurring.

Mindell informed me of the times that he would be available to work with people and once I located the research participants I set up the appointments. Before the sessions took place I connected personally with the research participants, on e-mail and/or the phone, in order to explain the details of the research project, and sent them the forms that they would need to sign (see Appendix C & D) so that they would have time to study them and ask any questions that might come up for them. The day of the scheduled sessions I met with each research

participant half an hour earlier in order to connect and establish a rapport. In this time that we spent together I shared my own experiences of panic attacks, and I also reminded them that they could withdraw their participation in the research at any time, for any reason. I was acutely aware of the intimate nature of what was about to transpire and was interested, above all, in protecting the therapeutic container that we were about to enter together, thus helping make this an opportunity from which the research participants could benefit. Personal disclosure is recommended in the literature (Fine, 1998) as a way of avoiding “othering” the research participants, i.e., collecting intimate data from them while giving none about yourself.

The sessions were one-hour long, except the class demonstration (case 1) which was thirty minutes long, and the session in case 2, which ended half an hour into the session, with the therapist’s and client’s concurrent conclusion that the work had been completed. My work, which took place in the context of a class (case 1) was videotaped by a class participant. The five sessions that took place in the context of Mindell’s private practice were videotaped by me operating the video camera. At the beginning of these five sessions Mindell invited me to share a few words about the purpose of our being there and the process through which the research participant had volunteered to be part of my research. Toward the end of each session he invited me to share what was on my mind. At times, Mindell also spoke to me during the sessions sharing his thoughts on the process.

The first time that Mindell asked me to set the context I realized that I had been thinking of my role during data collection as that of a non-interactive researcher. In my mind, I was an extension of the camera, gathering information through observing without interacting; yet, my mere presence in the room was an interaction! My presence and the presence of the camera affected the interaction between Mindell and the client. Experiments in quantum physics have revealed that a particle is non-local, i.e., it is everywhere at the same time and appears in one location only when it is observed. It is the act of the observation that makes it locate. There is no observation independent of the observer. Though I knew this theoretically, I kept slipping back into thinking of myself as an independent observer who was invisible behind the camera and thus, was surprised over and over again each time Mindell or the research participant addressed me during the work, reminding me that I was present.

One of the ways that my presence could have affected the interactions between Mindell and the clients is through a sense of pressure that the therapist and/or the client perhaps experienced to focus on panic attacks, since that was the agreed upon purpose of our meeting. The therapist and/or the client could also have experienced a sense of pressure to perform in front of the camera. In addition, my own emotional reactions to what was occurring could have been felt by the therapist and/or the client and affected the unfolding of events. In all these ways, the work would have had a different progression had I not been present, and/or had I not had a camera.

In future research projects I would include an audio recording device or an external microphone on the camera in order to capture a clearer sound. I would also include a second camera so that one camera can record the image of both the client and the therapist, in order to capture their interaction, while the second camera can zoom in on the therapist or the client, in order to capture the details of their facial expressions. Having just one camera, I had to make swift decisions about when to zoom in to capture details of one person, sacrificing the larger picture, and when to zoom out to capture an image of both people, sacrificing the capture of details. Thus, the choices that I made during videotaping influenced what I later studied. In these recordings, I chose to sacrifice the details more often than the larger picture having in mind the purpose of the study, which was the therapist's way of working.

Being present in these sessions was a very touching experience. I felt honored to be a part of the intimate processes that unfolded before me, and to be trusted with such personal material. Feedback from the research participants after their sessions revealed that they experienced their participation as worthwhile and meaningful. This made my doctoral research all the more meaningful for me.

Data Analysis

After I collected the data I proceeded to transcribe the six videotaped sessions verbatim in their entirety (see Appendix H). I did the transcription in multiple viewings in which I transcribed a) the verbal content and b) the non-verbal

signals – pauses, silences, tone of voice, postures, gestures, movements, body contact. For the transcription I used my word processing program and set the margins to divide each page in half, noting both the verbal content and the nonverbal signals on the left column, and my thoughts and observations on the right column. In the transcription, names of people and places were altered or deleted to protect the anonymity of the research participants.

Epistemological stance.

Several perspectives influenced how I approached my data; namely, the perspectives of the constructivist paradigm, discovery-oriented psychotherapy research, and the Process Work paradigm. Approaching my data from a *constructivist* perspective I embraced the notion that “meaning is constructed by an observer (researcher) and that it is context dependent” (Maione, 1997, Choice 6 section, ¶ 2). As Maione suggests, rather than striving to be an objective observer in search of absolute truths, I adopted the stance that I was part of what I was researching, interested in what I could discover through adopting a dual role as researcher and research-participant. Approaching my data from a *discovery-oriented* perspective I was sensitive to what was discoverable (Mahrer & Boulet, 1999) that is, I was open to what was new in the data, to what was surprising, challenging, hard to grasp, organize and explain. Approaching my data from a *Process Work* perspective I adopted a phenomenological stance noticing the flow of events, and making sensory grounded observations (i.e., noticing verbal and nonverbal communication signals).

Strategy.

As Stake points out, “case study is not a methodological choice but a choice of what is to be studied....” (Stake, 2000, p. 435). It can be studied in a variety of ways. I chose to study it in the following way. A first level of analysis of my data entailed looking at each of the six cases as unique, studying and analyzing it to capture its details and understand its complexities. As Patton points out (2002), “The initial focus on full understanding of the individual cases.... helps ensure that emergent categories and discovered patterns are *grounded* in specific cases and their contexts (Glasser and Strauss, 1967)” (p. 57).

The analysis of each case was based on a combination of deductive and inductive analysis. Deductive analysis involves analyzing the data “according to an existing framework” (Patton, 2002, p. 453). Inductive analysis involves “discovering patterns, themes and categories in one’s data” (Patton, 2002, p. 453). Specifically, I immersed myself in the details and specifics of the data, examining it in terms of the existing framework of the Process Work theory and the points of focus that I had derived from it, while simultaneously striving to look at the data anew for undiscovered, emergent understandings of what it was that the therapist was doing while working with the clients. A second level of analysis entailed cross-case analysis; that is, comparing cases looking for common patterns since, “any common patterns that emerge from great variation are of particular interest and value in capturing the core experiences and central, shared dimensions of a setting or phenomenon” (Patton, 2002, p. 234). A third

level of analysis entailed comparing my findings to my expectations of what I would find, checking to see that my preconceived notions had not led me to a "premature narrowing of focus" (Chenail & Maione, 1997, *Clinical Qualitative Research and Sensemaking* ¶3).

My Thought Process

When I was designing the research, I created the following tentative list of points of focus for my data analysis:

- The interventions that Mindell uses. For example, asking the client to describe her experience of a panic attack, suggesting to the client he notice and focus on his body experience, etc.
- The skills that Mindell applies. For example, noticing the "process structure," i.e., noticing what is "primary" (what is closer to the client's awareness) and what is "secondary" (what is further away from the client's awareness), what sensory channels (visual, auditory, proprioceptive – body feeling, kinesthetic – movement) are "occupied" (by the client's awareness and connected to the primary process) and which are "unoccupied" (not used with awareness and connected to the secondary process).
- The metaskills – "the attitudes and feelings, which permeate Mindell's work" (Mindell, 1995) – underlying the skills that he applies. For example, approaching the client's experience with a "beginner's mind," i.e., letting go of preconceived ideas about the client's experience, viewing it with openness and curiosity as something mysterious and unknown, which is to be discovered.

- The role of the client's feedback in his decision about which way to work with the client.
- Mindell's use of his inner experience as a source of information about the process.
- Mindell's use of his clinical experience as a therapist as a resource to feel into the experiences of his clients.

After transcribing the sessions I looked at my observations and thoughts (see Appendix G) and realized that I was commenting on multiple levels and/or aspects of the work including:

- The levels of reality that were being investigated (consensus reality, dreamland, essence)
- The phase of the work (investigating medical aspect of symptoms, eliciting subjective experience of panic, entering dreamland, unfolding, etc)
- The structure of the process (intended and unintended signals, edges, channels, etc)
- Mindell's interventions and the person's feedback

Thus, I began grouping these observations in the above four categories; namely, level, phase, structure, interaction. I later combined structure and interaction into "procession of work." During the cross-case analysis phase I began to see the "phase" category as a possible way of describing the approach and differentiated nine phases which I described using the term "steps." I then realized that each of

the nine steps could also be described in terms of the level of reality that each addresses and proceeded to describe the nine steps in relation to the three levels of reality Mindell differentiates. Subsequently I began to describe each step and illustrate it with material from the case studies.

When I finished describing the fourth step, I created a table listing all the possible entry points to the dreamlike background to the experience of panic that I discerned emerging from people's descriptions of their personal experiences of panic attacks. Studying that table I saw that the various entry points could be grouped into three categories, each representing a possible route of unfolding a person's subjective experience of the panic attacks. In an attempt to describe each route in a comprehensible way I began a process of abstraction that led me to rediscovery of a basic principle underlying the unfolding of all processes. Thus, I proceeded to describe this basic principle and its application in each of the three routes of unfolding the experience of panic that were revealed in the data.

Evaluative Criteria

As Patton (2002) points out, criteria used for assessing the credibility of constructivist inquiry are “dependability” (i.e., the extent to which the researcher systematically follows a systematic process), “authenticity” (i.e., the extent to which the researcher owns and is reflective about her or his own voice and perspective, appreciates the perspective of others and depicts the world authentically in all its complexity) and *acknowledgement of subjectivity* (i.e., the extent to which the researcher discusses and takes into account her or his

biases) (p. 546). In addition, as Maione (1997) points out, in clinical qualitative studies researchers frequently share the responsibility of assessing the credibility of a study by building into their study ways that readers can make that judgment for themselves.

I have attempted to establish credibility in my study in the following ways:

- I reflected on my biases as these relate to the various lenses through which I am looking at this study and included this discussion in the section above titled “The Role of the Researcher.”
- I included my own work on my experiences of panic attacks as part of the data, providing a direct view into the influences of these experiences and my exploration on them on the understanding presented in this study.
- Before initiating the data collection process, I reflected on my preconceived notions regarding the phenomenon that I was going to study and my expectations of the findings that would emerge, arising from my previous experiences of the phenomenon in my personal life and in my clinical education, training and practice. I recorded these and made them available to the reader in the form of an Appendix for greater transparency.
- I viewed the videotapes multiple times, checking the accuracy of the transcriptions.
- During the data analysis I recorded my thinking throughout the coding process noting the theory-derived codes with which I began my analysis,

the data-derived codes as those emerged from the data, the evolution of the codes into broader categories as well as how I came to my findings and included this information in the methodology section for greater transparency. Thus, readers can easily come to their own conclusions regarding any inconsistencies in my thinking.

- I addressed visibility (i.e., the extent to which others have access to the original data of a study) and shared responsibility for the assessment of the credibility of my study with the readers by including the transcripts of the videotaped sessions that I studied as an appendix (see Appendix H). This allows readers to come to their own conclusions regarding my findings but also, as Stake (2002) points out, to reconstruct the knowledge by making their own connections thus, increasing the likelihood of it being personally useful.

Human Subject Protection

My doctoral committee served the function of an Internal Review Board, reviewing and approving the design for this research. Their approval signified their agreement that my research design was in accordance with the principles and ethical standards set forth by the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research in its report “Ethical Principles and Guidelines for the Protection of Human Subjects in Research” (The Belmont Report, 1979).

All videotape recordings of individuals working on their experience of panic attacks with Mindell were made only after the individuals involved had been adequately informed about the research and signed a consent form. Individuals considering being part of this research were informed about the research, its purpose, the anticipated benefits and risks associated with participating in the research, the measures that would be taken to minimize these risks, the fact that participation was voluntary and withdrawal from the research possible at any time, as well as the way in which they could contact me to provide answers to their questions. The individuals who decided to participate in the research provided their voluntary and informed consent by signing the consent form. Mindell agreed to give me permission (see Appendix E) to use the videotape recordings for the purpose of this research. Mindell also gave me permission to give the research participants a copy of the videotape recording of their work after signing a viewing agreement form (see Appendix F).

Ethical Dilemmas

In thinking about how the research process could affect the research participants the following issue came up. The research design involved data collection in the context of a private practice. That is, the interactions to be studied were going to be therapeutic interactions between a practitioner volunteering for the purposes of this research to be the therapist and individuals volunteering for the purposes of this research to be his clients. In order to protect the integrity of the therapeutic context and ensure the welfare of the research participants, priority was assigned to the therapeutic function of the data collection sessions rather than their

research function. This was done in a number of ways. One was through written agreements between the researcher and the individuals volunteering as clients that gave the research participants the right to withdraw from the research at any time. Another was through an unspoken agreement between the researcher and Mindell, implied by and implemented through their adherence to common ethical guidelines as process workers, that the therapist's responsibility was, first and foremost, to serve to the best of his abilities the well-being of his client. Thus, in one instance, for example, when sensitive issues came to the foreground, both the therapist and the researcher reminded the person that she could withdraw her participation from the research at any time or request that an entire sequence of her work be omitted from the transcript so that she felt free to go deeper into the issues at hand.

Limitations of the Study

This study is not an attempt to either substantiate Process Work's approach to working with panic attacks or evaluate its efficacy. It is a descriptive study of Process Work's approach to unexpected panic attacks, attempting to elucidate the method within its own theoretical framework. This study did not include people who experienced situationally bound or situationally predisposed panic attacks. That is, there may be differences in the way that one would unfold these experiences that are not detectable by this study. Moreover, this study focused solely on the beginning phase of the work entailed in working with people who experience unexpected panic attacks, and does not describe the phase of helping them integrate the information that is revealed. Finally, this study did not

examine possible differences in working with people who are familiar and people who are unfamiliar with the approach, nor the possible difference in working with men and women. This study, therefore, does not claim to be a complete description of Process Work's approach to panic attacks.

This study did not examine panic attacks through the lens of gender. Though the preponderance of women in the sample brings to mind the epidemiological statistics, the sample itself is too small to make any statements regarding the seeming gender gap.

Being a process worker I have a preference for the paradigm. Indeed, it is my desire to make the perspective that this approach offers more widely known and more readily accessible, so that any practitioner working with peoples' panic attacks may choose to use and/or integrate these methods. Having studied Process Work has influenced my perceptual mode; I have viewed Mindell's work from within its perceptual framework. While this is a limitation, I also perceive it as strength, for it is having this perceptual framework that enabled me to discern and explicate what Mindell is doing when working with people who have experienced panic attacks.

Adopting a dual role as researcher and research participant in one of the case studies (case 1) created a limitation, yet also strengthened the design of this particular research: My positive experience during the work with Mindell

increased my positive bias for the approach. Moreover, gaining direct experience of Mindell's work added the perceptual lens of the client, giving me a deeper understanding of it. That is to say, experiencing the effects of the various interventions that Mindell used gave me an understanding of their importance and function in the process of unfolding an experience of panic, from the perspective of the one who is unfolding that experience. This made for a better explication of the approach. Additionally, adopting a dual role as researcher and research participant gave me the opportunity to utilize my personal experience as an additional source of data, helping me identify areas of future research.

My perception is influenced by the lens of my personal experiences, which include the experiences of panic attacks, as well as having found value in exploring my experiences using Process Work methods. Including my work with Mindell as one of the case studies presented in this dissertation provides for greater transparency of my biases. That is, it offers readers a direct view into experiences that influenced my perception and thinking, enabling them to come to their own conclusions regarding the understanding I present. Nonetheless, my subjectivity is also a limitation. There were no readers or coders, who were naïve about my preconceptions, involved in the analysis of the data. This study reflects my understanding of Mindell's work, which might differ from Mindell's understanding of his work, or other people's understanding of this work.

Contribution to Knowledge

This study is making an original contribution to the body of knowledge of the field of psychology by elucidating and explicating an essentially little-known approach to panic attacks. Furthermore, it is making an original contribution to the body of knowledge of process-oriented psychology, in the area of its application to extreme states of consciousness, by explicating an area of practice that has not yet been articulated and put forth in writing. This deepens the understanding of the theory and the application of Process Work, and helps separate the approach from its original theoretician and practitioner. Also, this study is making an original contribution to the body of knowledge on panic attacks by providing the unique viewpoint on the phenomenon of panic and its treatment via psychotherapy of the combined lenses of a person's own experiences of panic attacks, her studies on the biomedical and the various psychotherapeutic approaches to panic attacks, and her training in the Process Work paradigm.

CHAPTER 4: THE PROCESS WORK PARADIGM

Process work is “an evolving, interdisciplinary approach supporting individuals, relationships and organizations to discover themselves.” It is “a multileveled awareness practice” through which one can “track...psychological and physical processes that illuminate and possibly resolve inner, relationship, team, and world issues” (Mindell & Mindell, 2004). The Taoist principle of “process” or “flow” or “change” or “following the Tao” (Mindell, 1985, p. 90) or “observing and following the natural patterns and movements of nature” (Mindell, 1995, p. 58) is central in Process Work. Process workers are in essence awareness practitioners. They use various forms of awareness to track processes, be it their own, an individual’s, a couple’s or a group’s.

Levels of Reality

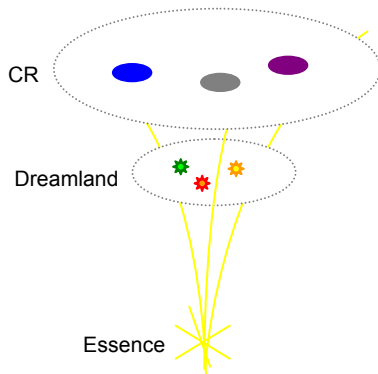


Figure 3: Levels of Reality

Mindell differentiates among three levels of reality (dimensions of experience, realms of perception) which he links to three dimensions of awareness. As depicted in Figure 3, these levels of reality are: “consensus reality” (Mindell, 2000b, p. 25) –the everyday reality that is consented to by science and most people as

real, and is experienced as perception of “time, space, weight and repeatable measurements” (Mindell, 2004, p. 17); “dreamland” – a dreamlike reality that is experienced as perception of “fantasies, subjective feelings, dreams and

dreamlike figures" (p. 17), and "essence" – the realm of "subliminal or "flash-like" awareness that exists without reflection" (Mindell, 2000b, p. 310) that gives rise to dreamland and consensus reality and is experienced as "perception of subtle tendencies" (Mindell, 2004, p. 17), "vague feelings and intuitions that can barely be verbalized" (Mindell, 2000a, p.15).

Suppositions of the Process Work Paradigm

It is beyond the scope of this study to explicate the several notable theoretical parallels that Mindell makes between the arising or unfolding of subliminal awareness into dreamlike experiences and everyday reality: the Australian aboriginal concept of "*Dreamtime* as the root and essential power from which everything else comes" (Mindell, 2000a, p. 8); the process of observation in quantum physics (wherein the wave function is collapsed so that an electron that can be any place before it is measured appears more or less located in one spot) (Mindell, 2000b, p. 177-190); the process of conjugation in math (wherein a complex number, i.e., a number that has both real and imaginary numbers, multiplied by its mirror image results in a real number and through which the wave function is collapsed) (p.191-201); and the Buddhist analysis of the process of perception (that differentiates between 17 and 45 distinct "moments" in the process of observation through which an arising from an undifferentiated whole is perceived by an "I") (Mindell, 2000a, p. 46-52).

For my purpose it is sufficient to say that in making these theoretical parallels, Mindell suggests that in order to understand the currently unexplainable non-

consensual processes involved in the above mentioned processes, science needs to assume an additional principle; namely, “the tendency of nature to reflect upon itself” (Mindell, 2000b, p. 188). Mindell suggests that the basic substance of the Universe is “subliminal or ‘flash-like’ awareness” (p. 310) that has a tendency to reflect upon itself.

Assuming this, he postulates that observation or consciousness (the realms of consensus reality and dreamland) arise through a process of autonomous reflection of subliminal awareness (the realm of essence). In other words, subliminal awareness is autonomously reflected as a function of the self-reflecting tendency of the Universe promoting itself to consciousness/concrete reality.

Mindell maintains that this autonomous reflecting process can be either marginalized or engaged, depending on whether a person marginalizes or focuses on and tracks the non-consensual aspects of her experience. When the autonomous self-reflecting process is marginalized, one is aware solely of the realm of consensus reality, feeling cut off from a deeper aspect of oneself and experiencing life as a series of disturbances. When the autonomous self-reflecting process is joined, however, one is aware of multiple perceptual dimensions and experiences oneself as co-creating one’s own everyday reality. The application of the Process Work paradigm, i.e., the awareness practice of

tracking the flow of experience from consensus reality through dreamland to the essence and vice versa, is based on the above postulations.

Forms of Awareness

Tracking the flow of experience in the various realms requires different forms of awareness. Consensus reality is linked to “first attention,” a term first used by Don Juan, the Indian Yaqui shaman in Castaneda’s books, to mean attention to everyday reality. Mindell uses it in a similar way. When one develops first attention one notices and focuses upon things that are part of one’s everyday reality such as other people, events, the doings and the happenings in one’s life. First attention thus is awareness of consensual signals (Mindell, 1993; Mindell, 2004).

Dreamland is linked to “second attention,” a term used by Don Juan to refer to attention to aspects of experience that are unusual – those with which others might not agree. When one develops second attention one notices and focuses upon “external and internal, subjective, irrational experiences” (Mindell, 1993, p. 25), experiences that are bothersome or troublesome or seem meaningless; i.e., things that one’s first attention would normally neglect. Second attention is awareness of the non-consensual aspects of one’s experience. Essence is linked to “third attention” or “lucidity” – awareness of subtle experiences and sensations which precede everything one thinks, sees, hears, and does (p. 36).

For example, using my first attention, I notice, in the moment, that the temperature in the room has dropped and my fingers are cold as I am typing. Using my second attention, I notice a buzzing coming from my neighbor's house that is disturbing me; a slight tension in my neck and shoulders; a flash of an image from last night's dream. Using my third attention, I notice a tendency of my body to lean backward; a particular sense that is hard to describe in words, and that my right hand is describing in movement as a vibration with a particular rhythm. Before I stopped typing and began searching for this example I was only aware of feeling cold. I was not aware of all these other inner and outer experiences. My tendency is to ignore them, turn on the heat and go back to writing. Making space to explore these experiences would require of me to relax my everyday mind momentarily and allow myself to focus on that which seems irrational or disturbing to it.

First and second attention are forms of consciousness, which according to Mindell's redefinition of the term, refer to "the ability to observe parts of consensus reality and parts of dreams and to understand these parts as aspects of your self" (Mindell, 2000a, p. 36). Mindell uses the term "enlightenment" to refer to "simultaneous lucidity and consciousness" (p. 36), which leads to awareness of the awareness processes themselves.

Main Method

Process workers observe and follow the patterns of nature by asking, "What is happening?" That is, they focus their awareness on the momentary flow of

experience as it is unfolding (Mindell, 2002, p. x). On the levels of consensus reality and dreamland, the flow of experience can be observed in the various intended and unintended signals that make up a person's verbal and non-verbal communication. On the level of essence, the flow of experience can be sensed as subtle movement tendencies of the body, vague body sensations and feelings.

Paths to “Enlightenment”

There are different paths through which one can become aware of the awareness processes themselves.

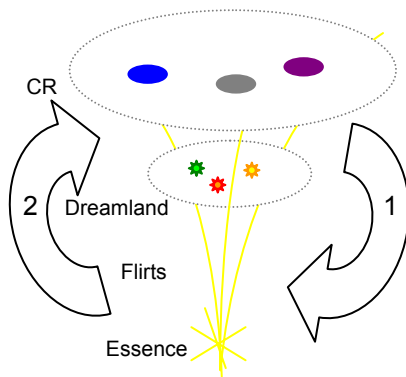


Figure 4: Paths to “Enlightenment (a)

As depicted in Figure 4, one can start from the level of consensus reality by focusing on an experience that she experiences as a disturbance, such as a relationship problem, a body symptom, an addiction, an extreme state, an accident, etc., enter dreamland through unfolding the non-consensual

aspects of her experience of the disturbance and discover the meaning of the disturbance, and also lucidly sense the essence of the disturbance and track it as it generates insights about recreating everyday reality. One can start from the level of dreamland by focusing on a dream or a fantasy and follow the same path as above.

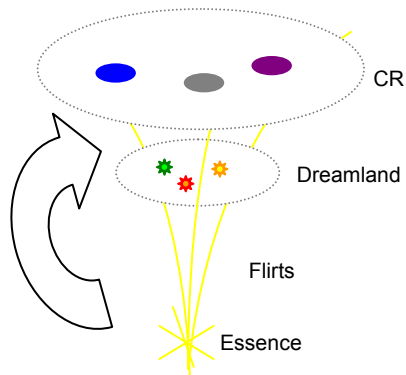


Figure 5: Paths to “Enlightenment (b)

As depicted in Figure 5, one can start by noticing a “flirt” – a fleeting image or sensation that catches one’s attention and track it as it unfolds into consensus reality. One can also start by lucidly noticing his subtle tendencies to move, follow those tendencies and unfold the movement until it

generates insight about consensus reality.

This study focuses on an aspect of the first path mentioned above, that is, starting from a panic attack (a disturbance in CR) unfolding the subjective experience of panic to find meaning (moving through dreamland), and sensing the essence underlying panic and staying with it as it generates insight for how to live everyday life. The theory that follows, therefore, deals specifically with the methods developed in order to follow this path. For methods developed to unfold dreams, “flirts” and subtle experiences, the reader can see Mindell’s *Dreaming While Awake*, *The Dreammaker’s Apprentice*, and *Quantum Mind and Healing*.

Central Concepts in the Process Work Paradigm

The following are definitions of central concepts in the Process Work Paradigm.

The use of these concepts in tracking the flow of a person’s experience is illustrated for the reader in the transcript of case 1 (see Appendix H).

Process

In the Process Work paradigm the term *process* refers to “the variation of signals experienced by an observer” (Mindell, 1985, p. 11) or in other words, “the flow of experience” (Mindell, 2002, p. 50).

Primary and Secondary processes

Processes are differentiated in terms of their distance from a person’s awareness. Processes which are closer to a person’s awareness, i.e., experiences, feelings, thoughts and sensations that are experienced as intended or part of a person’s self identity, are called “primary processes.” Processes which are further from a person’s awareness, i.e., experiences, feelings, thoughts and sensations that are experienced as “foreign and distant” or “happening to” the person are called “secondary processes” (Mindell, 1985, p. 13).

Channels

Processes are also differentiated in terms of “the signals in which they appear” (Mindell, 1985, p. 14) that is, “according to the perception sense which picks them up” (p. 15), the sensory “channel” through which they manifest. Channels are the various perceptual modes in which people experience themselves and the world. Forewarning that “given channels reflect specific individuals and/or cultures” (p. 14), Mindell lists the sensory channels that appear to be “the most common in one-to-one work with people [in the United States and Europe as]... visualization, audition, body feeling or proprioception and body movement or

kinesthesia” (p. 14). He also lists “relationship” and “world” as channels through which processes oftentimes manifest.

Thus, for example, one might have a dream or a fantasy or be struck by the colors of the sunrise or notice another person’s clothes – all of which would be processes occurring in the visual channel. One might be experiencing an internal dialogue or hearing internal voice, or be startled by a loud noise, or be disturbed by something another person says, all of which would be processes occurring in the auditory channel. One might be experiencing a physical sensation in the body or feel sad or happy or angry, etc., all of which would be processes occurring in the channel of proprioception. One might be experiencing internal or external body motions or stillness, all of which would be processes occurring in the movement channel. One might be preoccupied with or talking about another person or have a dream involving a conflict with another dream figure, all of which would be processes occurring in the relationship channel. Last, outer world events such as accidents, trouble at work, money issues, synchronicities, etc indicate processes occurring in the world channel.

Edges

The concept of the edge reflects the idea of the “boundary” of a person’s identity, the “limit” of a person’s ability to directly experience and associate with an experience (p. 25). For example, if I identify as a person who cares for others I might have difficulty in identifying with and expressing my anger, i.e., I might have an edge to anger.

The edge is the threshold between a person's "known and unknown worlds of experience" (Goodbread, 1997, p. 13). Using the above example, the edge would be the threshold between my known world of experience of loving others and my unknown world of experience of feeling and expressing anger. It is the point where a secondary process (my feelings of anger) meets the primary process (my experience of myself as a caring person).

These moments of convergence of primary and secondary processes are accompanied by a sense of confusion, fear, nervousness, agitation, discomfort, shyness and/or embarrassment mixed with a sense of excitement and curiosity. Often they are also accompanied by behaviors such as blanking out, sweating, fidgeting and/or giggling (Mindell, 2002, p. 50-53).

The two processes converging at the edge are connected to two differing belief systems. For instance, my experience of myself as a caring person might be connected with the belief that one should care for others and put other's needs before one's own. The experience of feeling and expressing anger might be connected with the belief that one should be in touch with her feelings and freely express them. People's belief systems are connected to the belief systems of the culture they grew up in. For instance, the belief that one should care for others might be connected to the belief system of a culture that values community and interdependence. The belief that one should freely express her feelings might be connected to the belief system of a culture that values individuality and personal

freedom. In this sense edges (the difficulty to associate oneself with an experience) are personal, yet at the same time familial and cultural. Inner processes are connected to societal group processes. Cultural and familial belief systems are internalized and personified by inner and outer figures (figures in a person's dreams and life) that represent those particular belief systems.

Signals and Double Signals

On the levels of consensus reality and dreamland the flow of experience can be observed in the various intended and unintended signals that make up a person's verbal and non-verbal communication. Intended signals are signals that a person identifies with or is aware of sending or go along with a person's intention.

Unintended or "double signals" are signals that a person does not identify with or do not go along with her or his intended communication or is not aware of sending. Double signals are incomplete signals that "tend to repeat themselves or cycle" (Mindell, 2002, p. 50) until they are noticed, focused on and unfolded (see below) to reveal their meaning and their message is picked up.

For instance, let us imagine a man who in response to a question regarding how he is doing says in a low tone voice, "I feel great" while leaning back against a wall. Until the person being asked the question focuses on and unfolds the nonverbal signals of the low tone of voice and the body leaning against the wall, one can only guess at their actual significance or meaning. Yet one can observe that these nonverbal signals do not seem to go along with the content of the verbal communication. The leaning against the wall and the low tone of voice,

would be hypothesized to be double signals, i.e., signals the person is not identified with, signaling the presence of an experience that the person is not aware of in the moment.

Amplification

Amplification – “increasing the strength of signals” (Mindell, 1982, p. 180) – is one of the central concepts of the Process Work paradigm. It is based on the postulated principle of a self-reflecting Universe which unfolds itself to concrete reality by means of its own self-reflection (Mindell, 2000b). In other words, self-reflection is viewed as a form of amplification; subliminal awareness is autonomously reflected and as a result consciousness occurs. Mindell views amplification as a means for unfolding a signal’s significance and meaning. Affirming a signal to such an extent that one puts one’s total focus on it begins to amplify one’s perception of it.

Amplification entails specific “metaskills” (Mindell, 1995)– feeling attitudes with which one uses one’s skills: A “beginner’s mind” (p. 83-84), i.e., letting go of preconceived ideas, judgments and interpretations of the signal and viewing with openness and curiosity something mysterious and unknown which is to be discovered; and “compassion,” (p. 67-73) i.e., valuing and generously attending to all aspects of experience, which entails an openness to whatever arises, including the irrational and mysterious.

Signals need to be amplified in the channels in which they appear. The exact nature of the amplification depends on the creativity of the person sending the signal and the awareness facilitator (Mindell, 1985). In the above mentioned example, for instance, the movement signal of leaning against the wall could be amplified in the movement channel by encouraging the person to allow her or his body to lean on the wall even more, and perhaps even allow the full weight of the body to lean against the wall. The auditory signal of the low tone of voice could be amplified by asking the person to speak in an ever lower tone of voice or sit in silence. A signal in the channel of proprioception such as a pounding headache could be amplified by asking the person to focus on the pounding sensation and feel it more. A signal in the visual channel such as a fleeting image of the sea could be amplified by encouraging the person to bring back the image of the sea and focus on it, look at it and see the colors or the motions of the sea or whatever it is that the person notices, etc.

For more information on ways to amplify experiences in the various channels see Arnold Mindell's *River's Way*, *Working With the Dreaming Body*, *Working on Yourself Alone*, *The Dreambody in Relationships*, Amy Mindell's *Coma: A Healing Journey*, Amy and Arnold Mindell's *Riding the Horse Backwards*, and Joe Goodbread's *The Dreambody Toolkit*.

Channel Changes

When signals are amplified in the channel in which they occur and intensified to their limits, channel changes occur; i.e., the process (the flow of signals) switches channels. For instance, continuing with the above example, when that man leans all of his weight against the wall, he might see an image of a child being held in woman's arms. In this case, the process will have switched channels and be now occurring in the visual channel, which will be adding new information. The initial signal of leaning against the wall will have unfolded into the image of a child being held, beginning to fill in the experience that appeared in that initial signal. Noticing the switch to the visual channel and focusing on the image would be a way to further unfold and fill in the experience.

Channel changes can also occur when an edge is reached – i.e., when information arises that is difficult for the person to accept. When channel changes occur because a person has reached an edge, one can notice a shift in the quality of the energy. For instance, when a burning sensation in the stomach (signal in the channel of proprioception) is followed by the image of an exploding volcano (signal in the visual channel) there is a consistency in the energetic quality of the experiences in the two channels. When the sensation of a burning stomach is followed by the image of a tranquil lake there is a shift in the quality of the energy. Going back to the moment that the channel changed and investigating what the person was experiencing in that moment is a way to investigate and learn more about the edge that the person reached.

One can also switch channels deliberately. This can be especially helpful at the edge. If people get stuck while amplifying an experience in a particular channel, for instance, feeling the burning sensation in the stomach, they can deliberately switch to another channel and (for example) make a picture of that burning sensation, or hear its sound, or make a movement that conveys that experience.

Feedback

The concept of following feedback is crucial in the Process Work paradigm. It is connected to the belief in the inherent wisdom of nature (process). In this paradigm where the practitioner is viewed as an awareness facilitator who follows the patterns and movements of nature (the flow of experience) feedback is viewed as the navigational compass.

Each interaction with a signal brings about a particular reaction or response. This response or “feedback” provides information about the process. For instance, if a facilitator’s suggestion to focus inside as a way to amplify the signal of a woman’s eyes looking downward is followed by the person’s closing of her eyes, the closing of the eyes is seen as feedback to that intervention.

In the Process Work paradigm, feedback is considered to be “positive” if the reaction, as in the example above, consists of an intensification of the signal, or, if there are indications that the person is picking up the suggestion and going with it. Other examples of positive feedback are a tightening of the muscles in

response to applied pressure, the body beginning to lean back in response to the suggestion to relax, etc.

To the contrary, feedback is considered to be “negative” if the intervention does not result in an intensification of the signal. For instance, a person beginning to talk in response to the suggestion of focusing on his inner experiences would be considered negative feedback to that suggestion. Negative feedback oftentimes provides information about the needed direction. In the example above, for instance, the feedback is pointing toward the auditory channel rather than the channel of proprioception. Feedback is considered to be “edge feedback” when there is positive and negative feedback present at the same time.

Using feedback as a navigational compass relieves the awareness facilitator from having to “know” the right direction or make the right intervention. All interventions result in information that can be used to adjust navigation as one tracks processes.

Process Structure

A process structure is a momentary picture of a person’s primary and secondary processes or “parts” or worlds of experiences and their relationships to each another. Processes are in constant flux. They “are not entirely separable but intermingle and coexist” (Mindell, 2002, p. 50). Though there are long-term aspects of one’s process that accompany a person throughout one’s lifetime “the

subtleties of processes change continually and transform” (p. 55) so a particular differentiation of processes into primary and secondary is temporary.

Process Structure Analysis

An awareness facilitator observes a person’s verbal and non-verbal communication and attempts to differentiate and group signals and experiences in terms of what is closer and what is further away from a person’s awareness; what is part of and what is outside of a person’s identity; what goes along with and what disturbs the person’s idea of herself; what is intended and what is unintended or happens accidentally; which channels of perception are occupied by the person’s primary process and which are unoccupied, i.e., used by the person’s secondary process; what is the edge and the belief system that supports it.

These groupings of information allow the awareness facilitator to form a beginning hypothesis about the process structure which is continually affirmed or disproved or altered by the new information provided by the feedback, and to identify possible interventions. A process structure is a beginning map, so to speak, of an unknown territory that gives an overview, an overall orientation, and points toward possible paths one could take to begin the exploration. As the exploration proceeds, the map is altered by what is discovered.

For example, let us imagine that a man is leaning up against a wall and says in a low tone of voice, “I’m not giving up. I’m tough.” A semantic analysis (i.e., an

analysis of the literal content) indicates that the man identifies with being tough and intends not to give up. An analysis of the syntactic structure (i.e., an analysis of the sentence structure) reveals the use of a negation, which indicates an experience of giving up that is being negated. An analysis of the non-verbal communication signal of leaning against the wall indicates the sensory channel of movement and/or proprioception. This signal does not seem to go along with the person's intention of not giving up, thus, one could hypothesize that the experience of leaning against the wall is further from away from the person's awareness, i.e., is a secondary process appearing in the movement and/or proprioceptive channel. An analysis of the non-verbal communication signal of the low tone of voice indicates the auditory channel. This signal does not seem to go along with the intended communication of not giving up and being tough either, one could hypothesize therefore that the low tone of voice is also a manifestation of the secondary process.

In this analysis I have differentiated and grouped the verbal and non verbal communication signals in terms of what is closer and further away from the man's awareness, hypothesizing that the experience of "being tough" – whatever that means for him – is closer to his awareness and part of his identity, whereas the experience of "giving up" is further away from his awareness and not part of his identity. In addition, I have made the hypothesis that the signal of the low tone of voice belongs to the experience that his identity has named "giving up."

This process structure analysis points toward two interventions implied in the structure, or in other words, two possible entry points into experiences that are further away from this man's awareness. One possible entry is the movement and/or the channel of proprioception. Utilizing this entry point, an awareness facilitator would ask the man to focus on his body and allow himself to lean even more against the wall. She would also ask the man to notice all that he is experiencing and follow the tendencies in his body. This might lead the man to eventually sit down or lie down on the floor and further explore the experience of "giving up," and its meaning and usefulness for his everyday life.

Another possible entry point is the auditory channel. Utilizing this entry point, an awareness facilitator would ask the man to notice the low tone of his voice and amplify that by continuing to speak or make sounds in that tone. He would also ask the man to notice all that he is experiencing and notice any images that might arise or tendencies to move. If the hypothesis is correct, the unfolding of the experience of the low tone of voice would also lead to the exploration of the experience of "giving up." For example, the low tone of voice might bring up an image of a baby sleeping or someone dying, etc., or might create the urge to lie down, etc.

For a detailed description of finding the process structure through the analysis of verbal and non verbal communication readers can see Julie Diamond and Lee Jones' *A Path Made by Walking*.

Unfolding Processes

As the reader will see below, unfolding a process involves amplifying unintended communication signals in the channels in which they occur; watching for channel changes; watching for and working with edges; filling in the experience in all the channels and staying with the unfolding until the significance or meaning of the experience for the person's life is revealed; sensing the essence of an experience and exploring that realm.

Amplifying and Watching for Channel Changes.

The first step in unfolding a process is amplification of the unintended communication signals in the channel in which they o. An awareness facilitator uses the signals that she has identified as belonging to the secondary process (the unintended communication signals) in order to enter dreamland. She helps the person focus on these signals and amplify them in the channel in which they appear.

The facilitator then watches for channel switches that occur organically. If the switch to the new channel brings information that fills in the experience that was unfolding in the previous channel (i.e., gives it more form) without radically shifting its energetic quality, the facilitator encourages the person to focus on the experiences unfolding in the new channel. If the switch to the new channel results in a shift in the quality of the energy that the person was unfolding, as in the example in the section on channel changes (see page 118), and a lower level

of engagement of the person, the facilitator considers the possibility that the person has reached an edge (the boundary of her known world of experiences), and encourages the person to go back to the last energetic moment and investigate what occurred right before the channel switch.

Unfolding Processes: Working with Edges.

Working with edges is an important aspect of unfolding. The experiences that come up as people focus on and unfold unintended communication signals are experiences that are marginalized by people's identities; i.e., experiences that do not go along people's sense of who they are. The arising of such experiences bring people to their edges. Thus, coming up against edges is intrinsic in the unfolding of a process.

The basic idea of "edgework" is to help the person become aware of the edge and decide the direction in which he would like to proceed. Sometimes it is important for the person to stay at the edge, just being aware of the processes that are converging at that point. At other times it is important for the person to explore the conflict between the belief systems supporting the primary and secondary processes, either as a reflection of a larger cultural or societal group process or as a relationship interaction between two parts of himself and/or between other people and himself. At yet other times it is important for the person to just go over the edge; not to be stopped by it but to acknowledge it and cross it.

Unfolding Processes: Filling In Experience in All Channels.

The awareness facilitator helps the person to fill in an experience in as many channels as possible helping the person maintain their focus until what is being unfolded reaches completion and its significance or meaning for the person's life of is revealed.

Example.

To give an example of the phases of unfolding that I have described thus far, let us follow the instance of a woman who has had a vivid dream of having cancer. The most salient part of her description of the dream is the part where she described touching her belly in the dream and feeling the cancer: "I could feel it. It was really hard and it had the shape of a square. It was like a wooden box." The awareness facilitator suggests that they begin to unfold the dream by focusing on the part of the dream that seemed to have the most energy for the woman – her tactile sensation of the cancer, i.e., its hardness.

As the woman focuses on sensing that hardness, her right hand goes up and her fingers tense up and curl, shaking back and forth. Thus far the process has shifted from the visual channel (dream images) to proprioception (sensation of hardness), and then movement (hand motions). The motions of the right hand keep repeating for a minute and then stop, as her hand comes down and rests on her knee. The cessation of a repetitive incomplete motion often times

indicates an edge in the movement channel. “I saw the image of a mountain” the woman says.

The awareness facilitator decides to keep, for the moment, the information about the possible edge in the movement channel in the back of her mind, and suggests that the woman “becomes” a mountain by changing her body posture so that she sits like one. The woman straightens her back and sits with her eyes closed for a few minutes and says, “I feel very peaceful in the stillness.” The awareness facilitator notices that the peacefulness the woman feels has a different energetic quality from the tension that was in her fingers as she was sensing the hardness of the cancer, so she encourages the woman to go back to sensing the hardness of the cancer.

That is, the awareness facilitator puts together the prior information about the possible edge in the movement channel and the shift in the energetic quality that occurred with the channel change, from movement to visualization, and makes the hypothesis that the woman reached an edge in unfolding the experience of the hardness of the cancer. Thus, she has the woman go back to the last moment before the edge occurred.

The woman goes back to feeling the cancer and the same hand motions occur. The facilitator encourages her to get up and allow the tension that she feels in her curled shaking fingers to spread to her entire body and express itself in

movement. The woman begins to make quick, strong, vertical motions with her right hand extended in front of her, bringing her hand up to the level of her forehead and then forcefully down to the level of her hips. Her motions are accompanied by a sound (hhhhhhhoo) and a face grimace (eyes squinting). The process has now unfolded further into movement and more channels have come in, filling in the experience (there is a sound and a grimace). She repeats the motions and the sound and the squinting of her eyes and suddenly she has a sense that she is a “samurai” warrior cutting through the air with her sword. She feels the strength, toughness and decisiveness of this figure and has an insight about using this energy to deal with her addictions, and protect herself from her partner when she “blasts” her accusing her of something she has done wrong.

The image of the cancer was unfolded through amplifying the tactile sensation of its hardness, following the channel change into movement that occurred as a result (shaking fingers), amplifying the movement (having the woman stand up and allow tension and shaking spread to her entire body), amplifying the channel additions that occurred (sound and grimace), until it completed itself (image of samurai warrior) and revealed its meaning (insights about how she could use this energy in her life).

Sensing the Essence of an Experience.

Sensing the essence of an experience and exploring the essence realm are the latest areas of development in Process Work. When an experience is unfolded, one arrives at another part or aspect of oneself that is trying to emerge such as

the samurai warrior in the above example. One can go even further by sensing the essence of this figure or energy it represents. A way to get to the essence is to encourage the person to drop the content and ask her to sense where this energy is headed for. What is the deepest yearning of this figure? Another way to find the essence of a figure is to ask the person to begin making the motions slower and slower until she stops making them entirely while keeping the sense of the experience, and while asking herself, "What is the seed of this experience? What is this energy at its very beginning, before it gets to be so intense?" Yet another way to find the essence would be to ask the person to stand still for a minute, breathe and relax her mind, and while in that relaxed state to begin to recreate this figure (for example the samurai warrior) and catch the very first things that happen even if they seem irrational. Unfolding those will give one a sense of the essence of the figure.

To continue with the above example: the woman as she meditated on the motions of the samurai warrior and asked herself where they were heading, she had a fleeting sense of something leaving the edge of her sword and continuing to fly in the air, into infinity, and had this sense that the essence of this figure, for her, had something to do with intent. As she stayed with that sense of intent she had a fleeting thought that she needs to be relentless in her pursuit of freedom, in her pursuit of living who she truly is.

Exploring the Essence Realm.

Exploring the essence realm involves what Mindell calls "shape-shifting" – allowing oneself to shift forms by sensing the essence of an experience and allowing that "to express itself in terms of sound, hand movements, perhaps dance-like movements, a quick sketch, or all of these movements" (Mindell, 2004, p. 56) Mindell encourages people to think of themselves as "living art," as a "moving sculpture" while keeping their focus on their experience allowing their fantasy to unfold until it explains itself to them. In the example above, the woman stayed with the sense of intent until a thought emerged. This thought revealed a way of living her life.

Metaskills

"Metaskills" is a term coined by Amy Mindell (1995) to refer to the feeling attitudes with which one uses one's skills. As she points out to facilitate the unfolding of a process:

...we need both a scientific and a spiritual attitude: We need the acuity of a scientist who carefully uses her awareness to follow patterns and signals happening in herself and the other person, and we need the openness of a shaman who can jump into and follow the dreaming process without necessarily knowing where it's heading (p. xii)

Other metaskills, important for facilitating the unfolding of a process, are: beginner's mind: letting go of preconceived ideas about the person's experience,

viewing it with openness and curiosity as something mysterious and unknown which is to be discovered (p. 83); playfulness and humor: using the spontaneity and freedom (from identity and social norms) of a child to explore experiences, bringing in a sense of humor and the different perspective it brings (p. 95-105); social awareness: being aware of the intricate connection between a person's experience and the culture in which one lives (p. 64); deep democracy: opening up to, valuing, appreciating and supporting all aspects of a person's experience (p. 67-74).

Summary

The Process Work paradigm is based on the Taoist principle of following the Tao – the natural patterns and movements of nature. This Taoist principle of belief in the wisdom of nature translates to the belief in an embedded wisdom in a disturbance. Believing in the wisdom embedded in a disturbance, a Process Worker engages in an awareness practice that utilizes the tracking of signals to enter and unfold the underlying process until it reveals its meaning for the person's life.

CHAPTER 5: FINDINGS

In this section I present my current understanding of the application of the Process Work paradigm to unexpected panic attacks, as I experienced its founder applying it with me (see Appendix H, case 1), and as I observed him applying it with five other people who have experienced unexpected panic attacks (see Appendix H, cases 2 through 6). Additionally, I present a series of hypotheses about the process underlying panic attacks implied in and brought to the foreground by the description of my understanding. Lastly, I present anecdotal data from my personal experience supporting the direction of a further investigation of these hypotheses in future research.

My understanding of the application of the Process Work paradigm to unexpected panic attacks is described in a series of “steps.” These nine steps emerged in the content analysis of the analysis of the six case studies that comprised the data of this study. I placed the term steps in quotation marks above to emphasize the word as a vehicle for organizing my description of the work. My rendering of these steps should not be taken as a literal outline of a sequential process, but rather a description of identifiable phases or therapeutic instances that occurred across the cases included in my analysis.

Presenting my findings as a series of steps involves a paradox: that of attempting to present a whole in artificially broken down parts. I have frozen the therapeutic process of working with experiences of panic attacks in order to define and

describe it. In so doing, a series of phases or instances I am calling “steps,” emerged. The parts (steps) do not reflect the true nature of the whole (flow of therapeutic process), for the description of parts does not convey their non-linear interconnections, the dynamic nature of the whole. To address this limitation I present, in Appendix H, verbatim transcripts of all six cases studies so that the reader can get a sense of the dynamic nature of the whole, and learn from the work itself rather than relying solely on my understanding of it.

With the description of these nine steps I attempt to describe the broad directions and methods composing the therapeutic interaction. These steps should not be taken as a protocol that was, or is meant to be, uniformly applied. The flow of signals arising within the interaction along with the creativity of both, the person exploring an experience and the awareness facilitator, determine the exact path of that encounter.

I am aware that organizing my findings in a series of steps imbues the presentation of a descriptive study with a prescriptive (teaching) tone, which could carry an implication of grounding in solid outcome data that has yet to be collected and explicated. Nonetheless, I have chosen the technique of stepwise organization as the best strategy for supporting the underlying goal of this study; namely, the attempt to define and describe the application of the Process Work paradigm to panic attacks, separating the approach from its original theoretician and practitioner, and in this way creating the ground for future research on

efficacy. My intent with the current explication is to address the implication my choice may carry by bringing it to the foreground, reminding the reader that currently there are no efficacy studies on this approach as applied to panic attacks, and noting again that this is an anecdotal, descriptive study that may serve as foundation for future efficacy studies.

In summary, the nine steps in a Process-oriented approach to panic attacks that I have defined and described below are a linear description of my current understanding of the process of exploring people's experiences of unexpected panic attacks.

Overview of Steps in a Process-oriented Approach to Panic Attacks

The steps that an awareness facilitator might follow if she used a Process-oriented approach when working with a person who has experienced or experiences unexpected panic attacks are:

1. Attending to the medical aspects of the panic attacks.
2. Getting a picture of the life context within which the panic attacks occur.
3. Eliciting the person's subjective experience of the panic attack.
4. Identifying entry points into the process underlying the panic attack.
5. Entering the process underlying the panic attack.
6. Unfolding the dreamlike aspects of the panic attack.
7. Understanding the significance of the unfolded experience of the panic attack for the person's life.
8. Sensing the essence of the unfolded experience of the panic attack.
9. Exploring the sensed essence and insights it generates about the person's life.

Process work brings to the field of psychology and medicine the idea of valuing and attending to at least three realms of reality: consensus reality (CR), dreamland and essence. Figure 6 below gives the reader a visual image of the nine steps outlined above relative to the level of reality that each addresses, though not all steps will always be taken in the order in which they are presented here:

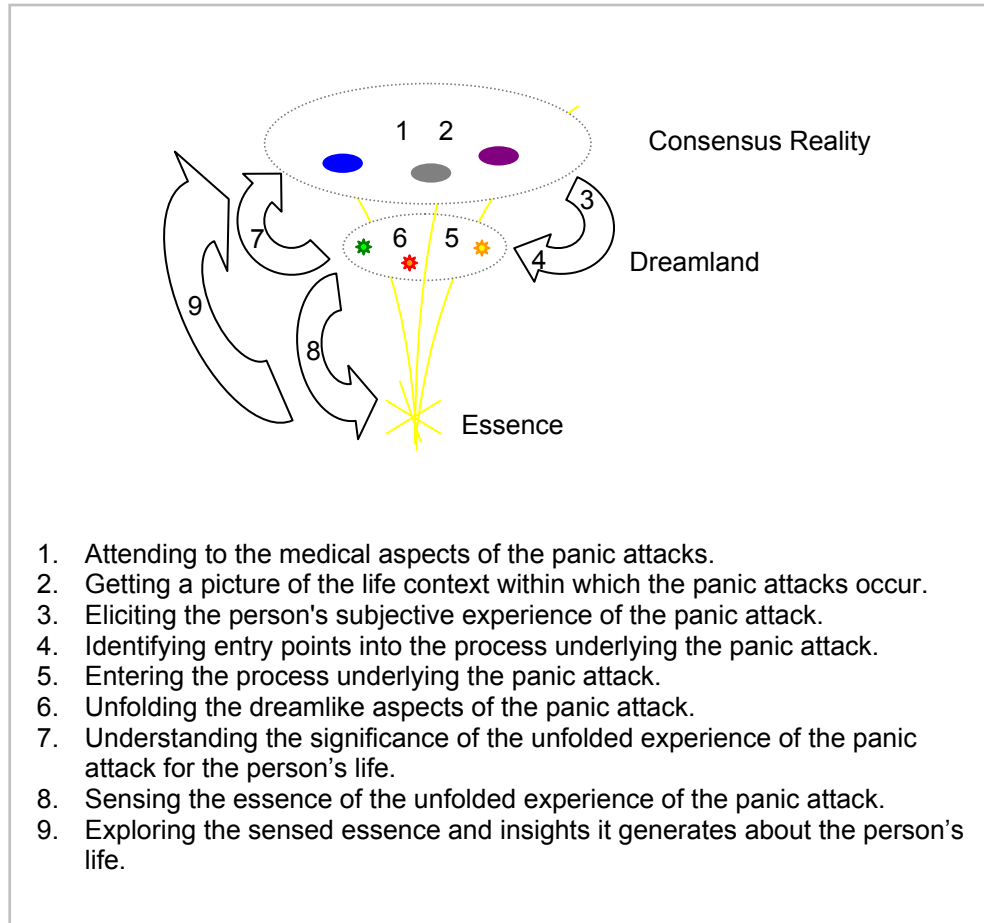


Figure 6: Steps in Working with Panic Attacks Relative to Perceptual Realms

As one can see in Figure 6, step 1, "attending to the medical aspect of panic attacks" and step 2, "getting a picture of the life context within which panic attacks occur" are phases of the work in which the realm of consensus reality is investigated. Step 3, "eliciting the person's subjective experience of the panic attacks" and step 4, "identifying entry points into the process underlying the panic attack" are phases in which a transition is made from the realm of consensus reality to the realm of dreamland. Step 5, "entering the process underlying the panic attack" and step 6, "unfolding the dreamlike aspects of the panic attack"

are phases in which the realm of dreamland is investigated. Step 7, "understanding the significance of the unfolded experience of the panic attack for the person's life" is a phase in which the dynamic relationship between the experience unfolded in the realm of dreamland and the person's experience of consensus reality is illuminated. Step 8, "sensing the essence of the unfolded experience of the panic attack" is a phase in which a transition is made from the realm of dreamland to the realm of essence. Step 9, "exploring the sensed essence and insights it generates about the person's life" is a phase in which the realm of essence is investigated and experienced recreating consensus reality.

In Appendix H, the transcript of case 1 is presented alongside my observations on the procession of the work, illustrating aspects of the theory presented in chapter 4, and the steps presented in this chapter.

Step 1 [CR]: Attending to the Medical Aspects of the Panic Attacks

In this phase of the work the awareness facilitator would begin to investigate the realm of consensus reality (CR) by focusing on the consensual aspects of the neurobiological and cognitive features of the person's panic attacks (i.e., the aspects of the person's panic attacks that can be perceived by the human senses, measured, tested and consented to as real, such as a racing heart, a shortness of breath, a fear of dying or losing control, etc.). In other words, before beginning to explore the possible psychological significance of panic attacks the awareness facilitator would address the physical dimension of the person's experience, ensuring that the person has consulted or will consult with a medical

professional in order to investigate and exclude the existence of any of the numerous physical problems that can produce panic-like symptoms. An illustration of such an investigation can be seen in the following excerpt from case 5:

AF⁵: You took the words right out of my mouth! I wanted to ask you two things about your physical self.

P: Um hum

AF: The first was about the thyroid because what you describe, especially the coming out and going up in the air and the fear of that, people with thyroid problems say that all the time.

P: *Oh really?* I had *no* idea!

AF: Yeah.

P: I was working with a naturopath, I still am, and he was giving me naturopathic thyroid stuff, but it's not working.

AF: No.

P: I mean it wasn't.

AF: No. And the other thing that I wanted to ask you, do you have an acid stomach?

P: Acid stomach?

AF: Acidity, a burning sensation?

P: If I eat the wrong foods I get that but I don't get it regularly. I get it if I eat too late at night. But also I take digestive enzymes and I'm careful what I eat but I am interested in what your thought is.

AF: Um... Do you sometimes have the sensations of acidity in your esophagus?

P: No, it doesn't come up that high.

AF: But you feel uncomfortable sometimes, you watch what you eat and don't eat too late at night.

⁵ AF = Awareness Facilitator, P = person, R = Researcher

P: Right

AF: Some of the things that you describe, not that that's going to solve the problem but it can't hurt, an acid stomach has also some of this panicky behavior – sudden spasms, nobody can figure out what it is... Always people will find out something good by working on it psychologically but you have to be careful physically. Do you know what an acid stomach is?

Other such investigations can be seen in case 2 (pages 295-286), case 4 (page 349-350), case 5 (pages 381-384) and case 6 (page 412-414, 419).

One issue that does not appear in any of the six case studies of this research but that I am aware of from my own training and clinical experience is the possible emergence of an apparent avoidance, reluctance or even resistance in the person to address the physical dimension of his experience. In such a case, the awareness facilitator would view this as an important aspect of the process calling for further investigation. The awareness facilitator might investigate the beliefs and feelings entailed in not addressing the physical dimension of the experience. The awareness facilitator might also help the person go into the experience of resistance and amplify it in order to get a sense of it and find out more about the part that is resisting. In particular one might ask, "What is this part's view of life? What is its purpose or goal? What does it want from the person?" The awareness facilitator might then step into a role-play playing one of the two parts involved (the one wanting to explore the medical aspect or the one resisting this exploration) with the person playing the other part in order to develop the relationship between the two and try to come to a resolution. The

awareness facilitator could also play out both parts for the person, mirroring the conflict, so that the person can watch from the outside and choreograph or intervene as she feels moved to do so. In any and all cases, investigating the resistance would be the entry point to the process in the background.

Step 2 [CR]: Getting a Picture of the Life Context within which the Panic Attacks Occur

In this phase of the work the awareness facilitator would continue to investigate the realm of consensus reality (CR). Processes intermingle and coexist; i.e., they emerge in relation to one another. In order, therefore, to understand the significance or meaning of an experience that appears as a disturbance (a secondary process) one needs to understand *what* is being disturbed (the primary processes). Investigating people's perception of their life and the contexts within which panic attacks occur can provide such an understanding.

One can explore this area by gathering information about the following:

- What is everyday life like for the person? (Life circumstances, work, health, finances, relationships, interests, etc)
- What is person's feeling about her life and the direction in which it is going?
- What was happening in the person's life when the first panic attack occurred?
- Under what circumstances do the panic attacks currently occur or not occur? Is there a pattern that can be discerned?

An illustration of such an investigation can be seen in the following excerpt from case 4:

P: So I was ready to work all those, you know, entry level jobs whatever it takes, just to get out of (country) because that community, you know, the beliefs in community are really killing me. My panic attacks started over there.

AF: Their beliefs in community you said?

P: Yeah, the beliefs in community actually it's something that I just couldn't find myself. You know, in first place you have to put other people then yourself. You know, to satisfy others and then think about yourself.

AF [Nods]

P: So it didn't work with me. My first panic attack started in 91, I would say. My son was born in 90 and after that I started having those chest pains [her left hand touches her chest] and didn't know what it was. At the time I lived with my husband. A new marriage and a child came, I wasn't ready for that, and first disappointments in marriage and then I lived in a huge house with his parents

AF: Ooo...

P: and it wasn't something that I wanted but to be honest the reason that I got married so quickly was just to [snaps her finger] get out of *my* house and *my* mom because she was pretty much demanding and having all these different beliefs different value systems than mine.

AF: What was her value system?

P: Oh you know, you gotta gain weight, and you gotta gain some money, and you gotta be a good wife and you gotta cook well

In the above excerpt the awareness facilitator notices that the woman associates the beginning of her panic attacks with living within the context of a community with a particular value system and investigates this value system. A few minutes

later the awareness facilitator notices a pattern emerging around the occurrence of the panic attacks that is connected to this value system:

P: I learned a lot and we moved into a bigger place so I had a room for an office and then when I got settled down the panic attacks started.

AF: Aha! After your business started to work you found an office, you started settling down and then your panic starts?

P: *Every* time.

AF: Every time what?

P: Every time my panic attacks would come not when I was going through...

AF: tense times! No!

P: changes ...

AF: Not at all!

P: but later on...

AF: Later, after settling down!

A few minutes later the awareness facilitator notices the same pattern being hinted at again and begins to bring it to the person's awareness pointing out the connection to the value system that she mentioned before:

AF: So right now are you in a relationship? What is your family scene? You have a son?

P: [Exhales from mouth, big sigh]

AF: Sorry to ask...

P: No, no. It is hard to explain. Right now, I'm on my own. Alone. My son moved to live with his father in another city in the United States.

AF: Great. I just wanted to know.

P: But it happened recently. I just told Lily in the waiting room, it's very interesting that I didn't have panic attack this summer, so many changes happened, my son left...

AF: No panic attack when lots of outer changes.

P: Yeah, so probably very soon it's going to happen...

AF: No! I think, rather, the more changes that happen and the more you're in the midst of doing a thousand things, the better!

P: Yeah, I know but when I settle down...

AF: Yeah! You're very creative! Settling is maybe *not yet* for you.

P: [Nods]

AF: You'll be settled down later. That's an old family myth that people should be settled down.

P: They should not!

AF: It doesn't work for...

P: Obviously, it doesn't work for *me*.

AF [Laughs]

P: I get panic attacks when that happens. [Loud voice]

AF: Yeah! You *hate* it!

Other examples of investigating the context within which panic attacks occur can be seen in case 1 (pages 270-273), case 2 (pages 291-294), case 3 (pages 313-318), case 5 (pages 379-381), case 6 (pages 413-419).

One of the suppositions of the Process Work paradigm is that there is a basic direction in the background, what Jung called a life myth, organizing a person's experiences. In this stage of the investigation the awareness facilitator might come upon other experiences such as body symptoms or addictions. Investigating these experiences can give the awareness facilitator and the person a hint about this basic direction that the panic attacks may also be connected to. Thus, an awareness facilitator could investigate these experiences

and keep the resulting information in mind for later use. An illustration of such an investigation is seen in the following excerpt from case 3:

AF: Ok. Anything else I should know about your...?

P: Well, I've had substance abuse issues throughout my life too.

AF: What kind of substances?

P: Opiates, pain killers, poppies...

AF: Aha! And what does that do? It kills pain or it sends you out into a [moves his head from side to side] waaaaanng or ...?

P: Well, both. It helps you play pool better [laughs], it seemed like.

AF: You get cooler.

P: Yeah smoother. It calms your nerves.

AF: *Calms the nerves...* So the opiate was probably a kind of medication in your case – not really a medication obviously but I mean trying to work with something that's nervous...

P: Definitely.

AF: Is that right?

P: Definitely.

AF: Hm... There's a connection there between the opiate and the panic probably... It's fascinating...

P: Yeah.

AF: It's a smart direction but the addiction isn't good. It's the right direction somehow – *how to cool it out*, you need – but the substance abuse is bad for you.

In the excerpt above, the awareness facilitator investigates an addiction to opiates that comes up during the investigation of the woman's everyday life. He explores the use of the substances and notes that state of consciousness that the woman was attempting to reach through their use ("cooling out") as a signifier of a needed direction for her life. Later on in the work this direction of "cooling

out" emerged again during the exploration of her panic attacks and was connected to what she referred to as her "soul" – a deep part of her which is an enlightener for others and for herself (see Appendix H, case 3).

Step 3 [CR → Dreamland]: Eliciting the Person's Subjective Experience of the Panic Attack

In this phase of the work the awareness facilitator would ask the person to describe her experience of panic attacks. Through eliciting the person's subjective experience of the panic attacks the awareness facilitator would begin to focus on the non-consensual features of panic attacks; that is, the person's dreamlike experiences associated with the neurobiological and cognitive features of his panic attacks that cannot be directly measured or collectively consented to as real. Through this shift of focus from the consensual to the non-consensual aspects of the panic attacks, the awareness facilitator would begin to make a transition from investigating the realm of consensus reality to investigating the realm of dreamland.

A note of caution: Talking about a panic attack brings back at least part of the physical sensations of it. Awareness of the physical and emotional discomfort involved in this step imbues the awareness facilitator with a feeling attitude (metaskill) that can itself ease part of the discomfort for the person. The same applies to moving relatively quickly through this and the next steps of identifying possible "entry points" into the process underlying the panic attacks, entering the process and beginning to unfold it, for once a person enters with awareness

these aspects of her experience she no longer feels solely a victim of the inundating force of the panic attack.

Illustrations of this phase of the work can be seen in case 1 (pages 270-273), case 2 (pages 291-292 and 296-297), case 3 (pages 319-320), case 4 (pages 345-349), case 5 (pages 381-382, 384-385) and case 6 (pages 412-415 and 417-419). Excerpts containing the description of each of the six research participant's subjective experience of the panic attacks are included in the description of the next step.

Step 4 [CR → Dreamland]: Identifying Entry Points into the Process

Underlying the Panic Attack

In this phase of the work the awareness facilitator would attempt to identify possible "entry points" into the process underlying the panic attacks. I use the term "entry points" to refer to aspects of a person's experience of the panic attacks that can potentially function as doorways into the process underlying the panic attacks. In this phase of the work the awareness facilitator would be continuing to focus on the non-consensual aspects of the panic attacks and, in this way, continue to make a transition from investigating the realm of consensus reality to investigating the realm of dreamland.

As the analysis of the case studies revealed, one place to look for possible entry points into the process underlying a panic attack is the description of a person's subjective experience of it. Another place is the person's momentary somatic

(physical) experience, while recollecting the panic attack, or while experiencing it in the moment.

Identifying Entry Points in the Person's Description of the Panic Attack

Identifying possible entry points in a person's description of his experience of the panic attack involves looking for:

- The part of the person's experience that is disturbing or frightening or unknown or mysterious or intriguing or enjoyable in some way to the person.
- The part of the person's description that carries the most energy. A rise in energy can be noticed in an intensifying of the tone or volume of the voice, or a sudden quick burst of energy expressed through movement and/or sound, which then disappears.
- The person's somatic (physical) experience of the panic attack as it is expressed in words, motions or sounds.

Given the importance of identifying possible entry points to the overall process of exploring a person's experience of a panic attack, I have chosen to illustrate this step with excerpts from all six cases. In this way I show both the uniqueness of each case and their underlying similarities, which led to the grouping of the entry points into categories of possible routes toward an unfolding of the process underlying a panic attack, utilized in the description of step 6.

The following are excerpts from each of the six cases studies showing the awareness facilitator eliciting the person's subjective experience of her panic attacks, followed by a list of entry points that I observe in each. In the description of step 5 the reader will find a table listing these entry points alongside my thoughts on how one could utilize them to enter the stream of the dreamlike background of a panic attack.

Excerpt from case 1 (my own work):

AF: When did you have the first one?

P: The first one that I identified as a panic was a few years back. I think it was in 95 or 96. I was back in my home country for a visit. It was a morning. I think it was just a day or two after I had arrived. I woke up and I remember I was in the bathroom washing myself and I felt a tightness in my chest... and a sense of worry... and then I thought, "I'll go lie down on the couch." And then I was almost falling asleep and then it was like [sudden and loud] "*hhoooo*," [she raised her right hand to the level of her head and then forcefully brought it down in front of her while also thumping on the floor with her foot.]

AF: [Follows the hand motions with his eyes and then the motions of the foot]

P: And then it was like *terror*... and I *didn't* know... there was *nothing*... I didn't know *what* I was afraid of... and then, the worst was... like thinking, "What's happening to me? Am I going *crazy*? This is what it is to go *crazy*..."

In looking at the above excerpt one could identify the following possible entry points:

- The sense of terror coming upon me expressed in the verbal signal of the sound "*hhoooo*," and the nonverbal signals of the downward motion of my

hand and the thumping of my foot on the ground. (This is a part of my description with a lot of energy – the tone of my voice intensifies, the volume gets higher and the motion is abrupt and forceful.)

- The sense of going crazy. (This is a disturbing and frightening aspect of my experience.)
- The sense of not knowing what I was afraid of. (This is a disturbing and frightening aspect of my experience.)

Excerpt from case 2:

P: Yes, little (her kids were young). I was so stressed out and I remember taking my kids to visit my brother in (another country) and I was in the guest room and it was made of this beautiful wood with some windows on the top, and I woke up in the middle of the night and I thought, “Oh my god, there is *no* oxygen in this room.” I swear to god there is *no* oxygen in here...”

AF: [Nods] I had never experienced anything like that.

P: It was fucking freaky.

AF: Ts, ts, ts... [shakes his head from side to side]

P: It was, I mean, I guess [throws hands up in the air] that’s a panic attack or something.

In looking at the above excerpt one could identify the sense of lack of oxygen as a possible entry point. (This is a disturbing and frightening aspect of her experience. It is also is a part of her description with a lot of energy.)

Excerpt from case 3:

AF: But maybe you want to say a little something about it, about your panic states. What were they like? What happened when they did come before you started taking Zoloft?

P: Oh, very typical. You just feel like you're losing your mind...

AF: Aha!

P: Fast heart rate and you feel like you need to run to the emergency room. That you're going to die...

AF: Aha...

P: It's just very typical.

AF: Aha...The standard main symptoms...

P: Yeah that's definitely...

AF: That's going to be easy to, that's going to be fun

P: [Laughs]

AF: the way you described it! That's how you knew it was there and coming, feeling going nuts and very speedy heart rate?

P: Right and just feel like you're under a big threat. I mean, I feel like – [points at R] we were talking about that. How you just feel like... You feel like you're... I don't know, I just feel very *threatened*...

AF: *Threatened*... Mm... Yeah... by something...

P: Right.

AF: But by who knows what...

P: Yeah.

AF: Exactly! We can't really name it.

P: That's what's hard. So, you got nowhere to run and nothing to do, no way to fix it because...

AF: There's something threatening you...

P: Right, but there's *no* obvious threat to deal with.

In looking at the above excerpt the reader could identify the following aspects of the woman's experience as possible entry points:

- The sense of losing her mind.
- The sense of imminent death.
- The physical sensation of a rapid heartbeat. (This is an aspect of her somatic experience of the panic attack.)
- The sense of being threatened. (This is a difficult aspect of her experience and a part of her description with a lot of energy.)

Excerpt from case 4:

P: It's a chest pain. It starts like [makes her right palm into a fist and begins to move it toward and away from her chest showing a heart palpitation] that, the heart pounding very fast and I feel very hyper at the very beginning, very, very hyper. I can do anything that you want me to do. My friends tell me that my face changes completely. They say that they could see there is something going on. It's like eyes are different, face is different and I'm very hyper. I notice it, like it starts today and I feel like, you know [looks at R] like when women feel like they're PMSing, they're a little bit like [moves her hand rapidly back and forth], they feel so hyper.

In looking at the above excerpts one could identify the following aspects of the woman's experience as possible entry points:

- The physical sensation of the rapidly pounding heart.
- The sense of being hyper.

Excerpt from case 5:

AF: So now let's talk about the panic attack itself. I don't have them so you have to describe it somehow in a way that know what it's like, give me the sense...

P: Well, I'll tell you one side of the worst thing about it, is a feeling of isolation. That there can be a million people there or the nicest people in the world, and nobody can get to me.

AF: [Nods] Hm...!

P: You know?

AF: No, I didn't but I...

P: That's the worst feeling.

AF: Um hum

AF: Nobody can get to you at all. The worst is that you're right there, there could be the nicest characters around you but...

P: Someone could hug me and it wouldn't matter

AF: Right, something

P: something has cut me off [brings her two hands down vertically in front of her chest in an abrupt movement] from everything...

AF: Aha! Great! Gotcha! [Nods]

P: That's not the whole of it but

AF: That's a *big* piece.

P: In a way that's the worst feeling.

In looking at the above excerpt, one could identify the feeling of isolation, which for the woman is the worst part of the experience of the panic attack, as a possible entry point.

Excerpt from case 6:

P: But my original experience, it really was like an attack. I really wouldn't have much warning at all. You know, [snaps fingers] just like that I'd be in that state...

AF: Oh... yeah...

P: [Nods] and *convinced* that I was about to die. You know?

AF: Oh... I don't know myself personally. I mean, I've had things like that but never that panic thing. What is it like? You feel like you're going to suddenly die?

P: [Body leans forward] Yeah... and it really is sort of a...

AF: Like heart racing and...

P: Sure, yeah... it's like all these things [brings his hands up the front of his body and at the level of the chest opens them up with palms facing upward] are going on and you just have the conviction that *something* is wrong. It must be because I'm freaked out.

AF: Yeah [looks at R]

P: [looks at R] and of course you really can't see anything. So I always typically...you know, a *little* bit of medical knowledge is *terrible*...

AF: Oh! Worse..

P: especially for somebody with imagination! [Smiles] So I think, "Well, this must be what an asthma attack is like. I think I'm having my first asthma attack. I'm probably about to *suffocate* or a *heart attack* or something like that. Early on I would have to... I'd look in the mirror and make sure, "Oh, look, my face is red I can't be having a heart attack, I'd be clammy or something if I weren't getting enough blood oxygen!" But, you know, it's an *attack*. It *completely* sort of inundates my awareness. There is *really* nothing else... it is like

AF: You're overwhelmed by it in way you can't think usually.

P: I can't say, "Well, I'll think about this later!"

AF: Yeah

P: It is *really* panic [nods]

In looking at the above excerpt one could identify the following aspects of the man's experience as possible entry points:

- The sense of being attack without warning.
- The sense of imminent death.

A little later in the work another entry point was revealed as the man described an aspect of his experience of the panic attacks that he actually enjoyed:

AF: So the medications are working and you're happy with that

P: [Tilts his head to the right and puts his lips together, in my interpretation of his signals saying something like, "Not really"]

AF: [Nods] and that's what you will be staying with for a while, for the moment

P: Yeah, for the moment, sure. I mean I guess I wouldn't say *happy* overall.

Um... I don't have any *intrinsic* problems with drugs or the idea of them but uh...if I take Xanax, if I feel *extremely* anxious, or if I panic and I take Xanax I feel pretty *dead* for a day, not really as sharp

AF: It cools you out a lot...

P: Yeah, and I like to keep my mind *pretty* stimulated. I probably actually *quite enjoy* being *close* [his eyebrows go up, his eyes open wide and shine and his mouth opens up to a big smile] to panic [nods] actually [still smiling]

AF: [Smiles] Yeah! I can understand that.

P: It's sort of an excitement to me.

In looking at the above excerpt one could identify the state of consciousness the man enters when he is close to a panic attack as a possible entry point.

Identifying Entry Points in the Person's Momentary Physical Experience of the Panic Attack

As revealed in the analysis of the cases studies, another place to look for possible entry points into the process underlying a panic attack is the person's momentary somatic experience, while recollecting the panic attack or while experiencing it in the moment. In other words, identifying possible entry points in a person's momentary somatic experience could potentially involve: a) eliciting the person's recollection of the panic attack until the person has a sense of that state in her body and then asking her to focus on her body experience; b) if the person is already experiencing in the moment a little bit of the sense of panic, directly asking him to focus on his body experience.

A note of caution: One need be conservative about taking this route and ensure before doing so that the person is in good physical health and feels comfortable entering into the altered state this would involve.

An illustration of eliciting the person's recollection of the panic attack until she has a sense of it in her body can be seen in the following excerpt from case 1 (my own work):

AF: Can you remember

P: [Nods and closes her eyes]

AF: some small amount of that panic state? Can you recall a little bit of that panic feeling, the panic state, just enough so that you have a sense of it...

P: [Stands still, head tilted downward, eyes closed]

AF: ...and maybe even you can feel a little bit of it in your body, not so much that it is too uncomfortable but just enough so that you have a sense of it...

P: [Stands still, head tilted downward, eyes closed]...

AF: Uh hm... Can you feel it a little bit?

P: [Nods keeping her eyes closed]

In looking at the above excerpt one could identify as an entry point the physical sensation of the sense of panic that I indicate (through my non-verbal communication signals – nod of my head) to be experiencing in the moment.

The following excerpt from case 2 is an illustration of finding possible entry points by asking the person to focus on her momentary physical experience of the panic attack:

AF: Is it there now? A little tiny bit?

P: A little...

AF: Where is it?

P [Points to belly]

AF: Oh yeah... Tense?

P: Um hum.

AF: How about up here? [Points to his chest]

P: A little, too, yeah.

AF: What's happening up...

P: This [points to her tummy] is more noticeable but here [points to the chest with her right palm] it's like something that [brings left palm up at same height as right palm]... it's like... it's kind of frozen... [Holds her hands up in front of her, palms facing her chest, fingers of two hands almost touching.]

In the above excerpt one can see that while listening to the description of the woman's momentary physical experience of the sense of panic, the awareness facilitator also kept in mind the body area (chest) that the person had previously identified as being involved in the experience of the panic attack (see excerpt from same case on page 153), and guided the woman's awareness to that area when she did not include it in her description. Her somatic experience of that area – the sense of it being frozen – is, in this case, the entry point that was revealed.

The diversity of people's experiences ensures the impossibility of describing all the possible methods through which entry points into the underlying process of a panic attack might be revealed. The above is written in the spirit of illustrating a way of thinking that can be helpful in the exploration of the process of panic.

Choosing an Entry Point

Different awareness facilitators will notice and be pulled toward different entry points. All of the entry points ultimately lead to the same stream. An image that could help one visualize this concept is that of a single string lying on the ground in a big bundle with many twists and turns⁶. The entry points would be analogous to the numerous curved endings popping out from this bundle. Any ending pulled will unravel the same string. What ultimately determines the entry point that is

⁶ The image of an underlying process as a string was presented by Arnold Mindell in his winter class, *Death and the Rainbow Body* at the Process Work Center of Portland in September 2002.

utilized and the path that is followed in the unraveling of this string is the person's feedback.

Step 5 [Dreamland]: Entering the Process Underlying the Panic Attack

In this phase of the work the awareness facilitator would help the person enter the process underlying the panic attack by utilizing one of the entry points that would have emerged in the earlier exploration of his subjective experience of the panic attack (for instance, as we saw in step 4, the sense of going crazy, the sense of not knowing what one is afraid of, etc.). In general, utilizing an entry point involves helping the person begin to focus on the dreamlike aspect of his experience of the panic attack that has been identified as an entry point. In this phase of the work the awareness facilitator would be helping the person begin to investigate the realm of dreamland.

An illustration of this can be seen in the following excerpt from case 2:

P: This [points to her tummy] is more noticeable but here [points to the chest with her right palm] it's like something that [brings left palm up at same height as right palm]... it's like... it's kind of frozen... [Holds her hands up in front of her, palms facing her chest, fingers of two hands almost touching.]

AF: Like that? [AF mirrors hands' motion] Frozen?

P: Yeah...

AF: Ok, so go ahead and freeze up.

In the excerpt above, the awareness facilitator utilizes the entry point that emerged in the exploration of the woman's momentary physical experience of the sense of panic (physical sensation of being frozen in the chest area – see excerpt on page 160) by encouraging her to stay with the physical sensation in her chest area and amplify it (“go ahead and freeze up”).

In case 3 the awareness facilitator utilized the entry point that emerged in the exploration of the woman's experience of the panic (the sense of going crazy – see excerpt on page 154) by asking her to imagine what she would do were she to go crazy (see Appendix H, case 3, page 320). In the same case the awareness facilitator utilized a second entry point (the sense of imminent death – see excerpt on page 154) by asking the woman to imagine that she is dead and enter that altered state of consciousness in the moment (see Appendix H, case 3, page 322) as well as a third one (the sense of being threatened – see excerpt on page 154) by asking the woman to imagine the worst possible threat (see Appendix H, case 3, page 324).

In case 4 the awareness facilitator utilized the entry point that emerged in the exploration of the woman's experience of the panic (the sense of being hyper – see excerpt on page 155) by asking her to recall that sensation and express it in movement (see Appendix H, case 3, page 358).

In case 5 the awareness facilitator utilized the entry point that emerged in the exploration of the woman's experience of the panic (the sense of isolation – see excerpt on page 156) by asking her to focus on her inner experience, in this way isolating herself momentarily consciously (see Appendix H, case 3, page 388).

In case 6 the awareness facilitator utilized the entry point that emerged in the man's exploration of his experience of the panic (the state of consciousness he experiences when he is close to but not yet inundated by panic – see excerpt on page 157) by asking him to recall this state of consciousness and enter it consciously (see Appendix H, case 3, page 420).

In table 2 below, I summarize the various possible entry points I observed in the six case studies and the way in which the awareness facilitator utilized some of them to enter into the process underlying panic. As the reader will note, some of the entry points were not utilized in the six cases as the awareness facilitator and the research participant chose to focus on some and not others. In Appendix I, I suggest possible ways that an awareness facilitator could utilize the entry points that were not utilized in these six cases studies.

Entry Points Observed in Cases 1-6	Utilization of Entry Point
The sense of terror coming upon her expressed in the verbal signal of the sound "hhoooo," and the nonverbal signals of the downward motion of a hand and thumping of a foot. (Case1)	This entry point was not utilized in the six cases studies. See Appendix I for possible utilization.
The sense of going crazy. (Cases 1, 3)	The AF asked the person to imagine what she would do should she go crazy. (See case 3)
The sense of not knowing what one is afraid of. (Cases 1, 6)	This entry point was not utilized in the six case studies. See Appendix I for possible utilization.
The sense of lack of oxygen. (Cases 2, 5, 6)	This entry point was not utilized in the six case studies. See Appendix I for possible utilization.
The sense of being threatened. (Case 1, 3)	The AF asked the person to imagine the worst possible threat. (See case 3)
The sense of imminent death. (Case 2, 3, 6)	The AF asked the person to imagine that she is dead and enter that altered state of consciousness in the moment. (See case 3)
The physical sensation of the rapid heartbeat. (Case 3, 4)	This entry point was not utilized in the six case studies. See Appendix I for possible utilization.
The physical sensation in chest area of being frozen. (Case 2)	The AF asked the person to amplify that sensation by freezing up entirely. (See case 2)
The feeling of being hyper. (Case 4)	The AF asked the person to recall that feeling and express it in movement. (See case 4)
The feeling of isolation. (Case 5)	The AF asked the person to focus on her inner experience, consciously cutting off from the outside world momentarily. (See case 5)
The sense of being attacked without warning (Case 6)	This entry point was not utilized in the six case studies. See Appendix I for possible utilization.
The altered state of consciousness experienced when close to, but not yet inundated by panic. (Case 6)	The AF asked the person to recall this state of consciousness and enter it consciously. (See case 6)

Table 2: Utilization of Entry Points into the Process Underlying a Panic Attack

Step 6 [Dreamland]: Unfolding the Dreamlike Aspects of the Panic Attack

A person's focus on an aspect of her experience of the panic attack (i.e., the utilization of an entry point that was discussed in the previous step) is a form of amplification which sets in motion an unraveling of that experience. In this phase of the work the awareness facilitator would help the person further that unraveling. This further unraveling involves helping the person track the flow of her experience using various methods (described in greater detail in Chapter 4, pages 128-132) until the person has a sense that the experience has unfolded and explained itself (revealed its meaning for the person's life).

The experience itself that is unraveling points toward the particular methods needed for its further unfolding. In this section, I attempt to elucidate and explicate this by discussing the basic principle underlying the unfolding of any process; grouping the entry points that emerged in the analysis of the data into categories of possible routes of unfolding; using excerpts from the case studies to illustrate each of these routes.

Basic Principle Underlying Unfolding

The awareness facilitator's role in the unfolding of any process is guided by the belief in the wisdom of nature, of process. This belief translates to the idea that a problem contains its own solution, in the sense that, embedded in what manifests as a disturbance of a person's everyday life (body symptom, addiction, panic attack, relationship problem, etc.) is a needed direction. Though the actual

experience is problematic, the direction it points to is valuable and needed. For example, as readers can see in the excerpt from case 3 on page 145, though the woman's addiction to opiates was harmful and problematic the state of consciousness she was unsuccessfully attempting to reach through the substance (the “cooling out”) was needed.

In other words, in this way of thinking, the problematic experience is seen (symbolically and through a teleological lens) as a carrier of information about a needed direction. Thus, a basic question that is on the awareness facilitator's mind while unfolding a process is, "What is the direction being revealed, and in what way is this direction right or needed?"

Using the belief in the wisdom of a process as a guide in its unfolding involves thinking symbolically about a person's subjective experience of a disturbance to look for the direction it points to; believing in the rightness of the direction; encouraging the person to explore this direction consciously. Thus for instance, in the above example the unfolding of the addiction to opiates would involve finding out the woman's experience of the substance (asking her what happens to her when she takes the opiates); thinking symbolically about her response seeing it as a direction, believing in the wisdom of the direction and encouraging her to go in that direction consciously (thinking about “cooling out” as a direction, believing in its rightness and encouraging the woman to cool out in the moment noticing what happens to her); looking for, believing in the rightness of, and

following the next direction that will be revealed in her momentary experience (noticing what happens to her when she “cools out” in the moment, thinking about that symbolically to find the direction it points to, believing in the wisdom of that direction, and encouraging the woman to go consciously in that direction, noticing what happens to her next).

In other words, the awareness facilitator encourages the person to follow consciously each new direction indicated by the process until the unfolding is complete (the person exploring the experience has arrived at a sense of meaning). I illustrate this process of unfolding below in greater detail through the case studies.

Grouping of Entry Points into Categories of Routes

One can group the various entry points that emerged in people's descriptions of their subjective experiences of the panic attacks (described in detail in step 4 and summarized on table 2) in terms of the following categories:

1. Entry points leading to a route that goes through *a person's somatic experience or somatic expression of the experience of the panic attack* such as, the physical sensation of the rapid heartbeat; the sense of lack of oxygen; the sense of terror expressed in the verbal signal of the sound “*hhoooo*,” and the nonverbal signals of the downward motion of a hand and the thumping of a foot on the ground. Case 1, 2 and 4 are examples of unfolding via this route.

2. Entry points leading to a route that goes through *a person's experience of being disturbed by or fearing or experiencing an altered state of consciousness* such as, the sense of going crazy; the sense of imminent death; the feeling of isolation; the feeling of being hyper; the altered state of consciousness (the sense of being hyper-aware) that the person experienced when he was close to but not yet inundated by panic. Case 3, 5 and 6 are examples of unfolding via this route.
3. Entry points leading to a route that goes through *a person's fear of an occurrence* such as, the sense of not knowing what the person was afraid of; the sense of being threatened. Case 3 is an example of unfolding via this route.

First Category of Routes of Unfolding

In the first category of routes (of unfolding the process underlying panic attacks) that emerged in the case studies, the route goes through the person's physical experience of the panic attack, whether the entry points (i.e., the specific physical sensations present in the moment) emerge through the person's description of her panic attack, or through the person's recollection of that state, or through the person's momentary experience of that state.

Here, the principle of belief in the wisdom of nature translates to the idea that the physical manifestations of panic attack contain (point to) a needed direction for the person's life. The awareness facilitator works with the person's somatic experience of the panic attack following the flow of signals through the various

channels until the necessity and meaning of the energy that manifests as a disturbance in the body is revealed. Awareness facilitators need to be cautious about working directly with the somatic experience of panic and ensure that the person is in good physical condition and feels at ease with journeying through this altered state of consciousness.

In unfolding the process underlying the somatic experience of a panic attack an awareness facilitator follows the same method that she would follow in unfolding the process underlying body symptoms. Mindell (1982; 1985; 1990; 2000; 2004) Mindell and Mindell (1992) and Goodbread (1997) have written extensively in this area. In general, the unfolding of body experiences involves the methods discussed in chapter 4 in the description of the Process Work paradigm. Namely:

(1) Amplification: Amplifying the experience in the sensory channel in which it is experienced by focusing on it and making it more intense. An illustration of this can be seen in the following excerpt from case 2:

P: it's like... it's kind of frozen... [Holds her hands up in front of her, palms facing her chest, fingers of two hands almost touching.]

AF: Like that? [AF mirrors hands' motion] Frozen?

P: Yeah...

AF: Ok, so go ahead and freeze up.

P: Um hum... [closes her eyes and nods]

AF: Freeze right up... entirely...

P: [Sits still in silence]

AF: Get like a knot, so to speak in your head...

P: [Head tilts downward]

AF: That's great... You're getting real frozen... [Moves toward her] I'm going to see if you're frozen [touches her left knee giving her leg a small push and then taps her left knee with his finger] Oh yeah! [Touches the top of her head with his palm and then taps it lightly] Oh yeah! That's good, and while you're doing that [lightly pats her left knee] pay attention to what you experience inside...

In the excerpt above, the awareness facilitator helps the woman amplify her physical experience of her sense of panic (the sense of her chest being frozen) by encouraging her to freeze up while noticing what she is experiencing.

(2) *Channel changes*: Noticing and following the flow of signals as they move from one channel of perception to another until an experience has completed itself and revealed its significance or meaning. An example of this can be seen in the following excerpt from case 2:

P: I just felt like a rush! [The palm of her left hand which was resting in her lap made a small quick, abrupt upward motion]

AF: I saw it with your hand [touches her hand] What it do? What happened?
How did the rush go?

P [Makes the hand motion and spontaneously adds a sound "fseew"]

AF: Do that again.

P: [Makes motion and sound]

AF: [Makes sound with her louder and twice]

P: [Repeats motion and sound, this time louder]

In the excerpt above, the awareness facilitator follows the channel changes from proprioception to movement and audition and encourages amplification of signals in those channels.

(3) Noticing and working with edges involved: Noticing and working with incomplete and cycling signals, or signals that disappear without having been fully unfolded. This is illustrated in the excerpt below from case 2:

P: Yeah and then up to here [her left hand is now repeating this sudden, abrupt motion of coming up from the tummy to the chest along the vertical center of the body]

AF: It's a rush coming up. Phseew!

P: Um hum... [Keeps repeating the motion] Now, I'm hot [removes her sweater]

AF: Rush coming up... Phewwwweew!

P: Um hum... [Sits still now, silent, with her head tilted downward]

AF: ... [sits still in silence]

AF: Um hum... What happened to the rush?

P: It's frozen now (laughs) No rush!

AF: What happened when you took your sweater off?

In the excerpt above, the awareness facilitator notices the disappearance of the energy of the rush and explores what occurred around the moment of its disappearance.

facilitators trained in the Process Work paradigm are trained to watch for that feedback and use the term “somatic answer” to refer to it. If the process was incomplete in the movement channel, the hand would have begun to move again repeating the same motion. In this case, the hand remains still in response to the stimulus (the facilitator’s touch). This is negative feedback to the stimulus of movement. The awareness facilitator drops his hypothesis of the cessation of the motion being an edge and incorporates the somatic response as new information about the nature of the process, seeing the cessation of the motion as the direction that the process is heading toward. Namely, that every time the person feels something and expresses it, it quiets down.

In Appendix H (case 1) the reader can track with me from beginning to end the unraveling of the dreamlike background of panic via the route of unfolding a person’s somatic experience of the panic attack. Cases 2 and 4 are also examples of unfolding via this route.

Second Category of Routes of Unfolding

In the second category of routes (of unfolding the process underlying panic attacks) that emerged in the case studies, the route goes through a person's experience of being disturbed by or fearing or experiencing an altered state of consciousness. Here, the principle of belief in the wisdom of nature translates to the idea that the experienced or feared altered state of consciousness contains (points to) a needed direction for the person’s life. The unfolding in this route involves identifying the altered state of consciousness that is experienced or

feared; encouraging the person to enter it with awareness; continuing by following the direction of unfolding indicated by what is revealed next until the necessity and meaning of the direction pointed to by the altered state of consciousness for the person's life emerges.

An investigation via this route is illustrated in case 3 (p. 320-325). The woman was afraid of going crazy. This was one of the entry points that were revealed when the awareness facilitator explored the woman's subjective experience of her panic attacks (see excerpt on page 154). Focusing on this aspect of her experience with the belief that there is something "right" about the direction of "going crazy," the awareness facilitator encouraged the woman to imagine what she would do were she to go totally crazy and discovered that "going crazy" for her meant killing herself. This was the next direction that revealed itself in the unfolding of the process. Focusing on this aspect of her experience with the belief that there is something "right" about the direction of "killing herself," the awareness facilitator encouraged the woman to imagine "being dead." From the exploration of that altered state of consciousness emerged a deeper aspect of herself, which she called her "soul," that was more detached, a state that she needed as it offered her relief from being identified all the time with her and other people's suffering. This detached aspect of her unfolded even further, later on in the work, through exploring another aspect of her panic attack experience: the sense of being threatened by something (see pages 326-336).

Thinking symbolically, one could see the panic attack as pointing toward a needed direction of dropping her identification with suffering and gaining access to this “soul” aspect of herself. The hypothesis implied and needing to be tested in this case would be that the more the woman opened up to the direction of living this aspect of herself in her everyday life the less she would panic.

A second illustration of an investigation of panic attacks via this route (i.e., one that goes through the person’s experience of being disturbed by or fearing or experiencing an altered state of consciousness) can be seen in case 5 (388-411). One of the entry points that were revealed through the exploration of this woman’s experience of her panic attacks was the sense of isolation that engulfed her (see excerpt on pages 156). Focusing on this aspect of her experience with the belief that there is something “right” about the direction of the “engulfing isolation” (i.e., believing in the wisdom of the hinted direction in the disturbance) the awareness facilitator encouraged the woman to enter that altered state of consciousness with awareness; i.e., experiment with cutting off entirely from the outside world, and notice and follow her inner experiences.

The woman closed her eyes and began to report on her inner experiences. The awareness facilitator, continuing to trust the direction that her inner experiences were pointing to, followed the woman in a path that zigzagged through multiple experiences: a sense of resentment for being asked to go inside; a sense of things being “screwed up” inside; a sense of darkness, hands and the sound of

screaming; difficulty to give credence to these experience; the sense of not being able to investigate her experience further; relief at the awareness facilitator's statement that she never has to do anything; a question of how she would "get fixed" if she did not go further into her experience; the sense of what needs to be fixed being the fact that something in her felt scared and tucked away inside; the sensation of an arrow going into her back; the memory of a car accident which resulted in a serious back injury; the sense of being panicked and leaving the scene while something else in her stayed and observed.

The awareness facilitator saw in that observer her underlying ability to be lucid (aware) while in an altered state and proceeded to support that aspect of her by encouraging her to stay with what she was noticing. The more the awareness facilitator encouraged her to stay inside and track her experiences the freer she seemed to become to investigate them – i.e., the more involved she became in actively exploring the images and sensations that were arising – and the more unencumbered the arising of experiences seemed to become.

Through this journeying the woman discovered an aspect of herself that she called "the singing lady:" an aspect of herself that is free from her normal identity and personal history; has a sense of connection with something larger than herself; is able to go inside (drop out of her normal way of relating) and be lucid (aware of what wants to come through her in the moment); free to express that, bring that foreword in her everyday life. Toward the end of the session, while in

touch with this aspect of herself, the woman sang in an amazingly beautiful, booming voice a song in a blues rhythm.

Thinking symbolically, one could see the panic attack as pointing toward a needed direction of developing and using in her life her ability to be lucid. The hypothesis implied and needing to be tested in this case would be that the more “in line” the woman got with this direction of lucidity (i.e., the more she opened up to this aspect of herself and experienced it recreating her everyday life), the less she would panic.

This case is a good illustration of a metaskill (the feeling attitude with which one uses the skills) that is essential to the unfolding of a process. While I was videotaping this work I had the sense of watching a midwife at work. This sense, as I found out at the end of the session, went along with the woman’s experience of feeling that the awareness facilitator had helped her give birth. When I studied the work I realized that what had given me this sense was the feeling attitude with which the awareness facilitator had used his skills to assist the woman in tracking the flow of her experience – a combination of patience, respect of her rhythm and timing, encouragement, love, and total belief in the wisdom of the flow of her experience as the ultimate guide. One could call this metaskill “being a midwife.”

A third illustration of an investigation of panic attacks via this route (i.e., one that goes through the person's experience of being disturbed by or fearing or experiencing an altered state of consciousness) can be seen in case 6 (412-444). One of the entry points that were revealed through the exploration of this man's experience of his panic attacks was his sense of an altered state of consciousness, which he entered when he was close to but not yet inundated by panic, and which he actually enjoyed (see excerpt on page 157).

Focusing on this aspect of the man's experience with the belief that there is a something "right" about the direction embedded in the altered state, and after ensuring that the man was in good physical condition and felt at ease with exploring the altered state, the awareness facilitator asked the man to explore it by imagining being in that state and describing what the awareness facilitator might experience if he were in that state. As the man explored this state he realized that he experienced a sense of "hyper-alertness."

Using the metaskill of a beginner's mind (letting go of his preconceived ideas about the sense of "hyper-alertness" and curious about the man's experience of it), the awareness facilitator explored the man's experience further by asking him to imagine what that state of "hyper-alertness" would do to the awareness facilitator if it completely took over his mind. Asking the man to imagine the state taking over the facilitator's mind rather than his own is a way to help the man explore the state further yet also maintain some distance from it.

What was revealed from this exploration was a sense that "something terrible was going happen." To unfold this next piece of information revealed in the unfolding of the process, the awareness facilitator asked the man to imagine the worst thing that could happen, which revealed the next bit of information needing to be unfolded: an altered state of consciousness that the man had experienced before in which he experienced "the present moment falling off into nothingness." Seeing this as the next direction revealed in the unfolding, the awareness facilitator encouraged the man to explore this by imagining "the present moment falling off into nothingness" and perhaps even experiencing a little bit of that in the moment.

Noticing that the man's response to his encouragement were statements like "maybe it can't," or "I don't think that can actually happen," or "It's more like the *fear* of nothingness," the awareness facilitator hypothesized that the man had come to an edge (the boundaries of his known world of experiences) and could not quite go into this altered state. The awareness facilitator used various methods to help the man explore the edge (i.e., what was stopping him from experiencing that altered state) and cross it (experience a little bit of the altered state the man referred to as "nothingness"). These methods included: asking him to make a sketch of what he imagined "nothingness" might look like by experiencing a little tiny bit the body sense of it and then letting his body express that in a motion and through that motion a sketch; modeling this for the man by experiencing his sense of nothingness and making a sketch of it; sharing with the

man his experiences of nothingness (describing it as an inner quietness where nothing is happening and then something popping up in his head); engaging with the man in a role-play of the inner conflict between a part of the man that wants him to experience the altered state of “the present moment falling into nothingness” and a more shy and timid part of him that is afraid of these experiences (having experienced them in the past in a way that was overwhelming) and that wants to be a “normal” person and relate to people (having experienced himself so pulled by those experiences that he withdrew from the world in his everyday life); modeling opening up to the part of the man that wants him to have these experiences and listening to it; supporting, valuing and validating both parts of the man, encouraging him to both live in the world and not be solely of it (i.e., live his everyday life while also allowing himself to experience himself and the universe as awareness, and bring this experience into his everyday life by relating to people about that state and letting it influence the way he relates to others, and the work that he does in the world). Through taking both roles in this role-play, the man experienced both aspects of himself and got a sense of the direction in which he is developing – moving more fluidly between experiencing himself and the universe as both physical form and awareness.

Thinking symbolically, one could see the panic attacks as pointing toward a needed direction of opening up to his tendency to experience himself and the world around him as both, a physical reality and intrinsic awareness. A

hypothesis implied and needing to be tested in this case would be that the more “in line” he got with this direction the less he would panic.

Third Category of Routes of Unfolding Panic

In the third category of routes (of unfolding the process underlying panic attacks) that emerged in the case studies, the route goes through a person's fear of an occurrence. Oftentimes the object of fear is unknown; in other words, the person does not know what he is afraid of. Here, the principle of belief in the wisdom of nature translates to the idea that the object or creator of the fear holds a needed direction.

The unfolding in this route begins with investigating this unknown object of fear by encouraging the person to imagine the worst possible threat or occurrence. The unfolding continues by following the direction of unfolding indicated by what is revealed next; that is, by encouraging the person to imagine that worst possible threat or occurrence happening (for example, if the person is afraid of going crazy or dying, encouraging the person to imagine being dead or going crazy), or by encouraging the person to become the creator of the worst possible threat or occurrence (for example, if the person is afraid of being killed, asking the person to imagine becoming the killer).

The unfolding continues by following the direction of unfolding indicated by what arises next (for example, if going crazy means having a fit of rage, seeing that as the next direction of unfolding indicated by the process and encouraging the

person to go into a fit of rage consciously) until the necessity and meaning of the direction pointed to by the object or creator of the fear for the person's life emerges.

An example of unfolding a person's fear of an occurrence is illustrated in case 3 (p. 326-343). One of the entry points that were revealed through the exploration of this woman's experience of her panic attacks was her sense of being threatened (see excerpt on page 154). Focusing on this aspect of the woman's experience with the belief that there is something "right" about the direction of being threatened, the awareness facilitator asked the woman to imagine the worst kind of threat. When the woman investigated her sense of being threatened she experienced it as her "soul" wanting to kill her. Believing that there is something "right," in a symbolic sense, in her "soul wanting to kill her" the awareness facilitator saw this as the next direction indicated by what was revealed in the unfolding and set up a role-play to investigate this "soul" aspect of herself, the reasons it wanted to kill her, its needs, goals and desires. The awareness facilitator played the woman and the woman played her "soul".

The awareness facilitator encouraged the woman to notice her inner experiences while playing the role of her "soul" and the woman noticed that she felt detached. The woman also became aware at that point that she (in her everyday state of mind) was against this sense of detachment – she got angry about it. Further interaction between these two aspects of the woman revealed that the woman

was closed to what she referred to as her “soul,” while the “soul” yearned to be trusted and let in. The awareness facilitator saw that as the next direction indicated in the unfolding, and modeled opening up to the “soul” in the role-play. When the awareness facilitator (in the role of the woman’s everyday self) opened up to the “soul,” the woman (in the role of the “soul”) felt an outpouring of love toward her everyday self and told her everyday self that she keeps that love out.

The awareness facilitator encouraged the woman to imagine the body area through which her “soul” would enter her body and then experiment with opening up and letting it come in. Asking the woman to imagine this aspect of herself entering her body is a way to her experience it directly. The woman imagined her “soul” as a light entering her body through her chest area and experienced a momentary sensation of “just being,” a state of consciousness radically different from her everyday self’s identification with suffering. This state of “just being” was connected with a sense of detachment and a deep sense of knowingness. The awareness facilitator saw this as an aspect of the woman that could be an enlightener for herself and others. Thinking symbolically, one could see the panic attacks as pointing toward a needed direction of opening up to this deeper aspect of herself as a light illuminating herself and others. A hypothesis implied and needing to be tested in this case would be that the more “in line” she got with this direction the less she would panic.

Summary of Categories of Routes of Unfolding

In table 3 below, the reader can see a summary of the three categories of routes toward unfolding the process underlying panic attacks that emerged in the case studies and the application of the principle underlying unfolding to each route.

Category of Route of Unfolding	Application of Principle of Belief in the Wisdom of Nature
Route going through a person's somatic experience or somatic expression of the experience of the panic attack.	The physical experience holds a needed direction. Unfold by focusing on the person's somatic experience of the panic, following the flow of signals through the various channels until the necessity and meaning of the energy that manifests as a disturbance in the body is revealed.
Route going through a person's experience of being disturbed by or fearing or experiencing an altered state.	The altered state holds a needed direction. Unfold by identifying the altered state of consciousness that is experienced or feared, encouraging the person to enter it with awareness, and continuing to follow the direction of unfolding indicated by what is revealed next until the necessity and meaning of the direction pointed to by the altered state of consciousness for the person's life emerges.
Route going through a person's fear of an occurrence.	The object or the creator of the fear holds a needed direction. Unfold by encouraging the person to imagine the worst possible threat or occurrence and following the direction of unfolding indicated by what is revealed next until the necessity and meaning of the direction pointed to by the object or creator of the fear for the person's life emerges.

Table 3: Application of the Belief in the Wisdom of Nature in the Categories of Routes of Unfolding the Process Underlying a Panic Attack

Step 7 [Dreamland → CR]: Understanding the Significance of the Unfolded Experience of the Panic Attack for the Person's Life

As we saw in the previous section, the unfolding of the dreamlike aspects of a person's experience of the panic attack (the exploration of dreamland) continues until the necessity and meaning of the direction pointed to by the unfolded experience of the panic attack emerges (i.e., until the disavowed aspects of a person's nature are revealed). This seventh step is differentiated from the previous one to highlight the moment in which the dynamic relationship between the experience unfolded in the realm of dreamland and the person's experience in the realm of consensus reality is illuminated. The awareness facilitator can assist in the development of such an understanding by pointing out the connections as they arise. An example of this can be seen in the excerpt below from case 2:

- P: [Her upper body folds and she drops to the ground, rolls on her back holding the pillow over her face, then she just starts following her body (i.e., allowing her body to move), rolling around. She moves in front of AF]
- AF [Reaches his hand and puts it on her back]
- P [Keeps moving her body in relation to AF's hand on her back]
- AF Yeah, this is your relationship style
- P: [laughs]
- AF This is what you'll really be
- P: Yeah, whatever that is!
- AF: Very somatic [AF still has his hand on her back]
- P: Yeah [laughs] puts her head in his lap, stays there for a minute then gets up] A! It feels so good!
- AF: Very physical.

P: It's very physical. My body just feels like that [she drops to the ground again] and I just go okaaayyyy.[Rolls around and ends up again kneeling on all four in front of AF with her forehead touching the ground.]

AF: [Puts his hand on the back] Right and a very touching connection too.

P: Um hum

AF: Very free

P: [Rolls around once more and ends up sitting on her knees]

AF: This reminds me, this is really good, this is really right...The other day when we worked...

P: I know! [Laughs]

AF: Can I say?

P: Yeah! Yeah! It's so interesting!

AF: There's a contactfulness, not verbal, just sort of... [his body mirrors her previous movements] this... [His hand reaches out and touches her arm while his head is tilted down and his eyes closed]

P: Yeah...

AF: (reach?) without limits... Just contacting... [his head goes down again with his eyes closed, his hands touching her knees]

P: Yeah...

AF: It wants to meet... Any other way of relationship is unbearable.

P: Um hum

AF: To some people you want to make contact with [he touches her arm] to others you want to say [puts his tongue out making a grimace and a motion with his hands as if pushing something away]

P: [She looks at him and laughs nodding in agreement]

AF: [With his eyes still closed and his hands up in the air pushing something or somebody away] I have to go.

P: Um hum [in a loud voice]

AF: I don't know why, I'm just going!

P: Oh god! That's so good...

AF: How?

P: That part!

AF: It's also somatic, you see. [He comes close, closes his eyes, touches lightly her knee and turns his head to the side] You're Ok, my body has to go, it's gone. There I go. Fseew! I don't know why, I'll discuss it next month!

P: [Laughs while looking at him intensely]

AF: If at all.

P: That's so... I'm fascinated! That's so my experience! [Laughs]

AF: Yeah, like a shaman. You don't have to know why...

P: Uh huh

AF: Just feel it here [points at his tummy then puts his hands up in front of him facing her] fssshhhh [and then turns suddenly to the side] fseeew! I love you today [turns his body back to face her but still has his eyes closed] you are ok, but that's it! Fseew [turns to the side] I am over here! [Turns and looks at her] What happened to you? [He's acting as if the person he was relating to asked him that question] I don't know! I am gone!

P: [Laughs!]

AF: Non verbal... It's a relationship style!

P: Oh, god! [Laughs!] How does that *look* Arny? [Her body sways to the side, her head tilted toward the ground then comes up again]

AF: It looks like accepting whatever is in your body!

P: Uh huh!

AF: It has no form.

P: Right!

AF: I don't know what it will look like.

P: Right!

AF: Like... [his head tilts downward as his body leans forward] It looks like me today. Quiet voice... [whispers] That's what I am, but still in contact [reaches his leg and touches her knee with his toes]

P: Um hum

AF: The people I don't want to contact, I turn my back on them.

P: Um hum

AF: I've never done that in public but in my practice I'll... [he turns his back to her]

P: Really?

AF: Yeah, I'll go and look out the door. What are you doing? What are you doing? I don't know! [He was role playing the conversation between himself and the person he's turned his back to] You have no models.

P: I like that! [Laughs] I don't have any models

AF: So you have to create them...

P: Um hum... I'm going to be really weird!

AF: You are!

P: Um hum!

AF: But warm and friendly.

P: Um hum!

AF: Just unpredictable!

P: Um hum!

AF: So you can't be a predictable partner or a predictable mother, father, therapist, anything...

P: Um hum...

AF: and yet something is very predictable, but getting into a category or box for you is death. Fssssew [He makes the motions that she was making when she was expressing the tension in her body and then he throws a punch]

P: [Laughs]

AF: Some is good, and then some not.

P: I feel good!

In the excerpt above the awareness facilitator points out the unique style of relating that has emerged through the unfolding of the woman's experience of her panic attack (the investigation of the realm of dreamland). It is a style of relating that involves being in touch with what is happening in her body and relating from there; being free to follow her inner senses – body feelings,

movement tendencies, intuitions – and express them (through touch and movement, as well as, words) without having to have a rational understanding of them before doing so. If embraced, this inwardly and somatically oriented relating style would alter the woman's experience of everyday reality.

Another example of pointing out connections between the person's everyday life and the unfolded experience of the panic attack can be seen in the excerpt below from case 3:

AF: Well, the panic part is about being destroyed so that you fall back onto your soul!

P: Oh! Ok!

AF: You have to see that [points to the camera]. That's why I am saying, "Let it go. Go back to your soul." Otherwise, if you get too tied up with the actual suffering, the soul gets pissed cause you're not getting the point that it's *me* (the soul) that counts. Let go and [makes the sign of quotes in the air] "die." Relax and die. You get too like that [brings his hands in front of him and clenches his fingers in tension] about something,

P: Right [nods]

AF: you work too much.

P: [Burst out in laughter] Ok!

...

AF: Just let yourself die once a day, that's my recipe for you!

P: It is?! [Laughs] Ok!

AF: "Kill yourself," so to speak [makes motions of quotes in the air] in a nice way.

P: Ok!

AF: Just... [Takes a big breath and exhales] fseeeew... [stays quiet for a few seconds] Talk to your soul.

P: [Nods]
AF: Let it in...
P: [Nods]
AF: It'll do it.
P: Ok [Smiles widely and nods]
AF: It will do what you need.

In the above excerpt the awareness facilitator points out the relationship between an aspect of the woman's nature that gets tied up with the experience of suffering and an aspect of herself that emerged from the unfolding of her experience of the panic attack that she called her "soul" – a state of "just being," as was revealed from further exploration of the woman's experience of the "soul" (see transcript in Appendix H). The awareness facilitator recommends that she embrace this aspect of herself by experimenting, once a day, with letting go of her usual state of "doing" (being absorbed in and working to alleviate suffering) and allowing her actions to emerge from her a state of "just being."

Oftentimes, this stage of the work involves helping the person develop the relationship between the disavowed aspects of himself (that have been revealed through the unfolding of the experience of the panic attack) and other aspects of himself with which he identifies. An illustration of this can be seen in the following excerpt from case 4:

AF: So I'm going to make a suggestion to you. I'm not sure if it's going to work but it's fun. Maybe you're already doing it! You should write a dialogue

between a very conventional mother and a very creative daughter. Have those two things dialogue a lot, and you should have a third party called the positive mother because that's very much in you too, something that loves you and supports you.

In the excerpt above the awareness facilitator suggests that the woman develop a relationship between a creative aspect of herself that was revealed through the unfolding of her experience of the panic attack, and a more conventional aspect of herself, personified by her mother and her friends (see transcript in Appendix H). The awareness facilitator suggests that the woman incorporate in the dialogue the loving supportive figure that also emerged in the work, which can be facilitative of the interaction between the two aspects of the woman. The development of such a dialogue could bring these two aspects of the woman closer together giving her the inner support to live her life creatively; i.e., as it is recreated anew each moment by her creative nature.

Step 8 [Dreamland → Essence]: Sensing the Essence of the Unfolded Experience of the Panic Attack

In this phase of the work the awareness facilitator would help the person to sense the essence of the unfolded experience of his panic attack (the newly revealed aspects of his nature), making a transition from the realm of dreamland to the realm of essence. For example, continuing with case 2 used to illustrate step 7, in this phase of the work the awareness facilitator would ask the woman to sense the essence of her experience of relating through rolling around on the floor.

One of the methods that Mindell has developed to assist a person in sensing the essence of an experience (see Chapter 4, pages 132-133) involves encouraging the person stay with an experience and sense it until she senses an essential quality or state. An illustration of this can be seen in case 3:

AF: Yeah? That's OK too. We'll go with that too in a minute but just for the moment stay with that light.

P: All right... [Head leans back and eyes look up and after 15 seconds head turns to the left]

P: It's hard for me to really experience it on the spot..

AF: You did for a little bit, didn't you?

P: Yeah, I mean, I can for...

AF: A minute.

P: Yeah...

AF: What was that like?

P: Kind of like that dream-like thing that you talk about, where you're just before you think anything you're...

AF: Before you think there's this dreamlike something...

P: Yeah, there's this kind of feeling of "being" I guess....

AF: Feeling of being...That's the deepest thing

P: Yeah...

AF: that you could feel...

P: Yeah...

AF: and I understand that it's hard to stay with that.

P: Right, yes, just like meditating, you know, you keep...

AF: That's something you may want to go back to, now and then, just feeling... opening up to that light, and maybe it's good that actually Lily is here, she can write that up, that's something that you want to develop slowly, in time. And you *will* anyhow, because your soul will make you do that!

In the above excerpt, the awareness facilitator encourages the woman to go back to experiencing the light (which is how she had imagined her soul entering her body) and stay with it. Staying with that experience, the woman had a momentary sense of a feeling of just “being.”

Another method of assisting a person in sensing the essence of an experience involves encouraging the person to go beyond the content (significance and meaning revealed in the previous step, which involves cognitive understanding) and ask himself where the experience is heading for, where it is yearning to go, what its intent is. An illustration of this can be seen in case 1 (my own work):

AF: OK! Now how about going even further? Go further into lovemaking, not that there has to be anything else, but what's in the love making? Go even further. What's way behind it? [Roars and mimics that roaring character grabbing her head] Aaarrrrr... yiumph!

[The second awareness facilitator (AF2) grabs P's arm. P grabs AF2's left arm and then lets go, and then grabs AF2's both arms]

AF: Yeah, grab her!

P: [Grabs AF2 and goes into the movements more slowly, meditating on them] It's just like... “Ugh!” It's just like... [grabs AF2 and brings her into her body in a tight hug]

AF2: You got me!

AF: Holding...

P: I...

AF: I see holding...

P: Yes, but it's also like going for it, not stopping...

AF: Uh hm... And now you have it. What is it you got there?

P: [Grabs AF2 tighter and holds on, closing her eyes]
AF: *That's* where it's going... [points at her] Something really big in there
[moves to the background and stays quiet]
[AF2 holds on tighter and rests her head on P's shoulder. AF2 nods]
P: I then start letting go... like I start to disappear...
AF: It starts to disappear... it lets go... And what is it that's happening before
you let go? What is it that it got? [Opens his arms to the side and then
brings them closer encouraging them to go back into the hug] Sorry to go
back...
[P and AF2 hug again]
AF: What is that? [Puts his hands on P's hands as they are wrapped around
AF2] What are the words? Maybe there is a word for that?
[P and AF2 stay for another minute in one another's arms in silence, then P
moves a little backward and wipes a tear]
P: Just love...
AF: Just love...

In the above excerpt, the awareness facilitator encourages me to go further into the experience that had unfolded from my body experience of the panic attack, which I had named “lovemaking,” and feel deeply into it. He notices non-verbal signals (relaxing of the muscles in my face) and points out the state change that he perceives happening in that moment, and helps bring my attention back to that moment and focus on that state when my awareness lets it slip by.

Step 9 [Essence →Consensus Reality]: Exploring the Sensed Essence and Insights It Generates About the Person's Life

In this phase of the work the awareness facilitator would help the person explore the essence underlying his unfolded experience of the panic attack (which the person would have sensed in the previous phase of the work), and experience that essence recreating his everyday life. In this phase of the work, the realm of essence would be explored, leading eventually to a transition to the realm of consensus reality.

One of the methods that Mindell has developed to assist a person in exploring the essence realm (see Chapter 4, page 134) involves "shape-shifting"— allowing oneself to shift forms by sensing the essence of an experience and allowing that to be expressed through sound, movement and quick sketches. Unfolding that further involves allowing sounds to develop into a song or motions into a dance, and sensing the figure that sings that song or dances that dance. Finding a human figure that could represent the experience of the essence can help the person make the experience more accessible. Asking the person, while in the unfolding of the experience of the essence (for example, while singing her song, or dancing her dance, or feeling into the figure she found) to imagine what kind of life she would live from that state can generate insights into her life.

The phase of the work involving the exploration of the essence of a person's experience of a panic attack can be seen in case 1 (286-288), case 3 (333-334),

case 5 (405-415), case 6 (426-428, 433-433, 435-436). I have chosen to use case 1 (my work) to illustrate this phase of the work to make use of the opportunity presented by my choice to adopt a dual role as researcher and research participant: namely, to utilize my experiences during the work and my thoughts regarding these experiences as an additional source of information.

An illustration of a beginning exploration of the essence can be seen in the following excerpt from case 1:

AF: What is that? [Touches with his left hand P's right shoulder and with his right hand AF2's left shoulder as P & AF2 are hugging] What are the words? Maybe there is a word for that?

[P and AF2 stay for another minute in one another's arms in silence, then P moves a little backward and wipes a tear]

P: Just love...

AF: Just love...

P: Yeah... [Tries to speak but no words are coming out]

AF: You don't have to say more about it. You can just feel it... And I'm going to ask you to do something that you probably wouldn't do by yourself and that's to make another sign on top of this one [points to the drawing of the energy of the panic that P made in the beginning] that goes along with that feeling of... let's use the word "love..." [Stands still next to her] When you're ready

[P's hands move and AF puts a marker in her palm]

AF: let your body make a motion.

P: [Moves to the board and draws lines over the first one. Her motions are slower than the ones she made before though they are still wave-like, squiggly]

In the excerpt above, the awareness facilitator encourages me to sense the experience I had previously named “love,” allow that to be expressed in terms of a hand motion and use that motion to create a sketch.

When I named the experience that I was sensing, “love,” I felt I lost something, for that name did not fully represent the experience. Going back to sensing the experience, expressing it in a motion, and through that, a visual representation, allowed me to re-access that state and give it expression, while staying close to it. Still, it felt like I had only just begun to explore this experience. I would have needed more time to stay with my non-verbal expressions of the experience and allow them to unfold further, in order to have a fuller sense of the experience. Nonetheless, I had gotten a glimpse of it.

As seen below, at that point of the work the awareness facilitator asked me a question to explore the effect that the experience of the essence might have on my panic attacks. His question brought up a surprising experience in me:

AF: How can this – I'm going through these things with you quickly, it would take longer to really feel them all out but I want to ask you even though it may be too much to ask you so quickly – how does this feeling of love... [makes the slow wave-like motions that she made as she was drawing just now] help with those panic states?

P: [Puts her hands over her heart and with her eyes closed stays silent for a minute] I think if I immerse myself in there... there isn't going to be a panic attack.

When the awareness facilitator asked me the question I went inside sensing that state of being I had just explored through the motions and the sketch, while also asking myself that question. A few moments later, I noticed the physical sensations in my chest area – a sense of warmth and opening – and had the sense that panic does not exist in this state of being. Thinking about that experience I am struck by the realization that those physical sensations that I had in that moment in the area of my chest were opposite to the ones that I have in that area during a panic attack. Finding my subjective experience of the panic attack, unfolding that and getting to the essence of that unfolded experience brought me in touch with an experience (a feeling, a state of being), which involves physical sensations in the area of my chest that are opposite to the ones I experience in that area during a panic attack.

This observation raises the possibility of a physical link between a person's experience of a panic attack and the experience (the state of being) that emerges through the unfolding of that experience. This observation could lead to a future study investigating the existence of a correlation between the physical sensations that are connected to a person's experience of a panic attack and the physical sensations that are connected to the experience that emerges from the unfolding of the person's experience of it. Furthermore, the existence of such a link could point to an investigation focused on the effect of being open to and experiencing (living in everyday life) the experiences (states of being) that emerge from the

unfolding of a person's experience of a panic attack on the momentary and long term physical experience of that person.

An illustration of exploring how the experience (state of being) that emerges from the unfolding of a person's experience of a panic attack might re-create a person's everyday life can be seen in the following excerpt from case 1:

P: Does this [points to the drawing of the essence] say something about the direction of life?

AF: Aha! Something about the direction of your life...?

P: [Nods]

AF: OK! Which direction does love go in? [P breaks into laughter!] I like your laughter! How come you're laughing?

P: [Beaming!] I know which direction! Thank you...

In the above excerpt, the awareness facilitator – seeing the state of being that emerged in the unfolding of my experience of the panic attack as a guide, a deeper direction to be followed – helps me answer my question about the direction of my life by asking me what direction my life would take were I to follow this guide (this larger direction that I had named “love”). When the awareness facilitator asked me that question I had an instantaneous sense (vision?) on the left side of my body of a straight line that began where I stood and went all the way to a person who was in the classroom, with whom I was in love. My insight in that moment was, “Wherever my heart leads me.” That, for me, meant noticing and believing in my deepest feeling experiences and letting them show me the way. The significance of this insight that arose through my body experience that

day unfolded slowly, in the following years, through a multitude of experiences including my exploration of music, painting and dancing, my exploration of my dreams, body experiences and relationships, my immersion into this research, and my work as a therapist and group facilitator. I will expand on this in the section below on my observations and insights from my personal experience

The Hypothesis Implied in the Description of the Approach

The analysis of the six case studies that comprise the data of this study (from which I abstracted the process of investigating the consensual and non-consensual aspects of a person's experience, and through which I illustrate it in the nine steps described above) brings to the foreground a series of hypotheses implied about the process underlying panic attacks.

Specifically, a central hypothesis that emerges in the analysis is that *panic attacks are connected to a needed direction in a person's life.*

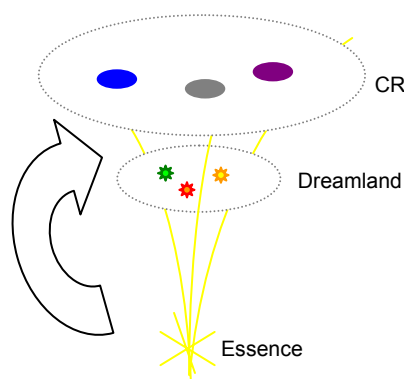


Figure 7: Arising of Needed Direction

Looking at the experience of panic attacks from a teleological perspective (and one of experiences arising from the realm of essence through the realm of dreamland into the realm of consensus reality) the word “connected” in the above hypothesis connotes the following: A panic attack is an

arising of a direction that can be sensed in the realm of essence as subtle tendencies, that intensifies when marginalized, appearing in the realm of

dreamland as disavowed aspects of one's nature that can be seen in the figures of a person's dreams, and in the realm of consensus reality as the force of a panic attack. In this sense, a panic attack serves the purpose of relaxing one's identification with some aspects of one's nature (ordinary, everyday self, one's attachment to the realm of consensus reality), to allow identification with other (marginalized) aspects of one's nature that are characteristic of a direction arising. In other words, a teleological view of a central hypothesis about the process underlying panic might be formulated in the phrase: I panic because who I am is arising for the sake of becoming all of who I am (my whole nature).

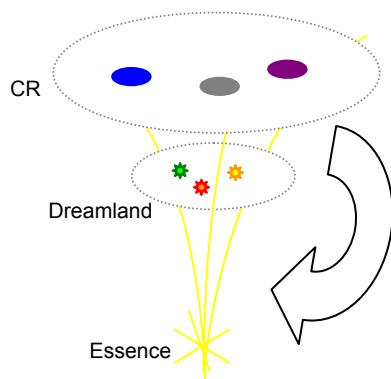


Figure 8: Unfolding of Panic Attack

Looking at the experience of panic attacks from a causal perspective (and as experiences in the realm of consensus reality that can be unfolded through the realm of dreamland to its root experience in the realm of essence) the word “connected” in the above hypothesis connotes the following:

The problem (the disruption of everyday life in the realm of consensus reality) contains its own solution. That is, embedded within the experience of the panic attack is a needed direction. The unfolding of the person's subjective experience of the panic attack (i.e., the dreamlike or non-consensual aspects of the person's experience of the panic attack) reveals marginalized aspects of a person's nature and through those a needed direction for the person's life. In other words, a

causal view of a central hypothesis about the process underlying panic might be formulated in the phrase: I panic because I forgot who I am (my whole nature).

Implied in the above formulated central hypothesis is another hypothesis.

Namely, that aligning oneself with the needed direction that is embedded in the experience of a panic attack (i.e., becoming aware of these aspects of one's nature, opening up to them, and continually and consistently shape-shifting allowing everyday life to be recreated from that sense of oneself) can have an effect on the person's experience of panic attacks (i.e., reduce the severity or eliminate the panic attacks). In other words, when one aligns with the direction sensed in the realm of essence, the disturbance experienced in the realm of consensus reality may dissolve. This hypothesis implies the assumption of a mind-body connection – an interaction between one's awareness and one's body, between awareness and matter.

The deeper scientists probe into biology (genetics) in order to investigate physical disturbances that people experience the more they are faced with uncertainty – i.e., an ever increasing complexity that cannot be fully understood when looking at it solely from the perspective of the realm of consensus reality (the realm of the tangible, physical dimensions of the body). For example, researchers have not yet been able to identify biological causes of psychiatric disorders. Moreover, researchers are no longer searching for a single major abnormality in DNA as the cause. Rather, they are trying to discover and

enumerate a list of abnormally acting genes triggered by both inherited (genes) and acquired (environmental) risk factors that act together in a particular sequence to cause a cluster of symptoms that appear in different disorders (see Stahl's *Essential Psychopharmacology*).

The current formulation of the focus of biological research on the origin of psychiatric disorders includes the interaction between inherited and acquired risk factors that play a role in triggering gene expression. This as yet undefined area of interaction opens the field to various investigations, including that of the interaction between one's awareness and the subatomic realms of one's body. The investigation of this interaction is the focus of cutting edge research today in many disciplines including physics, medicine, and psychology⁷.

Anecdotal Data Supporting the Investigation of the Hypotheses Implied in the Description of the Approach

In this study I adopted a dual role as researcher and research participant by working with Mindell on my experiences of panic attacks (see case 1), and by keeping track of my experience of panic attacks over the course of my doctoral studies. Adopting a dual role as researcher and research participant gave me the opportunity to bring to the foreground the viewpoint created by the combination of

⁷ See Rossi's, *The Psychobiology of Gene Expression*, Mindell's, *Quantum Mind and Healing*, Kandel's, *A new intellectual framework for psychiatry?* Van Praag et al.'s, *Functional neurogenesis in the adult hippocampus*.

the multiple lenses through which I viewed my topic of inquiry: the lens of a researcher looking at the data attempting to abstract basic principles, methods applied and hypothesis implied; the lens of a practitioner trained in Process Work looking at the data attempting to understand it from within that particular theoretical framework; the lens of the person working on her experiences of panic attacks using this approach, attempting to note the momentary effects of the various interventions, as well as the long-term effects of the work. The combination of these lenses led me to certain observations and insights regarding my personal experience that can serve as anecdotal data supporting the direction of further investigation of the hypothesis outlined above in future research. Below I summarize these observations and insights.

In my work with Mindell I unfolded the somatic experience of my momentary sense of panic (a slight trembling in my legs) and discovered (in the realm of dreamland) intensity and fierceness – characteristics of my nature that I mostly marginalized, having internalized familial edges and cultural norms. Opening up to these aspects of my nature involved pursuing fiercely in my everyday life the freedom to feel my emotions in all their intensity and depth, and bring them into my relationships. Over time this created a shift from trying to temper what I perceived as my “extremity” to finding balance through increased fluidity to move in and out of “extreme” emotions.

Going back to my work with Mindell, when I attempted to sense the seed at the core of this intensity and fierceness (i.e., find the essence of the experience that had unfolded from my experience of the panic attack) I sensed a state of being that I named “love.” Investigating this as a signifier of a deeper direction organizing my life, I had the insight that this involved “following my heart.”

Sensing now, two years after my work with Mindell, this deeper direction as an organizing principle of my life reveals a life-style that requires of me to be open to the moment, to the unknown, to unpredictability; notice, believe in and unfold my inner experiences (my sensations, feelings, intuitions); allow myself to be guided by a sense of being pulled to relationships, tasks, experiences; immerse myself deeply into life while also developing a sense of detachment from the externally applied definitions of myself that this creates; be willing to let go of (my) life as I know it and open to what arises next.

It is my personal experience that the more I align myself with this direction of fluidity the more I experience an aspect of myself that is not solely connected to my physical form. This aspect of me walks in the direction of the ocean, *is* the ocean, the constant ebb and flow... From there, I look at the aspect of myself that sometimes feels anxious and I say to her, “Of course you panic! The unknown is scary. Don’t worry, *I’m* here. I have your back. Trust me. Let go into me. I will take you where you need to go.” The more I trust this experience of myself the more present it becomes in my awareness, and this slowly, over time

is beginning to result in faintly experiencing simultaneously both, my everyday self that gets nervous about the uncertainty of life as she experiences it from her perspective, and this other aspect of myself that is centered throughout the universe, that is deeply calm.

This faint simultaneous experience of these two aspects of me is changing my experience of panic attacks. The last experience that I remember is feeling one night the sense of a slight tightness in my chest. This was a few months ago, when I had finished the first draft of this dissertation and was beginning to get glimpses of changes to come; I felt the fear beginning to rise and then heard myself saying to me the things that I describe above. In that moment I experienced both the fear and the calmness as myself, realizing I'm both yet neither, as I was also the one observing both. Who was that one observing? Where is she located? I am interested in finding out more about her!

I might have another panic attack in the future, or I might not. That is no longer the issue for me. My relationship with and understanding of the experience has changed. My panic attacks broke through my need for safety and stubborn attachment to the world as I knew it and threw me off a cliff into the unknown, helping me discover another kind of safety; one that arises from the fluidity of not being attached to any one experience of myself and the world around me. I celebrate the sudden appearance of those world-shattering experiences in my life, for they pushed me over the edge when I needed to be pushed! I would have

never given up willingly the safety of holding on to the stability of myself as I knew it, no matter how suffocating that was for my nature. My panic attacks pointed to and forced me to open up to a deeper aspect of myself (another dimension of being, an ebb and flow), and this is, ever so slowly, shifting the point around which my identity is centered from my ordinary self (the one who has a body located in time and space) to something in me that is aware of my ordinary self, as well as myself as motion (somehow located throughout the universe) – i.e., to something in me that is aware of multiple dimensions of experience of myself.

The more sense I have of this observer, this awareness focuser, the more I gain a sense of freedom, and, in the strangest way, a sense of fearlessness that this freedom brings – a sense, deep down inside, that the world is my home. The more in touch I am with this sense of freedom, the more I approach my everyday life with the feeling attitudes of curiosity, experimentation and play, the more present I am with all of who I am. Thus, I offer my personal experiences as an indication pointing toward a possible connection between a person's experience of panic attacks and a needed direction in that person's life.

Two of the most mysterious moments in this journey were connected with my experiencing physically a link between the process underlying my panic attack and the panic attack itself. The first such moment occurred during the first time I was able to unfold my experience while having a panic attack (see preface).

During that unfolding I experienced the disappearance of the physical sensations of the tightness of my chest in tandem with a sense of recognition of the force that had overtaken me (the panic) as an aspect of myself. The second such moment occurred during my work with Mindell (see case 1). Staying with the sense of “love” that had emerged from unfolding my experience of the panic attack I noticed the physical sensations in my chest (a sense of warmth and openness) which were the exact opposite from the physical sensation in my chest during a panic attack. I offer my personal experience as indications of a possible somatic link between the process underlying a panic attack and the panic attack. That is, as an indication of the possibility that the physical experience of the state of being that a person arrives at when she unfolds her experience of a panic attack relieves the physical sensations of the panic attack. The existence of such a link could point to new directions in the investigation of the possible interaction between a person’s awareness and a person’s body.

"New" Discoveries

I was raking the leaves in my yard, pondering what I have discovered through my analysis of the data, and the realization that I came to surprised me, for what I have discovered I already knew – at least theoretically! Yet it is only now that I am beginning to comprehend the meaning of the words that I have written down so many times as a learner and spoken so frequently as a teacher. The Process Work paradigm is based on Taoism; on the belief in following the Tao, in the belief in the wisdom of nature.

The process of breaking down the work into smaller pieces and then trying to put it back together in a way that would make it comprehensible to people who are not familiar with the Process Work paradigm led me eventually in search of a guiding principle behind the process of unfolding the experience of panic.

Discovering this one principle behind each of the various routes that I had extrapolated gave me a deeper understanding of it and a sense of having made a new discovery. I find this principle discussed in almost all of the Process Work literature, yet it is new for me, in the sense that I re-discovered it in practice!

As one can see when comparing my findings to my preconceptions (Appendix A) two of the routes of unfolding the experience of panic that emerged from the data were also new discoveries for me. Additionally, though I had discovered the route that goes through a person's somatic experience through my inner work, I had not yet fully arrived at the realization that an aspect of working with panic attacks involves unfolding the person's momentary somatic experience of the panic attack. Last, the phases of the work involving helping a person sense and explore the essence of one's experience of the panic attack were entirely new discoveries for me.

CHAPTER 6: DISCUSSION

In this section I present reflections on the Process Work perspective on panic attacks relative to some of the approaches discussed in the literature review (chapter 2). Additionally, I present reflections on my explication of the Process Work perspective on panic attacks (chapter 4), and on research questions emerging from this explication.

An in-depth comparative analysis of the Process Work perspective on panic attacks and the various treatment and therapeutic approaches is beyond the scope of this dissertation. Below are reflections on the Process Work perspective on panic attacks relative to the current standards of care (cognitive behavioral therapies, pharmacotherapy and combination treatments), and one of the alternative approaches (Intensive short-term dynamic psychotherapy) for which there is a published case study illustrating its application to panic attacks.

The Process Work paradigm brings to the field of mental health care a perspective that broadens the concept of healing by introducing the Taoist principle of belief in the wisdom of nature. This principle translates to a belief in an embedded wisdom in disturbances. Such a perspective acknowledges multiple dimensions of a person's experience. For example, in the case of panic attacks, it acknowledges the disturbing aspects of the experience, yet also the dreamlike qualities of the experience. Such an acknowledgment allows for the

exploration of multiple dimensions of a person's experience and the integration of the multiple perspectives that the exploration of each dimension reveals.

Cognitive behavioral therapies, pharmacotherapy and combination treatments – the current standards of care for panic disorder – are potentially very useful in addressing a person's need for relief from the disturbance, yet addressing solely this dimension of experience further marginalizes the dreamlike dimensions and the perspectives these carry. If embedded in the experience of a panic attack is a needed direction for a person's life, recognizing this person's experience of the panic attack solely as a severe disruption of everyday life and attempting only to eliminate it, further marginalizes the person's experience of the needed direction. Further marginalization of this experience could lead to an intensification of the disruption due to the information embedded in the disturbance not being picked up. The investigation of this research question could potentially provide insights into the areas of non-response to treatment, relapse and long-term maintenance of treatment gains.

Intensive short-term dynamic psychotherapy (IS-TDP), like other psychoanalytically based approaches, brings to the field of mental health care the notion of an unconscious meaning of symptoms underlying their manifestation. The approach brings to the area of treatment of panic attacks a well-defined way of shedding light on the personal history aspect of these experiences. That is, it provides a way to uncover and bring to the foreground the

connection between a person's panic attacks and underlying intense feelings the person is avoiding experiencing. Panic attacks in the IS-TDP paradigm are viewed as self-destructive symptoms serving a defensive function: protecting the person from experiencing underlying intense feelings of rage and accompanying guilt and sadness toward early figures.

The Process Work perspective introduces a non-pathological way of viewing experience – one that offers a way to discover the potential usefulness of all experiences including those that appear as disturbances. From the perspective of the Process Work paradigm, one's personal history is one aspect of the experience of panic attacks (connected to the realm of dreamland). Biological factors are another aspect of the experience of panic attacks (connected to the realm of consensus reality). Yet another aspect of the experience of panic attacks is its connection to one's deeper direction in life (connected to the realm of the essence). The Process Work approach stresses the importance of, and offers a way to focus on, multiple aspects of a person's experience.

Reflection on Findings

After studying and analyzing Mindell's work from within the theoretical framework of the Process Work paradigm with the purpose of elucidating it, I examined my thinking about his work. What is my opinion of his work and by what is it influenced? How would researchers, who did not know Mindell and were not trained in this paradigm, view his work? Would they be critical of things that do not stand out for me because I am trained in the same paradigm?

My opinion is influenced by my personal and theoretical biases. I find this approach useful in working with my own and other people's experiences. I like the attention to both physical and psychological dimensions of a person's experience. I like the phenomenological aspects of the approach – the interest in and tracking of the flow of experience, as well as the teleological ones – the view of experience as purposeful and meaningful. This approach fits my worldview and experience. This raises the question in me: Does this block my perception of signals indicating that this way of thinking about human experience may not be useful to someone else? Are there such signals in the case studies that I have analyzed which I have missed? An inquiry focusing on the people's (clients') experience of the work would shed light on this question and provide indications about areas of the work that might need to be further developed.

Possible directions for further development of the work could also be indicated by research focusing on its efficacy. Currently, there are no studies focusing on the effects of this approach to panic attacks on people's lives, their sense of well-being and sense of coherence. The lack of such data limits participation in the interchange among theoreticians and practitioners in the mental health field, occurring through publications in journals and presentations in conferences.

An area of this work that might stand out for me, were I a practitioner trained in a different paradigm, is the issue of touch in the psychotherapeutic encounter. Tracking a process in the channels of movement and proprioception oftentimes

involves applying bodywork techniques, including touching people. Not all psychotherapeutic approaches include bodywork and movement work, so practitioners trained in other paradigms might be critical of this aspect of Mindell's work or find it unusual. Looking at the six cases one might ask, "For what purpose is touch used? How is it used? Is it used in all six cases? If not, when is it used and when is it not? Is there a connection between the use of touch and the familiarity of the person with the Process Work paradigm and/or the practitioner? Is there a connection between the use of touch and the gender of the person with whom the practitioner is working?"

In the Process Work paradigm touch is used with respect for the person, and with awareness of and special attention to the person's verbal and non-verbal feedback. The awareness facilitator uses touch for the purpose of helping the process unfold further in the channels of movement and proprioception, as well as to join, encourage and support the person with whom she is working.

The design of this study is inadequate to investigate a possible connection between the use of touch and the familiarity of the people with the Process Work paradigm and/or their gender. Nonetheless, putting together my observations and the information on the sample variation I can note the following: In cases 1 (my work) and 2, where touch was used, both, I and the other woman, were trained in the Process Work paradigm and very familiar with Mindell, and had years of experience of working on our own and other peoples' experiences using

the Process Work approach. In case 6, where touch was used, the man had never met Mindell before and was new to the paradigm. In case 3, where touch was used minimally, the woman was familiar with the paradigm (having worked in the past with a Process Work therapist) and acquainted with Mindell (having attended a few of his classes). In case 4, where touch was not used, the woman had never met Mindell before the session and was new to the paradigm. In case 5, where touch was not used, the woman was somewhat familiar with the paradigm (having read some of Mindell's books) and acquainted with Mindell (having attended a few of his classes). An inquiry specifically designed to investigate a possible connection between the use of touch and the familiarity of the people with the Process Work paradigm and/or their gender would need to include a larger sample and a greater variation in terms of those two factors. It would also need to include an interview with the practitioner on the rationale of his decision to use touch or not in each case.

Future Research

This study raises questions that warrant further investigation. A set of questions that arise have to do with the differing perceptions of various groups of people: What would the research participants perceive Mindell doing in these videotape recordings? What would Mindell perceive himself doing in these videotape recordings? What would other practitioners trained in the Process Work paradigm perceive Mindell doing in these videotape recordings? What would practitioners trained in different paradigms perceive Mindell doing in these videotape recordings?

A second set of questions that arise have to do with the effects and efficacy of this approach: What effect does this work have on people who experience panic attacks? Does it help them cope with the panic attacks? Does it increase their sense of well-being? Does it increase their sense of coherence? Does it reduce or alleviate the panic attacks? If it does, how many sessions are needed for that to occur? Do people relapse? What are the relapse rates? How does this approach compare to other approaches in terms of its effects and efficacy?

A third set of questions that arise have to do with the processes underlying panic attacks: Are panic attacks related to specific underlying processes? That is, are there patterns that can be discerned in the meaning emerging from the unfolding of people's subjective experiences of panic attacks? Is one such pattern related to a relaxation of a person's identification with certain aspects of herself, and identification with deeper aspects of herself (a needed direction in her life)? Are these deeper aspects of the person (the needed direction of her life) embedded in the person's subjective experience of the panic attack? In other words, does the unfolding of the person's subjective experience of the panic attack reveal this needed direction (deeper aspects of the person)? Is there a somatic link between the person's panic attack and the deeper aspect of herself that is revealed through the unfolding of her experience of the panic attack? Specifically, are the physical sensations that are connected to a person's experience of a panic attack the opposite of the physical sensations that are connected to a person's

experience of the deeper aspect of herself (that has emerged from the unfolding of her experience of the panic attack)? In other words, does the person's experience of this deeper aspect of herself dissolve the physical sensations of the panic attack? If yes, why?

A fourth set of questions that arise have to do with looking at panic attacks through the lens of gender: What accounts for the notable gender gap in the prevalence of panic attacks? Does the number of men reporting panic attacks rise in societies where cultural norms make exhibiting fear a more acceptable behavior for men? Are the processes underlying panic connected with experiences marginalized by sexism? Does the number of women reporting panic attacks fall where cultural norms encourage women to be powerful?

A fifth set of questions that arise have to do with further defining and describing the work: What is entailed in the long-term work of integrating the information revealed by the initial exploration and unfolding of the subjective experience of the panic attack? Are there differences in the methods that one would use in unfolding "situationally bound" and "situationally predisposed" panic attacks? What is the experience of the people using this approach to work on their panic attacks? What do they experience as furthering the unfolding of their experience, what do they experienced as impeding it, and what do they find themselves yearning for?

A sixth set of questions that arise have to do with developing the work further: Is there a way to apply the Process Work paradigm with people who are not interested in an awareness practice? Also, the variation of the sample in terms of the familiarity of the research participants to the Process Work paradigm resulted in observations that hint toward a possible connection between the research participants' familiarity with the paradigm, and their "sense of ease" in exploring unknown aspects of their experience. Questions that arise from these observations include the following: Is it easier for a person who is familiar with going into unknown aspects of her experience to take that initial step of focusing on a secondary experience (cross the edge of "entering into the process") than it is for a person who is doing this for the first time? In other words, does practice make this edge smaller? Is it harder for a person who is not familiar with going into unknown aspects of his experience to explore unknown experiences in the channels in which they occur (i.e., in the unoccupied channels) than it is for a person who has practice in doing so? When working with a person who is not familiar with going into unknown aspects of her experiences, does an awareness facilitator need to use occupied channels in order to further unfold an experience that is occurring in an unoccupied channel, more often than when working a person who has practice in doing so? Does practice make it easier for a person to notice and unfold unintended communication signals?

CHAPTER 7: CONCLUSIONS

Panic attacks are terrifying experiences that disrupt the flow of everyday life and take a toll on the people who experience them, both emotionally and physically. They can lead to agoraphobia and self-medication with alcohol and drugs, and are associated with chronicity and high relapse rates. Panic attacks comorbid with depressive disorders, borderline personality disorder and/or substance use disorders are associated with high suicide risks.

Standards of Care

Pharmacotherapy, cognitive behavioral therapies, and combination treatments consisting of both have shown to be the most effective treatments to date and have thus emerged as the standard of care. The theorists and practitioners of these modalities have been developing methods to reduce people's vulnerability to panic attacks and offer symptom control and relief, as well as effective coping mechanisms. These standards of care aim at addressing people's biological need for relief from symptoms that are distressing and that theoretically can lead to brain damage. They also aim at addressing people's psychological need for regaining a sense of control over their lives, and creating some distance from the experience, from which they can view it. In my experience (see preface), sometimes these needs arise organically as part of the overall process of dealing with the experience of panic attacks, as does the use of some of the methods that these approaches have developed.

This indicates to me that each approach that has been developed to address people's experiences of panic attacks is important, as it addresses some aspect of people's experience. However, the approaches that have currently emerged as the standards of care address solely one dimension of human experience – the dimension that is connected with the body located in space and time – reflecting the worldview prevailing currently in science, which defines reality as that which can be perceived by the physical senses, measured and tested.

The Process Work Paradigm

The Process Work paradigm brings to the fields of medicine and psychology the idea of appreciating, valuing and addressing multiple dimensions of a person's experience: the dimensions of reality that can be directly measured and collectively consented to as real (consensus reality), as well as the dreamlike dimensions of reality that cannot be directly measured or collectively consented to as real (non-consensus reality). This definition of reality as multidimensional reflects a new emerging worldview that challenges the metaphysics of science (i.e., its underlying fundamental assumptions about the nature of reality).

The introduction of the idea of valuing both consensual and non-consensual aspects of a person's experience broadens the concept of healing to include the investigation of multiple dimensions of a person's experience. In this sense, the Process Work paradigm offers a new and complementary way of thinking about and working with panic attacks; one that values and investigates both consensual and non-consensual aspects of a person's experience of them.

The consensual aspects of a person's experience of a panic attack are the specific neurobiological and cognitive features associated with the panic attack that can be perceived by the human senses, measured or tested, and collectively agreed upon (for example, the heart rate of a person with a racing heart, the statement of a person saying that he is afraid of dying or losing control, the level of a metabolite of a neurotransmitter in the cerebrospinal fluid of a person who has panic attacks, etc). The consensual aspects of a person's experience of panic are associated with the tangible, physical dimensions of the body; i.e., the body as an object located in space and time.

The non-consensual aspects of a person's experience of a panic attack are a person's dreamlike experiences of the specific neurobiological and cognitive features associated with the panic attack, which cannot be directly measured or collectively consented to as real (for example, a person's experience of the sensation of a rapid heart rate as a beating drum, a person's experience of the sensation of tightness in the chest as a sense of being frozen, a person's experience the sensation of fear as a sense of being threatened by her soul that wants to kill her, etc). The non-consensual aspects of a person's experience of panic are associated with dreamlike dimensions of the body that cannot be easily located in space and time.

When explored, the non-consensual aspects of a person's experience of a panic attack reveal entry points into dreamlike dimensions of reality. Entering these

dreamlike dimensions and closely tracking the momentary flow of experience as it generates itself can reveal meaning and lead to a sense of co-creating one's everyday life.

An awareness facilitator following a process-oriented approach to panic attacks investigates both the consensual and the non-consensual aspects of a person's experience, aiming at helping the person appreciate the viewpoint entailed in each, without identifying solely with any one viewpoint, but rather the viewpoint of the one focusing awareness on the various aspects of experience. In this way the awareness facilitator would help the person develop over time an identity as an awareness focuser, and thus, a center around which the person's perceptions are organized that spans the various dimensions of the person's experience.

Application of the Process Work Paradigm to Panic Attacks

In this study I apply the Process Work paradigm to panic attacks by presenting:

a) a description of the process of investigating the consensual and non-consensual aspects of a person's experience of a panic attack based on the analysis of the six case studies that comprise the data of this study; b) a series of hypotheses about the process underlying panic attacks implied in and brought to the foreground by this description; c) anecdotal data from my personal experience supporting the direction of further investigation of these hypotheses in future research.

I describe the process of investigating the consensual and non-consensual aspects of a person's experience of a panic attack by delineating nine steps (phases). With this delineation I attempt to describe broad directions and methods composing the therapeutic interaction observed across the cases included in my analysis. In summary, the nine steps in a Process-oriented exploration of an experience of a panic attack that I define involve investigating a person's experience in the realms of consensus reality (the everyday reality that science and most people consent to as real), dreamland (the dreamlike reality perceived as subjective feelings, dreams, images), and essence (the realm of subliminal awareness perceived as subtle tendencies in one's body or vague feelings and intuitions).

Investigation of a person's experience in the realm of consensus reality would include ensuring that the person has checked out the medical aspects of the panic attacks in order to investigate and exclude the existence of any of the numerous physical problems that can produce panic-like symptoms; informing the person about the options that are currently available for symptom control and relief through pharmacotherapy, CBT and combination treatments; exploring everyday life issues connected to the panic attacks such as the context within which they occur, their effect on work, money, relationships, living situation, etc.

Investigation of a person's experience in the realm of dreamland would involve focusing on and unfolding a person's subjective experience of the panic attacks

and tracking the flow of experience, until the meaning of the experience for the person's life is revealed. Investigation of a person's experience in the realm of essence would involve eliciting a person's sense of the seed at the core of the experience that has been unfolded from her subjective experience of the panic attack. Further exploration of this sense would involve letting it express itself creatively and explain itself to the person in the form of an insight, an intuition or a sense about how it would recreate everyday life.

The analysis of the case studies that comprise the data of this study brings to the foreground a series of hypotheses implied about the process underlying panic attacks. A central hypothesis is that panic attacks are connected to a needed direction in a person's life that is arising for the sake of the person's wholeness (overall nature). In other words, the hypothesis suggests that, embedded within the experience of the panic attack is a needed direction for the person's life (aspects of a person's nature marginalized by a person's identity), which can be revealed by the unfolding of the person's subjective experience of the panic attack (i.e., the dreamlike or non-consensual aspects of the person's experience of the panic attack).

A second hypothesis is that aligning oneself with the needed direction that is embedded in the experience of a panic attack (i.e., becoming aware of these aspects of one's nature, opening up to them, and continually and consistently shape-shifting allowing everyday life to be recreated from that sense of oneself)

can have a positive effect on the person's experience of panic attacks (i.e., reduce the severity or eliminate the panic attacks). This hypothesis brings to the foreground a third hypothesis; that of a mind-body connection – an interaction between one's awareness and the subatomic realms of one's body.

Insights and observations deriving from my personal journey with panic attacks point toward: a) a possible connection between a person's experience of panic attacks and a needed direction in that person's life and b) a possible somatic link between the process underlying a panic attack and the panic attack itself, the existence of which could point to new directions in the investigation of the possible interaction between a person's awareness and a person's body. This anecdotal data points toward the direction of an investigation of these hypotheses in future research.

Limitations of the Process Work Approach

This approach is potentially useful for people who are interested in self awareness and personal growth, desire to explore the meaning of their experiences and have an inclination toward symbolic thinking. It addresses the needs of those who are not interested in engaging in an awareness practice by valuing, appreciating and affirming that process, and pointing them in the direction of approaches that would be best suited for them. One of the ways that the work could be further developed would be researching ways of working with people who are not interested in an awareness practice.

Contributions of Process Work Approach

The uniqueness and need for the Process Work perspective, in my mind, lies in three areas: the definition of reality as multidimensional; the valuing, appreciating and investigating of multiple dimensions of a person's experience; and the development of methods for tracking the flow of experience in and through multiple perceptual realms that can lead to the development of an awareness that spans them.

The application of the Process Work paradigm to panic attacks offers a new and complementary method through which a person can explore multiple dimensions of his experience of the panic attacks, appreciating the viewpoint arising from each; discover the meaning of the panic attacks for his life by tracking and unfolding his momentary experience of them; develop, over time, an awareness that spans multiple perceptual realms.

Panic attacks, like all disturbances or problems, are viewed in the Process Work paradigm as the means by which experiences arise into consciousness, expressions of aspects of oneself that are marginalized by the way that one identifies oneself. They are considered carriers of information that are vital for one's larger sense of well being. This begets the question: *What* is the problem? The answer differs depending on the viewpoint from which one answers. From the viewpoint of a person's identity, the problem is anything that disturbs this identity and its devotion to the idea that consensus reality is the *only* reality. From

the viewpoint of the disturbance itself, the problem is the identity that marginalizes the experience manifesting in the disturbance and the flickering signals preceding it (i.e., the various non-consensus reality realms). From the viewpoint of an observer focusing on multiple realms of experience, valuing the viewpoint of each yet identifying specifically with none, the problem is the lack of *its* simultaneous existence with the other viewpoints.

Opening a parenthesis here, I use Figure 9 below⁸ to give the reader a pictorial analogy of perceiving multiple dimensions of one's experience. If seeing a duck

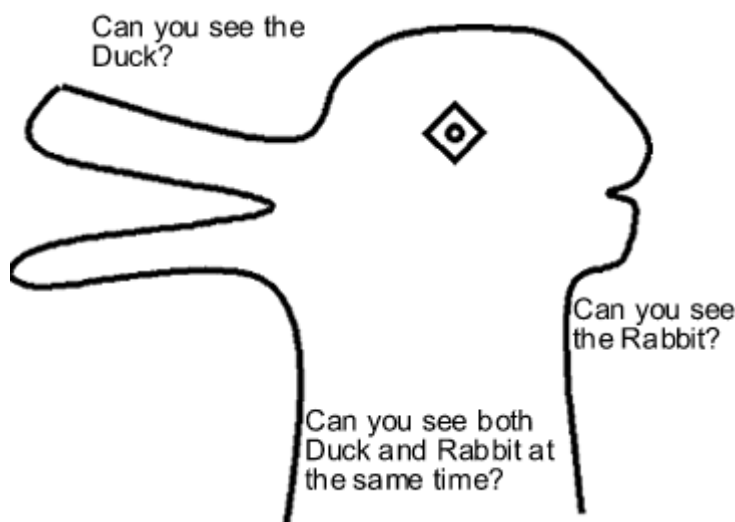


Figure 9: Analogy of Perceiving Multiple Dimensions

in the sketch is analogous to perceiving from the viewpoint of one's identity; seeing a rabbit is analogous to perceiving from the viewpoint of the disturbance; going back and forth between seeing a duck and seeing a rabbit,

and then seeing simultaneously both (duck and rabbit), while also experiencing oneself as the one perceiving would be analogous to perceiving multiple dimensions of one's experience.

⁸ This sketch was downloaded with permission by Amy & Arnold Mindell from www.aamindell.net. I am using the sketch in a different way than Mindell & Mindell use it on their web site.

In terms of my personal experience, one can say that from the viewpoint of my everyday reality, in which I experience myself located in time and space, and with a particular identity (I am my body, I am a woman, therefore, I should be and act in certain ways and not others, etc.) panic attacks are a problem. They shred the sense of security that I derive from holding on to this perception of myself and the world around me, leaving me feeling at the mercy of unknown, overpowering forces, and in the hands of an inhospitable and threatening universe.

From the viewpoint of a dreamlike reality (i.e., the viewpoint of the unfolded dreamlike background of my panic attacks), in which I experience myself as an ebb and flow, the problem is my consensus reality perception that marginalizes this aspect of myself (that is not located in time and space) that feels deeply calm and centered and has a sense of knowing arising from within. From the perspective I gain when I focus my awareness on various aspects of my experience, the point is awareness of all aspects of myself, including myself as an awareness focuser. From here, life is a mystery that can be joined and disturbances are doorways into this mystery (i.e., my panic attacks are doorways to these aspects of myself – the non-local centeredness, calmness and knowing that has a sense of where my life is meant to be heading, and this awareness focuser that's slowly developing – through which I can experience co-creating my life).

Thus, from the perspective of the worldview of the Process Work paradigm, panic attacks are both a problem needing to be investigated in the physical realm and a sign of the mystery of life, inviting one to join in and partake in its creation. In my experience, the Process Work paradigm offers an awareness practice that enables one to actively participate in this co-creation dance. Motivated by my personal experience, I am sharing it along with my knowledge and understanding of the Process Work paradigm to say to you, the reader: you can join your life's creation dance by paying attention to and valuing all aspects of your experience. Care for the physical needs of your body, but also investigate the dreamlike (the non-consensual) aspects of your experiences. Unfold your experience of the disturbances in your life, or notice and unfold your subtle movement tendencies and the flickers that catch your attention. Become Aikido masters. Pick up the essence of the energy that is disturbing you, shape-shift and let it re-create your life.

Social Implications of the Process Work Paradigm's Worldview

In working with my own experiences of panic attacks, I noticed that valuing, being interested in and investigating both my sense of being disturbed and the disturbance itself prevented me from thinking of myself as being “crazy” or “sick.” This spared me the agony and terror that thinking of oneself in that way attaches to the experience of panic attacks, oftentimes intensifying them.

Some of the people who experience disturbances of their everyday lives that were once referred to as “mental illnesses,” and are presently referred to as “mental disorders,” have embraced the notion of a “mental disorder” for the

sense of relief it offers from the stigma these experiences carry. The term “disorder” brings to the foreground the notion of an illness with a physical origin, and this takes away the burden of blame. It also offers the hope of a cure.

It is important to recognize the difficulty, pain and struggle that many people experiencing “mental disorders” go through in their everyday lives. Yet, it is also important to note that looking at these experiences solely as illnesses to be cured (disturbances to be gotten rid of) emphasizes the painful and difficult aspects of these experiences, ignoring the potential value of the disturbance’s meaning.

This makes it harder for the person experiencing a disturbance to entertain the idea of a potential purpose or meaning, and attempt to explore it. Additionally, viewing these experiences solely as illnesses supports the identity that is being disturbed, ignoring the viewpoint of the disturbance. This one-sided support inadvertently freezes the one experiencing the disturbance in identifying with being the victim of it. Solidifying a person’s identity in this way further marginalizes the experience embedded in the disturbance (the energy of the creator of the disturbance), which can potentially lead to an increase of the intensity of the disturbance.

The worldview forwarded by the Process Work paradigm offers an alternate route out of the stigma, terror and weight intertwined with the concept of “mental illness” – a route that avoids this kind of one-sided support of a person’s identity, and that aims at lessening the marginalization of the experience embedded in the

disturbance. I believe such a worldview has a lot to offer in the mental health field today.

How much space one can make in oneself for certain experiences is intimately connected to how much space there is in the world for those experiences, and vice versa. If the culture one lives in views certain experiences solely as abnormal or pathological, one will find it harder to open up to the idea of them as carriers of potential meaning. Each time one opens up to exploring the potential meaning of an experience, one relaxes the grasp that internalized viewpoint has on oneself, and through this, on everyone else in the culture, making it a little bit easier for other people to open up to potential meaning of their experiences.

We all change our culture through changing ourselves, and vice versa. My hope and aspiration is that this work inspires you and makes it a little bit easier for you to explore the potential meaning of your experiences.

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APPENDIX A: MY PRECONCEPTIONS

Before Data collection

How do I think Mindell works with people who experience panic attacks? What do I think is Process Work's approach to panic attacks? Thinking about the Process Work paradigm the following come to mind:

- *Panic is a manifestation of an underlying process.* There must be something meaningful and useful in the experience of panic.
- *When one is having a panic attack one is in an extreme state.* Therefore, according to the "city shadow" idea (the person in an extreme state can be seen as the "identified patient" of the city he lives in – channeling its repressed and unrealized psychology), some element of the individual's experience of the panic must be marginalized by society as a whole.

Thinking about how a process worker might work with the experience of panic attack nothing other comes to mind but my own experience of a panic attack...

The experience of a panic attack is so intense and so unlike anything I have previously experienced that when I try to think about how one could work with this experience and unravel it, all that comes to mind initially is the experience of panic and a mixed sense of awe, fear and bewilderment, "What is this all about?" I have never actually worked on my experience of panic attacks in my own sessions nor have I seen a process worker work on someone else's panic attack.

From my own inner work I am imagining that one can work with the physical manifestations of the panic attack by amplifying them and watching for the channel change. For example, one of the physical manifestations that I notice when I have a panic attack is the trembling of my legs. Allowing and encouraging that trembling to happen even more and even spread to my whole body rather than just my legs is one of the ways that I have worked on my experience. This led to an organic channel change from movement to proprioception in which I felt for a split second my face dissolve, loose its human form, and had a sense of recognizing the force of the panic attack as me... But it was very fleeting...

Still, if I think of how Mindell works with people on other experiences I would expect to observe him using the following skills and metaskills (feeling attitudes with which he uses his skills):

Skills

- Notice intended and non-intended communication signals (signals and double signals, respectively), both verbal and non-verbal.
- Discern the process structure. Namely, think about what is “primary” (what is closer to the person’s awareness) and what is “secondary” (what is further away from the person’s awareness), what sensory channels (visual, auditory, proprioceptive – body feeling, kinesthetic – movement, relationship, world) are “occupied” (by the person’s awareness and connected to the primary process) and which are “unoccupied” (not used with awareness and connected to the secondary process) by noticing the structure in the verbal and the nonverbal communication.
- Share with the person his perceptions and thoughts on the process and the possible directions in which the work could go.
- Notice the person’s feedback to his suggestions and interventions (positive feedback = strong response, body begins to follow suggestion, big smile, a lot of energy in response to a suggestion; negative feedback = lack of response, no energy in response to a suggestion, an adapted yes but weak energy; edge feedback = mixed feedback, simultaneous positive and negative feedback with a lot of energy, giggles, nervousness, shyness, embarrassment, big smiles) as indicated by the person’s verbal and non-verbal communication signals, and use it as a guide for determining the direction in which to proceed.
- Notice “somatic answers” to questions (part of noticing feedback – i.e., notice answer that the body gives through body signals).
- Notice what happens when there is a break in the focus (when the awareness facilitator takes the focus off the person)
- Notice and follow his awareness of himself and the other and the interaction.

- Use his inner experience as a source of information about the process (i.e., noticing his inner sensations, feelings, fantasies, etc and thinking about them in connection with the structure of the process, or in other words, in terms of what part of the person's experience he is picking up)
- Use his clinical experience as a resource to feel into the experience of the person.

Metaskills

- *Beginner's mind*: Approach the person's experience with a "beginner's mind," i.e., letting go of preconceived ideas about the person's experience, viewing it with openness and curiosity as something mysterious and unknown, which is to be discovered.
- *Belief in the wisdom of the process*: Following the patterns that emerge believing that process is the teacher/guide.
- *Playfulness and humor*: using the spontaneity and freedom of a child to explore unknown experiences.
- *Scientific mind*: Approaching the interaction with the person with a "scientist's mind," i.e., observing with great detail and precision outer and inner signals – inner and outer awareness
- *Social awareness*: Awareness of the intricate connection between an individual's work and the culture she lives in.
- *Deep democracy*: valuing and attending to all dimensions of experience.

During Data Collection

- *Panic as Body Symptoms*: The experience of a panic attack entails many physical manifestations. Therefore one can view it and work with it as a body symptom! Namely, get a sensory grounded description of the experience, notice the person's non-verbal signals while he is giving the description, go into the experience that is the most intense (for example rapid heart beat) and unfold that by amplifying, adding channels and

following the process till they arrive at the purpose, or the meaning or the usefulness of this state for the person's life.

- *Panic as Threatening/Disturbing Force:* Alternately, one can ask the person to imagine the creator of the panic (or the creator of the aspect of the panic that is the most terrifying – the one who wants to kill you or the one that wants to drive you mad, etc), *shape-shift* (become it), and explore figure and/or state of being, way of life it represents till they arrive at the purpose, or the meaning or the usefulness of this state for the person's life.
- *Panic as Marginalized Altered State:* Another way Mindell seems to be working with the experience is looking for what the person is afraid of during the panic attack and helping the person go into the feared experience (usually an altered state it seems – like being dead or going crazy) and dreaming the experience further till they arrive at the purpose, or the meaning or the usefulness of this state for the person's life.

Panic as a momentary death of identity attached to Consensus Reality (CR): One of the things that I see emerging in people's work in terms of the actual process of panic is panic about having to identify solely with CR, solely with one's human form. Panic about leaving out dreamlike background to reality – what Hillman says about return to the realm of the "imaginal."

APPENDIX B: RESEARCH DESCRIPTION

Evangelia Vassiliou, MPW
Certified Process Worker
3236 SE Yamhill #1, Portland OR 97214
503.236.7713

Portland, January 5, 2003

Dear Research Participant,

I am writing to inform you about a study that I am doing on Process Work's approach to panic attacks as part of my Ph.D. program in psychology at the Union Institute and University.

Nature and Purpose of Study

I am doing a series of case studies of Dr. Mindell working with people who have experienced panic attacks with the purpose of enhancing our knowledge of the way that Dr. Mindell works with panic attacks. My study comes out of my desire to learn more about these states of consciousness that some of us experience, and to help other practitioners to learn about Dr. Mindell's methods by writing about them.

Research

Participation in this research would entail working with Dr. Mindell on your experience of panic attacks, in the context of a private session, in which I would also be present, making a videotape recording of the session.

Method of Study

I plan to transcribe and study these videotape recordings of Dr. Mindell's work, and analyze them in terms of the methods of intervention he uses, his skills and metaskills (the feeling attitudes with which he uses his skills). I will then use my findings to deepen my understanding of his way of working with panic attacks, and write about that understanding. The transcriptions of the videotape recordings of these sessions will be included in the thesis that I will write.

Participation in the research project will be confidential, which means that only Dr. Mindell and I will know the identity of the people participating in the study. In order to protect the identity of the research participants I will take the following safeguards:

1. I will keep the location and date that the data was gathered confidential.
2. I will develop a master index, which codes the transcriptions to a particular person by number. I will have the only means to connect the number codes to a specific person.

3. In the process of transcribing the videotapes I will remove any information such as place of residency, place of work, name of educational institution a person is attending, etc., which might identify the person.
4. In writing the findings of my study I will assign each person a pseudonym.

Participants of this research project need to be aware however that in spite of these safeguards there may remain some risk of being identified due to the individual nature of their panic attack experiences.

Possible Benefit

A possible benefit from participating in this research is the opportunity to contribute to knowledge about ways of working with panic attack experiences.

Findings

After the research is completed I will forward a summary of my analysis and implications of that analysis to you by mail.

Participation in the Study & Withdrawal of Participation

The decision to participate in this study is totally voluntary. You are under no obligation to participate. Should you decide to participate and then change your mind you may withdraw your participation at any time and your information will not be included in the study.

Questions

If you have any questions about this study please contact me at 503.236.7713. Please leave a message if I am not immediately available. Thank you.

Informed Consent Form

If you decide to participate in this study please read and sign the consent form that is attached to this letter and mail it to the address indicated on the form, using the enclosed preaddressed envelop.

Thank you for considering being part of this study.

Sincerely,

Evangelia K Vassiliou

APPENDIX C: CONSENT TO PARTICIPATE

Consent Form

Process Work's Approach to Panic Attacks

1. I, _____, hereby consent to participate in the study of Process Work's approach to panic attacks conducted by Evangelia K Vassiliou.
2. I understand that Evangelia K Vassiliou will be studying the videotape recording of my work with Dr. Mindell, made on _____ transcribing it and analyzing it by focusing on Dr. Mindell's actions as a therapist.
3. I understand that Evangelia K Vassiliou may use my words in her dissertation or other writings and presentations she makes after completing her thesis.
4. I am aware of the safeguards that Evangelia K Vassiliou will take to protect the confidentiality of my identity as well as the risk of being identified by the individual nature of my panic attack experience.
5. I understand that Evangelia K Vassiliou can be reached at 503.236.7713, and will answer any questions that I may have about this study.
6. I understand that I may refuse to participate or withdraw from this study at any time.

Signature

Date

APPENDIX D: CONSENT TO VIDEOTAPE

Arnold Mindell, Ph.D.
605 NW 22nd Ave
Portland, OR 97210

Video Release Form

Name _____

Address _____

Telephone _____

I _____, hereby,
release and give permission to have a videotape record made of my private
session with Dr. Arnold Mindell at his office on 605 NW 22nd Ave, Portland, OR
97210, on _____.

I agree that this video be used in whole or in part only by Ms. Evangelia K
Vassiliou for the research that she is conducting on panic attacks, in the context
of her doctoral studies at the Union Institute and University.

Signature

Date

APPENDIX E: PERMISSION OF USE OF VIDEOTAPES

Arnold Mindell, Ph.D.
2049 NW Hoyt #2
Portland OR 97209
USA

Permission of Use

I, Arnold Mindell, hereby give permission to Evangelia Krino Vassiliou to use the videotape recordings of my work with people on their panic experiences that were recorded during my class at the Process Work Center of Portland, on January 31, 2003 for the research she is conducting for her Ph.D. program at the Union Institute and University.

I also hereby give permission to Ms. Vassiliou to use the videotape recordings of my work with people on their panic experiences that were recorded in my private practice on January 21, 2003, February 13, 2003, and that will be recorded in my private practice on June 16, 2003, on September 30, 2003 and October 7, 2003, within the context of her Ph.D. program.



April 18, 2003

Signature

Date

APPENDIX F: VIEWING AGREEMENT

Arnold Mindell, Ph.D.
605 NW 22nd Ave
Portland, OR 97210

Videotape Viewing Agreement

Name _____

Address _____

Telephone _____

I _____, hereby, agree that:

- I will use the copy of the videotape record made of my private session with Dr. Arnold Mindell at his office on 605 NW 22nd Ave, Portland, OR 97210, on _____ for my personal use only.
- I will not make any copies of this videotape.
- I will not allow anyone else to view this videotape without prior written permission from Arnold Mindell, or Lily Vassiliou.

Signature

Date

APPENDIX G: DATA ANALYSIS SAMPLE

Transcript (Excerpt from Case 2)	My Observations
<p>P: I just felt like a rush [The palm of her left hand which was resting in her lap made a small quick, abrupt upward motion]</p> <p>AF: I saw it with your hand [AF touches her hand] What it it do? What happened? How did the rush go?</p> <p>P [Makes the hand motion and spontaneously adds a sound "fseew"]</p> <p>AF: Do that again.</p> <p>P: [Makes motion and sound]</p> <p>AF: [Makes sound with her louder and twice] [P repeats motion and sound, this time louder] A rush! From where?</p> <p>P: From where?[As P is repeating the question her left palm touches her tummy]</p> <p>AF: Yeah.</p> <p>P: From right here [Her hand now touches tummy and moves upward along esophagus]</p> <p>AF: Tummy?</p> <p>P: Yeah and then up to here [her left hand is now repeating this sudden, abrupt motion of coming up from the tummy to the chest along the vertical center of the body]</p> <p>AF: It's a rush coming up. Phseew!</p>	<p>[Unfolding dreamland]</p> <p>Proprioception combined with movement.</p> <p>Notices nonverbal signal (movement).</p> <p>Encourages focus.</p> <p>Organic unfolding in other channels (movement).</p> <p>Amplifying.</p> <p>Amplifies by joining her and making sound louder].</p> <p>While she's asking her body is already responding (=somatic answer).</p> <p>Proprioception combined with movement.</p>

<p>P: Um hum... [Keeps repeating the motion] Now, I'm hot [Removes her sweater] AF: Rush coming up... Phewwwweew!</p> <p>P: Um hum... [Sits still now, silent, with her head tilted downward] AF: ... [sits still in silence] AF: Um hum... What happened to the rush? P: It's frozen now (laughs) No rush! AF: What happened when you took your sweater off? [AF touches lightly her right knee] Are you doing ok with that? P: Um hum... AF: And the rush got better? P: Yeah, it's not a continuous rush, it was lika a... [talks with her head still tilted downward] it's like when I'm anxious, there's a psssseeeww. [makes same sudden abrupt upward motion as before] like if I... it feels like adrenaline but the feeling, the experience is something that goes psssseeeww [repeats same motion] AF: psssseeeww P: and then it like stops, it goes back down, out or something...Where does it go? [repeats motion and sound] That's it. AF: And what's doing that psssseeeww? [touches her hand and hand repeats motion] P: ... P: It's not happening now so it's hard to</p>	<p>Amplifies/adds sound. Cycling of incomplete movement.</p> <p>Keeps focus on process unfolding. Energy disappeared. Edge?</p> <p>Waits. Brings awareness to the change.</p> <p>Investigating moment of change – checking if she is ok with her sweater off.</p> <p>Same incomplete movement as before – process still needs to be unfolded.</p> <p>Joins through sound. Communicated directly with the process in the body, body responds by repeating motion</p>
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<p>track.</p> <p>AF: How come it's not happening? I like it. I like that it happened and I like that it's not happening.</p> <p>P: How come it is not happening now? ... Um... because I'm frozen enough (laughs) like I can't...</p> <p>AF: You were getting real hot... [Get's up and goes behind her] I'm going to go back to that point. I'm going back to get your sweater.</p> <p>P: You want me to put it on?</p> <p>AF: No , I'm just going to put it over you for a minute. So... [puts her sweater over her shoulders] you had your sweater on</p> <p>P: Um hum</p> <p>AF: you were boiling and then you said, get this damn thing off</p> <p>P [laughs]</p> <p>AF: Right?</p> <p>P: Um hum</p> <p>AF: and you took it off right, you went like... you took it off...</p> <p>P: Um hum</p> <p>AF: OK? [Sweater still on her shoulders]</p> <p>P: Um hum</p> <p>AF: Fseew! [Takes sweater off her shoulders and throws it to the side]...</p> <p>AF: How did that relieve something?</p> <p>P: Yeah, it was like the heat, even now I feel hot, it was like the heat was too</p>	<p>(=positive feedback).</p> <p>Supports both experiences.</p> <p>Going back to investigate the moment where energy disappeared. He goes back and does it again slowly so that she can use her awareness and notice what happens in that moment .</p> <p>Doesn't pull sweater off her shoulders yet – gives her time to check if it's ok to take off & focus her attention on what will happen as he takes it off.</p> <p>He doesn't see it as an edge but as the process. She took the</p>
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<p>much...</p> <p>AF: Um hum...</p> <p>P: ...the intensity...</p> <p>AF: OK, then, let's see what's happening in there as you're freezing [leans over and touches her knees gently and lightly]</p> <p>P [Sits still, with head tilted downward] ...</p> <p>P: Now I'm aware of my heart beating harder.</p> <p>AF: OK, how hard it is beating?</p> <p>P: Fsssswh-fsssswh</p> <p>AF: fsssswh- fsssswh- fsssswh</p> <p>P [Starts making the sound of her heart beating in the rhythm that it's beating. The rhythm is a fast one] fsssswh-fsssswh- fsssswh- fsssswh- fsssswh</p> <p>AF: Let me see, can you do the motion with one of your hands?</p> <p>P [Makes pumping motion with her left palm, then the hand stops]</p> <p>AF: Hm... [touches her hand]</p> <p>P: ... [hand remains still]</p> <p>AF: Did it quiet down?</p> <p>P: Um hum...</p> <p>AF: It quieted down! So every time you feel something and you express it, it quiets down...</p> <p>P: Um hum [loud]</p> <p>AF: Just keep your attention inside, whatever arises maybe you want to feel free to</p>	<p>sweater off and this relieved something.</p> <p>Begins to explore the other experience (freezing).</p> <p>Joins her through touch, supports going into unknown.</p> <p>Helps her amplify through focus. Auditory channel.</p> <p>Amplifies through joining.</p> <p>Starts doing it more (= positive feedback).</p> <p>Adds channel (movement) to unfold experience.</p> <p>Tests the body.</p> <p>No motion (= negative feedback to stimulus to move) = stillness is the process now</p> <p>Notices what's happening. This is the process</p> <p>The process has shown the</p>
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express it.	<p>“solution”/direction. There's a rush, which quiets down when it's expressed. Therefore the direction indicated is attention to the inner experience and expression of it. We're 17 minutes into the work and for the last 10 minutes she's been sitting with her eyes closes and head tilted toward the ground. Strong signal indicating a process of going inside.</p>
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APPENDIX H: VERBATIM TRANSCRIPTIONS OF CASES

Transcription Notation

AF	Awareness facilitator.
AF2	Second awareness facilitator
P	Person.
R	Researcher.
[]	Non verbal communication signals.
(?)	Indicates that speech is inaudible .
<i>Italics</i>	Indicates words that were uttered with added emphasis.
...	Indicates a pause in speech.
!	Indicates animated tone.
"Nods"	Indicates a motion of the head up and down.

Case 1: Researcher with Arnold Mindell in Class

Elapsed Time: 30 minutes

Transcript	My Observations on process structure, interventions & levels
<p>[P gets up from her seat and joins P in the front of the class]</p> <p>AF: [Smiles] It's embarrassing stuff to talk about. Is it hard for you too to talk about it?</p> <p>P: [Nods] Yes...</p> <p>AF: Scary...</p> <p>P: Yeah...</p> <p>AF: Tell us about your experiences with panic like states.</p> <p>P: Mmm... umhm...</p> <p>AF: You don't have to... but if you can...</p> <p>P: I was thinking about them... um... I think the first one was the most scary one because afterwards I kind of knew the experience...</p> <p>AF: When did you have the first one?</p> <p>P: The first one that I identified as a panic was a few years back. I think it was in 95 or 96. I was back in my home country for a visit. It was a morning. I think it was just a day or two after I had arrived. I woke up and I remember I was in the bathroom washing myself and I felt a</p>	<p>[Level: consensus reality] Feels into situation & joins P emotionally.</p> <p>Asks for subjective experience.</p> <p>Edge to enter process</p> <p>Notices hesitation (skill: nonverbal signal awareness) & values that part too by giving option to P not to speak about it (metaskill: deep democracy)</p> <p>Investigates context within which panic attacks occur.</p> <p>Experience first appears in proprioceptive channel.</p>

<p>tightness in my chest... and a sense of worry... and then I thought, "I'll go lie down on the couch." And then I was almost falling asleep and then it was like "<i>hhoooo</i>," [she raised her right hand to the level of her head and then forcefully brought it down in front of her while also thumping on the floor with her foot.]</p> <p>AF: [Follows the hand motions with his eyes and then the motions of the foot]</p> <p>P: And then it was like <i>terror</i>... and I <i>didn't</i> know... there was <i>nothing</i>... I didn't know <i>what</i> I was afraid of... and then, the worst was... like thinking, "What's happening to me? Am I going <i>crazy</i>? This is what it is to go <i>crazy</i>..."</p> <p>AF: Right.... OK.... Wow</p> <p>P: My sister was at home and I went to her bed and I lay down, she put her hand on my back and I was just telling her 'I don't know what is wrong with me, " and I tried to explain to her, but she was not understanding and that got me mad.. and that helped, like, I sat up and got mad, and that helped, then I started crying and it was over.</p> <p>AF: Yeah, really getting furious!</p> <p>P: Yes, because she wouldn't understand.</p> <p>AF: Yeah, "You blithering idiot! Why don't you understand?"</p>	<p>Possible entry point to unfolding experience.</p> <p>Organic channel switch: she is using movement & auditory channel to express proprioceptive experience.</p> <p>Notices nonverbal signals.</p> <p>Feels into situation.</p> <p>Brings in the anger that is being talked about but not experienced</p>
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<p>P: I think I was telling her something about relationships feeling really cold; I hadn't connected yet with anyone...</p> <p>AF: Amazing, wow. So, it came on suddenly, it was a sudden thing...</p> <p>P: Yeah</p> <p>AF: You said you've had a couple of them since?</p> <p>P: Yeah, I had them twice when I was in India for worldwork and once again when I was back in my home country when one of my parents was ill. That was at night; I woke up in the middle of the night...</p> <p>AF: Right...</p> <p>P: I was thinking yesterday that I also had an experience when I was really young that was similar, that has terror in it...</p> <p>AF: Yeah? What happened?</p> <p>P: I don't know how old I was, maybe four or five. I was sick. I had fever and I was hallucinating. I was seeing outside the window and I was seeing the trees and then there were shades. I could see like the spirit of the tree like in a form coming toward me and I was freaked out by that. Then I had this sense that I was out in space and I had to hold the whole universe on the tips of my fingers, and the feeling that I'm too small, it's impossible to do that...</p>	<p>in the moment.</p> <p>Continuing to investigate context within which panic attacks occur.</p>
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<p>AF: Wow...</p> <p>P: And I think that was like my first sense of terror there</p> <p>AF: You had to hold the whole universe on the tips of your fingers?</p> <p>P: Yeah and I was just feeling so infinitely small and the hugeness of the ...</p> <p>AF: Mmm...</p> <p>P: It was a weird. I can't really describe the sense. It was a weird sense.</p> <p>AF: Yeah</p> <p>P: And then once I freaked out in nature. I was camping out alone and I freaked out with everything around.</p> <p>AF: No one thing! Nature, worldwork, at home, so it's not a simple, one little thing doing it, at least from the outside.</p> <p>P: [Nods]</p> <p>AF: OK shall we work on it a little bit?</p> <p>P: [Nods smiling]</p> <p>AF: Are you OK with that?</p> <p>P: Yeah.</p> <p>AF: And, when I say are you ok with doing it... I'm doing it here in public just now with P, and I know she's healthy but with people, depending on their age and everything, I want to be gentle about it, working on the subject directly.</p> <p>AF: Well, where do you think your life is headed in the moment? What is your sense of where you're going in your life?</p>	<p>Thinks out loud about the process (meta-communicates).</p> <p>Positive feedback</p> <p>Checking if P feels at ease with working directly on the experience of panic.</p> <p>Getting information on her everyday life, her identity.</p>
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<p>P: [Looks down, then at AF] In words?</p> <p>AF: In words... You may not know...</p> <p>P: When you asked that question the thing that came to me was "I don't know!"</p> <p>That's my main question in the background, like what am I doing?</p> <p>Where am I going?</p> <p>AF: [Looking at P] Right... Well, we really could use that sentient walking to find out more about that [AF is referring to an exercise he had the class do the previous week] but I think I'm going to – thinking to myself – I want to focus on the panic state too. Maybe that will help each other, we don't know!</p> <p>P: [Nods]</p> <p>AF: So, what direction would the unknown have actually? Not knowing may be a direction in itself...</p> <p>P: [Faces the windows, having her back to the class]</p> <p>AF: That way? That's the unknown! Yeah, right out the door! That parking lot is full of good stuff</p> <p>[AF and P laugh and class laughs]</p> <p>AF: Goes out that way...</p> <p>P: Yeah, backwards.</p> <p>AF: <i>Backwards!</i> It goes backwards, the unknown.</p> <p>P: Last week when we did that exercise, that back thing, that last little thing that</p>	<p>She identifies with wanting to know where her life is going (primary process).</p> <p>Changes his mind and explores direction that came up.</p> <p>Metaskill: humor</p> <p>Uses blanc access words (words that are descriptive yet avoid naming) so that P can fill in the description with her</p>
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<p>we had to walk, I felt I got to the panic thing. Where I was supposed to go panicked me...</p> <p>AF: You sort of panic about that... Ok. Good, we're on the right track, working on panic. Ok.</p> <p>AF: Can you remember</p> <p>P: [Nods and closes her eyes]</p> <p>AF: some small amount of that panic state? Can you recall a little bit of that panic feeling, the panic state, just enough so that you have a sense of it...</p> <p>P: [Stands still, head tilted downward, eyes closed]</p> <p>AF: ...and maybe even you can feel a little bit of it in your body, not so much that it is too uncomfortable but just enough so that you have a sense of it...</p> <p>P: [Stands still, head tilted downward, eyes closed]...</p> <p>AF: Uh hm... Can you feel it a little bit?</p> <p>P: [Nods keeping her eyes closed]</p> <p>AF: Can you let it manifest just a tiny bit in your movements?</p> <p>P: [With eyes still closed] I can feel a shaking in my legs</p>	<p>experience, as she does. For her that direction is backwards.</p> <p>Notices a connection arising.</p> <p>Positive feedback to suggestion (her body follows).</p> <p>[Level: attempting to enter dreamland] Attempts to create an entry point by having her recall the state. Pauses making space for her to experience it. Her signals suggest she's experiencing something in the proprioceptive channel. Helps her focus on proprioceptive channel.</p> <p>Same as above.</p> <p>Positive feedback to the entry point – P is in the experience. Suggests channel change (from proprioception to movement). P's experience is in a coupled channel: proprioception and movement together.</p>
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<p>AF: A shaking in your legs... You feel that?</p> <p>P: [Nods]</p> <p>AF: [Looks down toward her legs and her moving fingers and waits silently for about a minute] ...</p> <p>AF: Ok, good...we could do a lot with that. We could just do movement work but I would like to see if you can put your hands together in a circle in front of you</p> <p>P: [With eyes still closed puts out her hands in front of her forming a circle]</p> <p>AF: and see if you can put that sense of paniciness</p> <p>P: [Blows a little air out of her mouth]</p> <p>AF: the shaking of the legs as you call it, see if you can put it in your hands</p> <p>P: [With eyes still closed turns her palms facing the ceiling and extends her hands out in front of her, making a motion, almost like giving something away]</p> <p>AF: Even make your hands almost...</p> <p>P: [With eyes still closed turns the palms of her hands back so that they are facing one another forming a circle]</p> <p>AF: like it could hold it. That's right! [Touches slightly P's right palm pulling her hand slightly more to the side making the circle bigger].</p>	<p>Talks with P about direction (metacommunicates).</p> <p>Positive feedback (her body follows).</p> <p>Somatic response to the suggestion.</p> <p>Suggests another channel change (from proprioception & movement to visual).</p> <p>Somatic response to the suggestion of putting panic in her hands.</p> <p>Does not focus on somatic response.</p> <p>Follows his suggestions.</p> <p>Brings her awareness to the area inside her palms.</p>
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<p>P: [Opens her eyes] I don't want to! [Smiles and shakes her head, like a quick shudder]</p> <p>AF: Ok! Don't do it... <i>yet!</i></p> <p>P: I think that was what was in the first movement [puts her hands out in front of her facing upward making the same motion] like I wanted to...</p> <p>AF: [Making the same motion] You wanna get rid of it! Go away! [Toward class] <i>You</i> take it, out there!</p> <p>[Class laughs]</p> <p>P: [Beaming!] Yeah!</p> <p>AF: That's right! Thank you! I just want to affirm the process of not wanting to go into it.</p> <p>P: [Smiles and nods]</p> <p>AF: I'll have a sip of my water [Gets his water] Want some schnapps?</p> <p>P: [Takes a sip then stands with eyes closed]</p> <p>AF: You ready to go again with that?</p> <p>P: [With eyes closed nods]</p> <p>AF: OK. I'll do it quickly so it won't be hard. I'll do it with you. [To class] If I was to work</p>	<p>Edge to enter into the process.</p> <p>Edge feedback = mixed positive (smile) and negative (the word, "no" and the shudder) feedback.</p> <p>Acknowledges and accepts the part of her that doesn't want to go into it. (Metaskill: deep democracy).</p> <p>She becomes aware of the meaning of her prior somatic response.</p> <p>Making space for this part to express itself.</p> <p>Using humor to lighten tension. (Metaskill: playfulness & humor).</p> <p>Positive feedback.</p> <p>Accepting all parts (Metaskill: deep democracy).</p> <p>Positive feedback.</p> <p>Gives P a minute to take a break.</p> <p>[Level: Attempting to enter dreamland]</p> <p>Indication she's in the proprioceptive channel.</p> <p>Acknowledging the difficulty of it.</p>
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<p>with someone else, you could do it for them, but here [puts out his hands in front of him forming a frame] do you feel it a little bit in your legs?</p> <p>P: [Nods]</p> <p>AF: Put your hands up like this. [Comes around to the front holding his hands up forming a frame]</p> <p>P: [Opens her eyes and looks at AF's hands]</p> <p>AF: and just see it quickly</p> <p>P: [Closes her eyes again]</p> <p>AF: inside your hands. See that shaking state in there. Do you see it right in here? [Moves his hands in the frame that P's hands are forming]</p> <p>P: [Stands still with her eyes closed]</p> <p>AF: [Moves to her side] You were feeling it in your legs, I'll touch your knee just for a second [taps her knee lightly], now put it right in here [touches the inside of each of her palms] that trembling state. What do you see? Maybe you can describe it for us...</p> <p>P: ...</p>	<p>Suggests she goes into the coupled channels of proprioception & movement where the experience is occurring, amplify (feel it) and...</p> <p>quickly switch to the visual channel.</p> <p>Indication she's focusing on the proprioceptive channel (which is coupled with movement here).</p> <p>Suggests switch to visual channel.</p> <p>Still in proprioceptive/movement channel.</p> <p>Attempts to help her make the switch by touching the part of the body where she experiences the panic in the coupled proprioceptive/movement channels and then the part of the body where he is suggesting she visualize it.</p> <p>Negative feedback to switch to</p>
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<p>P: It was dark... and then the shape was like... there were just like forms... [moves hands in wave-like motions]</p> <p>AF: There you go! The hands are showing us...</p> <p>P: [Begins to move hands faster]</p> <p>...</p> <p>AF: Great! Now, with that energy in your hands maybe you can make a drawing. Let that energy draw itself.</p> <p>P: [Takes marker and makes quick, sharp motions, drawing wave-like lines from top to bottom]</p> <p>AF: Yeah! Gee! That is <i>intense!</i> Tzzzz... tzzzz... [repeats the sound that the marker was making on the board when P was drawing] Amazing! Ok! Now, I'm going to go through this quickly to make it easy for you. It is going like that?</p>	<p>visual channel.</p> <p>Attempts to describe visualization (attempting to go along with AF suggestion) but process is in the movement channel (i.e., visual description is vague & her engagement /energy level is low, while her hand motions are intense & energy there is flowing).</p> <p>Notices hand motions and switches directions encouraging amplification in movement channel.</p> <p>Positive feedback to channel (body follows).</p> <p>Gives time for her to experience movement.</p> <p>Suggests switch from movement to visual channel (to get a visual representation of the energy of the panic).</p> <p>Positive feedback (body follows).</p> <p>Notices intensity of motions and mirrors intensity of her motions in sounds.</p>
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<p>[Mirrors her quick movements as she was drawing]</p> <p>P: Yes</p> <p>AF: So now just do that in movement, those squiggly movements you made</p> <p>P: [Smiles]</p> <p>AF: just for a moment and see where it is leading you. Take a moment, have the feeling...</p> <p>P: [Moves her right hand up and down like throwing a punch to the ground and smiles] This is the <i>biggest</i> edge!</p> <p>AF: I know! This is the worst moment of them all [soft voice]. This is the edge that we really ought not to cross! [Laughter in voice] But let's do it! [Louder voice, definitive tone] I'll do it with you...[Begins to shake] Like this?</p> <p>P: [Stands still, watches him shake. Her hands make motions like shaking something off]</p> <p>AF: Is that right?</p> <p>P: [Movement of hands spreads to shoulders and P starts letting go into shaking, in an almost wave like motion that's going through her entire body from head to toe and this motion is accompanied by a "fheewww" sound]</p>	<p>Suggest going back to movement channel and amplifying further.</p> <p>Edge (i.e., simultaneous positive feedback –smile, and negative feedback – body not following). Encourages her.</p> <p>Edge work: uses a mixture of acknowledging the difficulty of it, lightness and playfulness through humor, a small push to try to go into experience, and doing it for her to begin with to help her go over the edge.</p> <p>Her body begins to follow – she's crossing the edge.</p> <p>Movement begins to unfold and auditory channel is added organically.</p>
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AF: That's it! Yeah.....oh great....yeah...	Encourages amplification and gives time for movement experience to unfold.
P: [Motion intensifies, especially the shaking of the head]	
AF: Wow... don't hurt your neck when you do that...Try that again and this time we'll use our awareness with that state a little tiny bit, see where it is taking us...	Takes care of her physical well-being. Encourages her to use her awareness. (She is unfolding experience in an unoccupied channel = she is not aware of her experience in that channel.)
P: [Shakes more]	
AF: Yes, yes... Um hm... Yes...	
P: [Keeps repeating a motion that starts by shaking body and ends in the shaking of her head]	Cycling of incomplete motion.
AF: Yeah, that head motion... Yeah...	Notices & brings awareness to the secondary aspect of the movement (part of movement that seems further away from her awareness).
P: [Keeps shaking for a while and then stops and puts her hands over her face]	She has reached an edge in the movement channel yet she is now in the midst of unknown territory, for she had crossed the initial edge and entered the unoccupied channel and began to unfold her experience in that channel. She is in an altered state.

<p>AF: [Moves closer and lightly touches her shoulder] Yeah... Where is that headed? What is that doing with you? Where is that headed?</p> <p>P: [Keeps having her hands in front of her eyes] ...</p> <p>AF: [Takes a step back and looks her then takes a step toward her again] Maybe I can do that too....</p> <p>P: [Opens her eyes]</p> <p>P: It doesn't make sense...</p> <p>AF: Yeah? That's good that it doesn't make sense!</p> <p>P: "What <i>is</i> this?" This is what comes up for me...</p> <p>AF: Oh! Right. You don't know. Amy, could you help us? [Amy is AF's partner. She works and teaches with him. I will refer to her as AF2] Maybe you could make those motions that she made?</p> <p>[AF2 gets up and puts her arm around P's shoulder. P puts her arm around AF2's waist. They hug for a few seconds and then put their arms down.</p>	<p>Joins her and supports her emotionally at that spot. Helps with questions to introduce awareness in the altered state.</p> <p>Feels into the situation.</p> <p>Positive feedback to suggestion.</p> <p>AF thought that she had an insight about where it is heading that didn't make sense.</p> <p>This thought is in part what's stopping her from unfolding the movement further. It's part of the edge. Her everyday mind finds the experience incomprehensible and doesn't want to go more into it.</p> <p>Brings in second facilitator to mirror her motions, switching from unoccupied (movement) to occupied (visual) channel to introduce awareness.</p> <p>Second awareness facilitator connects with her before jumping into the work.</p>
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<p>P: [Puts her hands in front of her face.]</p> <p>AF: Watch Amy...</p> <p>P: [Opens eyes and watches AF2 doing her movements]</p> <p>AF: Do you want to try it again while she's doing it?</p> <p>P: [Starts shaking her body]</p> <p>AF: That's it... Maybe making a sound with it will help you.</p> <p>P: [Starts shaking her head and making small sounds]</p> <p>[AF2 mirrors those sounds making them louder and then suddenly P roars loudly. AF2 jumps back startled and laughs! P laughs! Class laughs!]</p> <p>AF: Aha! Brrrrrr-raaaa! Yeah! Try that again! [Takes a step toward AF2 roaring mirroring what P had just done. AF2 jumps back, eyes wide open. P is watching them] Try that again! There was a giggle there!</p> <p>P: [Roars really loud taking a large step towards AF2 and stops!]</p> <p>[AF2 jumps back with a little scream. AF wraps his hands around him in front of him making a scared face. People whistle and laugh and clap]</p> <p>AF: Wow! Yeah! Can you do that again? I want to see that again! [Goes and stands</p>	<p>Goes back inside.</p> <p>Suggest visual channel.</p> <p>Suggests she goes back into movement channel.</p> <p>Positive feedback to suggestion.</p> <p>Suggest she unfolds experience further by adding auditory channel.</p> <p>Positive feedback to suggestion.</p> <p>Amplifies process by mirroring sounds and making them louder.</p> <p>Process unfolds into a roar and gets to another edge (she stops yet also laughs).</p> <p>Joins by mirroring and encourages her to go back to last energetic moment before the edge occurred.</p> <p>Goes over edge, process unfolds a little further, gets to next edge.</p> <p>Encourages her to go back.</p> <p>Places himself in front of her so</p>
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<p>next to AF2] Go ahead and try that again!</p> <p>P: [Looks at AF and AF2 across from her and smiles moving back and forth. She closes her eyes and then opens them, looks at them intensely and someone from the class says "Yes." P roars moving forward toward AF and AF2 with her eyes open, looking straight at them, coming up to their faces.]</p> <p>AF: YES! YES!</p> <p>[AF looks straight into her eyes and roars back at her. P roars back at him coming closer. A dialogue of roars ensues between them looking into each others eyes, their faces a few centimeters away. P keeps roaring looking straight at AF, puts her hands on his waist & pulls him closer.</p> <p>AF: Yeah! Will you kill me? [Loud voice]</p> <p>P: [Shakes her head from side to side, roars and smiles at him]</p> <p>AF: What will you do with me? What's your intent?</p> <p>P: [Keeps roaring at him with her hands on his waist, her eyes looking at him and a big smile on her face]</p> <p>AF: [Looking into her eyes] What is your intent with me?</p> <p>P: [Roars and makes a movement toward</p>	<p>that he experiences her coming at him with that force.</p> <p>Edge behavior.</p> <p>Support of group encourages new experience & helps her go over the edge.</p> <p>Supports by matching her intensity.</p> <p>Meets her with the same intensity. Process is unfolding now in the relationship channel.</p> <p>Helps her use her awareness while in the altered state.</p> <p>Encourages her awareness.</p>
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<p>him as if she was going to bite him]</p> <p>AF: What's your intent?</p> <p>P: [Moves slightly back, looks at AF2 who looks back at her laughing]</p> <p>[AF2 comes closer and lightly touches P's back as if encouraging her to continue. P roars at AF twice with an "umph" sound, steps forward again, puts her hand on his waist and pulls him closer to her. Class laughs]</p> <p>AF: Yes! Yes! Wonderful! If you let it go all the way where would it go? Would it eat me?</p> <p>P: [Closes her eyes and goes quiet]</p> <p>AF: Don't think about it! While you're coming at me roaring ask where is this going to go? What are you going to do? What does it want? Just do it again and think it <i>while</i> you're doing it.</p> <p>P: [Nods smiling]</p> <p>AF: What? You know what it wants?</p> <p>P: [Nods smiling]</p> <p>AF: You can't say?</p> <p>[P looks at AF2]</p> <p>AF2: It's ok! It's ok!</p> <p>P: Love making...</p> <p>AF: Love making! I somehow thought about that!</p> <p>[Class laughs, whistles and claps]</p> <p>AF2: [Gets up and embraces P from the shoulders]</p>	<p>Encourages her awareness.</p> <p>Encourages her to go all the way.</p> <p>Edge.</p> <p>Encourages her to go back into movement and meditate on her intention while in the movement.</p> <p>Crosses the edge.</p> <p>Joins her.</p>
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<p>AF: It wants to aaaarr! Where is the stuff?! Yeah?!</p> <p>P: [Laughs in agreement]</p> <p>AF: Ok! Now how about going even further? Go further into lovemaking, not that there has to be anything else, but what's in the love making? Go even further. What's way behind it? [Roars and mimics that roaring character] Aaarrrrr... yiumph!</p> <p>[AF2 grabs P's arm. P grabs AF2's left arm and then lets go, and then grabs AF2's both arms]</p> <p>AF: Yeah, grab her!</p> <p>P: [Grabs AF2 and goes into the movements more slowly, meditating on them] It's just like... "Ugh!" It's just like... [grabs AF2 and squeezes in a tight hug]</p> <p>AF2: You got me!</p> <p>AF: Holding...</p> <p>P: I...</p> <p>AF: I see holding...</p> <p>P: Yes, but it's also like going for it, not stopping...</p> <p>AF: Uh hm... And now you have it. What is it you got there?</p> <p>P: [Grabs AF2 tighter and holds on, closing</p>	<p>[Level: Begins attempt to go from dreamland to essence]</p> <p>Encourages her to go even further by beyond the content by going back into the experience (as it had unfolded in movement and sound) and meditating on what's behind that experience.</p> <p>Notices & encourages movement.</p> <p>Notices what's happening and brings awareness to it.</p> <p>The experience of "going for it" is associated with what emerged in the realm of dreamland (through unfolding the dreamlike aspects of her panic attack – her trembling)</p> <p>Tries to help her go even further than the experience of "going for it."</p>
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<p>her eyes]</p> <p>AF: <i>That's</i> where it's going... [points at her] Something really big in there [moves to the background and stays quiet]</p> <p>[AF2 holds on tighter and rests her head on P's shoulder. AF2 nods]</p> <p>P: I then start letting go... like I start to disappear...</p> <p>AF: It starts to disappear... it lets go... And what is it that's happening before you let go? What is it that it got? [Opens his arms to the side and then brings them closer encouraging them to go back into the hug] Sorry to go back...</p> <p>[P and AF2 hug again]</p> <p>AF: What is that? [Touches with his left hand P's right shoulder and with his right hand AF2's left shoulder as P & AF2 are hugging] What are the words? Maybe there is a word for that?</p> <p>[P and AF2 stay for another minute in one another's arms in silence, then P moves a little backward and wipes a tear]</p> <p>P: Just love...</p> <p>AF: Just love...</p> <p>P: Yeah... [Tries to speak but no words are coming out]</p> <p>AF: You don't have to say more about it. You can just feel it...</p> <p>....</p> <p>AF: I'm going to ask you to do something that</p>	<p>[Level: Entering essence] He notices the level change and points it out. Makes space for the state to be.</p> <p>Explores the possibility that "letting go" is an edge to the state she was in right before she let go and encourages her to go back and explore the state.</p> <p>Joins them.</p> <p>Encourages her to focus and use her awareness of the state she goes into.</p> <p>Attempts to unfold state by asking her to notice any words that pop up in her while in that state.</p> <p>[Level: Exploring essence] Making space for the experience to be.</p>
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<p>there anything else that you want to say or ask?</p> <p>P: Something about life...</p> <p>AF: Something about life?</p> <p>P: Does this [points to the drawing] say something about the direction of life?</p> <p>AF: Aha! Something about the direction of your life...?</p> <p>P: [Nods]</p> <p>AF: OK! Which direction does love go in?</p> <p>P: [Breaks into laughter!]</p> <p>AF: I like your laughter! How come you're laughing?</p> <p>P: [Beaming!] I know which direction! Thank you...</p> <p>AF: You're welcome!</p>	<p>This is another way of going from the essence to consensus reality.</p>
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Case 2: Woman with Arnold Mindell in private practice

Elapsed session time: 30 minutes

[P sits on a cushion that's on the floor AF sits across from her]

AF: [Whispering talking to P and to R] ...she said, "You're so quiet, why is that?"
I didn't realize it and I said, "I lost my voice!" And I heard that and then
[closes his eyes for a few seconds and then opens them again] then I said,
"Lost? Where it did it go? Where did I loose it?" "New Orleans! It went to the
Mardi Gras!" That was yesterday! I went long distance running – I like long
distance running...

P: Uh huh...

AF: ...and I was coming down the hill in the cold air screeching "Yahoo!"

P: [Smiles and claps] Ooooo!

AF: and the cold air... [his hands point to his throat]. It's great!

P: That's fantastic!

[AF & P laugh]

P: I can relate to that, running and aaaaaaa!

AF: You understand that?

P: Yes! Totally!

AF: It's fun!

AF: But it's really good, a part of me is also [closes his eyes and brings his
hands up open in front of his chest, palms facing one another and then pulls
them close together] fseeeww... something without that voice is... [Repeats
movement of hands with eyes closed] I love it! Sometimes you lose your
finger, sometimes you lose your arm, or you lose your life, or you can lose
your voice! [Smiles] It's always something new! It's a lot of fun!

P: [Smiles] Yes!

AF: [To P & R] OK, what are we going to do?

P: [To R] Do I just start talking about the experience?

R: You can start wherever you want. Whatever is good for you.

AF: [To R] I also want to ask you since you set this hour up. What will be good for you?

R: To work on the panic experience in whatever way is good for the two of you.

AF: [To R] A characteristic of this work is our relationship too. I know her better than I know the other woman that I worked with in the first session that you recorded. [AF is referring to the fact that P is a client of his with whom they have regular sessions whenever he is in town]. I have an immediate connection because of the running and the ecstasy [turns his head now and looks at P who looks back at him] so that plays a big role in whatever happens. We'll see.

[AF turns to P and smiles. P smiles back]

AF: Hi there!

P: Hi! Well, I should start by saying I've never worked on this! *Ever!*

AF: What happens? What is it?

P: It's in the past so I don't feel them currently...

AF: Oh

P: except that I can say that I *do* these days feel an anxiety and heart palpitations [brings her left hand in front of her chest and makes a motion showing the rhythm of the palpitation that she experiences]

AF: [His eyes follow the motions of P's hands]

P: and that, in the past, is how they started. It started with noticing my heart [repeats the same motion with her left hand] arrhythmia. It would go "Du. Du-du-du" [shows the rhythm now with her voice]. And strong, like when it did beat, it would beat very strong.

AF: Oh... uh hm... [Nods]

AF: I feel drawn to telling you the story about when they happened. Shall I do that?

AF: Yeah.

P: Yeah?

AF: Yeah, please, yeah.

P: I had two small kids and this was maybe 7 years ago now.

AF: How old are the kids now?

P: They're 11 and 15 ,so they were...

AF: 4 and 8

P: No, it was before that actually! My daughter was about 2. So it was 9 years ago. They were 2 and 6. Is that true? Shit, I can't remember...

AF: They were little.

P; Yes, little. I was so stressed out and I remember taking my kids to visit my brother in (another country) and I was in the guest room and it was made of this beautiful wood with some windows on the top, and I woke up in the middle of the night and I thought, "Oh my god, there is *no* oxygen in this room." I swear to god there is *no* oxygen in here..."

AF: [Nods] I had never experienced anything like that.

P: It was fucking freaky.

AF: Ts, ts, ts... [shakes his head from side to side]

P: It was, I mean, I guess [throws hands up in the air] that's a panic attack or something.

AF: [Nods]

P: So, I open windows, I try to breath and it really didn't help and eventually I fell back to sleep but I didn't... I was so freaked out. And then, like the atmosphere of it hung around, but I didn't... I went on with my day and my life and it didn't really come back until I was then back where I lived and had an experience of... you know, my left arm got numb like I was having a heart attack, and hyperventilating, going to the hospital, going to ER, getting an EKG, everything is completely normal and yet I'm just scared to death.

AF: [Looks into her eyes and nods].

P: And yet I know everything is fine because they tell me it's fine, and it's fine but there's this *fear* in the background. I did a little therapy, mainstream therapy, and I don't know, it didn't do much.

AF: Yeah? Where?

P: In (a city in the US)

AF: What were you doing there?

P: My now ex-husband had gotten a job there

AF: Oh! Um hm.

P: ...as a journalist, and... yeah, I was raising kids...

AF: Oh!

P: and...

AF: Oh! Aha!

P: Being mom...

AF: Aha... suffocating from that?

P: Totally...

AF: I see...

P: Just completely. I was sick a lot too. I mean, if I had known anything about Process Work in those days it would have been awesome! Sick, like pneumonia, near death kind of sicknesses where I was convinced I was going to die of pneumonia.

AF: Fsew...

P: I heard of a neighbor woman who actually died of pneumonia the same time that I had pneumonia and I thought, "Oh yeah, I'm next."

AF: Has your voice always been like it is now? [P's voice is a little rasp]

P: Yeah, I want to say since I was maybe 4

AF: It's not linked to the pneumonia?

P: No

AF: Uh huh. Wow... that was then...

P: That was then.

AF: And now?

P: Now, about 6 months ago I started feeling, I was doing some acupuncture, and before the acupuncture, I went in for... What did I go in for? Gosh, I even remember! Anyway, I don't know remember why I started seeing him but after about 5 sessions with the acupuncturist I started having heart palpitations and just this kind of low grade anxiety, and I explained it by thinking, "Well, I'm doing a lot of work on myself these days and becoming more sensitive to the subtleties of myself and thinking, yeah, there's a part

of me that is like anxious. I mean, I look easy going on the outside but there's a part of me that is like anxious

AF: What were you doing the acupuncture for?

P: I stopped it because it didn't work.

AF: What did you need it for?

P: I can't even remember! [Laughs] I can't believe I can't remember!

AF: Yeah... Sometimes you do things... get married,

P: A ha!

AF: ... go to acupuncture because of whatever, and it's wrong for you...

P: Yeah!

AF: and your body gets you out of it.

P: Yeah, it wasn't right.

AF: So, you got a smart body!

P: [Smiles and nods] Hm...

AF: And so, these days how it is going for you? (Red is just pointers for me)

P: These days... [stays silent for a minute] I have an ankle problem [laughs]

AF: How about the panic thing?

P: The panic thing...

AF: Is it all better, is it...?

P: No, it's not.

AF: Oh...

P: I mean, I don't get the same level, it doesn't send me to the emergency room but it's... like, you know if I close my eyes [she closes her eyes] and I check out...

AF: Uh huh

P: something settles but it's... a lot of effort to do that...and I think the open related thing [she opens her eyes and looks at AF] you know, it's an effort actually to relate...

AF: A... There it is again! Uh huh...

P: ... and it makes me anxious [small laugh]

AF: Uh hum

P: In some ways I don't even know what to do... relating...

AF: Yeah, nobody does! [P laughs] There's nothing to do! Yeah.

P: [Nods, smiles] Uh huh...

AF: And your heart itself, electrically is it ok?

P: I think so.

AF: You *think* so. Any heart trouble in your family?

P: My maternal grandfather had a hear attack, died of a heart attack.

AF: How old was he?

P: 70's

AF: Otherwise?

P: No.

AF: And the running is good?

P: Well it used to, I means, I have this ankle thing so I can't run anymore but I love doing, I do this intense yoga, so I like doing things that are very...

AF: Rev you up?

P: Yeah!

AF: Aerobic?

P: Yeah. I mean, the yoga is aerobic. It's the only thing I can do in the moment. If I could run I probably would.

AF: And your heart is good then when you run?

P: Yup.

AF: Ok, because I have to be *sure*. Sometimes doctors misdiagnose things, and heart attacks sometimes *do* occur even though the measurements are perfect, but that doesn't seem to be the case with you.

P: I don't feel that. I don't *know* that but I don't feel that.

AF: No, because you're running and those kinds of things are better stress tests than...

P: Right.

AF: So, that's good. And your stomach? How is your tummy?

P: It's ok...

AF: It's ok, no troubles there? No pain? No stomach pain?

P: No. It's where I feel tension but there's no pain.

AF: You feel tension there?

P: Yeah, when I get upset or tense or anxious, it's like right there [points to her stomach].

AF: [Puts his hand on his tummy] How do you feel tense there?

P: I don't know... [laughs]

AF: A cramp?

P: Yeah, it's like a knot [P makes a fist with her left hand]

AF: Not a burning?

P: Yeah, not a burning. It's like a knot.

AF: Ok.

P: And in the moment it's changing because I'm working on it but I lost a lot of weight in the last couple of months. Like, I'm not a big woman and I lost maybe 7 to 10 lbs, like it melted off me like it was... It was weird. I got it checked out. I got blood tests and nothing was wrong, and I think it stabilized and it's going back up.

AF: Ok.

P: That's the picture.

AF: Ok, you're in good shape.

P: Yeah.

AF: So... it happens sometimes in relationship.

P: Um hum... I would say mostly.

AF: Is it there now? A little tiny bit?

P: A little...

AF: Where is it?

P [Points to belly]

AF: Oh yeah... Tense?

P: Um hum.

AF: How about up here? [Points to his chest]

P: A little, too, yeah.

AF: What's happening up...

P: This [points to her tummy] is more noticeable but here [points to the chest with her right palm] it's like something that [brings left palm up at same height as right palm]... it's like... it's kind of frozen... [Holds her hands up in front of her, palms facing her chest, fingers of two hands almost touching.]

AF: Like that? [AF mirrors hands' motion] Frozen?

P: Yeah...

AF: Ok, so go ahead and freeze up.

P: Um hum... [closes her eyes and nods]

AF: Freeze right up... entirely...

P: [Sits still in silence]

AF: Get like a knot, so to speak in your head...

P: [Head tilts downward]

AF: That's great... You're getting real frozen... [Moves toward her] I'm going to see if you're frozen [touches her left knee giving her leg a small push and then taps her left knee with his finger] Oh yeah! [Touches the top of her head with his palm and then taps it lightly] Oh yeah! That's good, and while you're doing that [lightly pats her left knee] pay attention to what you experience inside...

P: Um hum..

P: I just felt like a rush! [The palm of her left hand which was resting in her lap made a small quick, abrupt upward motion]

AF: I saw it with your hand [touches her hand] What it it do? What happened? How did the rush go?

P [Makes the hand motion and spontaneously adds a sound "fseew"]

AF: Do that again.

[P makes motion and sound and AF makes sound with her louder and twice. P repeats motion and sound, this time louder]

AF: A rush! From where?

P: From where? [As she's repeating the question her left palm touches her tummy]

AF: Yeah.

P: From right here [Her hand now touches tummy and moves upward along esophagus]

AF: Tummy?

P: Yeah and then up to here [her left hand is now repeating this sudden, abrupt motion of coming up from the tummy to the chest along the vertical center of the body]

AF: It's a rush coming up. Phseew!

P: Um hum... [Keeps repeating the motion] Now, I'm hot [removes her sweater]

AF: Rush coming up... Phewwweeew!

P: Um hum... [Sits still now, silent, with her head tilted downward]

AF: ... [sits still in silence]

AF: Um hum... What happened to the rush?

P: It's frozen now (laughs) No rush!

AF: What happened when you took your sweater off? [Touches lightly her right knee] Are you doing ok with that?

P: Um hum...

AF: And the rush got better?

P: Yeah, it's not a continuous rush, it was like a... [talks with her head still tilted downward] it's like when I'm anxious, there's a psssseeeww [makes same sudden abrupt upward motion as before] like if I... it feels like adrenaline but the feeling, the experience is something that goes psssseeeww [repeats same motion]

AF: Psssseeeww

P: and then it like stops, it goes back down, out or something...Where does it go? [Repeats motion and sound] That's it.

AF: And what's doing that psssseeeww? [Touches her hand and hand repeats motion]

P: ...

P: It's not happening now so it's hard to track.

AF: How come?

P: How come what?

AF: How come it's not happening? I like it. I like that it happened and I like that it's not happening.

P: How come it is not happening now? ... Um... because I'm frozen enough (laughs) like I can't...

AF: You were getting real hot... [Get's up and goes behind her] I'm going to go back to that point. I'm going back to get your sweater.

P: You want me to put it on?

AF: No , I'm just going to put it over you for a minute. So... [puts her sweater over her shoulders] you had your sweater on

P: Um hum

AF: you were boiling and then you said, get this damn thing off

P [Laughs]

AF: Right?

P: Um hum

AF: and you took it off right, you went like... you took it off...

P: Um hum

AF: OK?

P: Um hum

AF: Fseew! [Takes sweater off her shoulders and throws it to the side]...

AF: How did that relieve something?

P: Yeah, it was like the heat, even now I feel hot, it was like the heat was too much...

AF: Um hum...

P: the intensity...

AF: OK, then, let's see what's happening in there as you're freezing [leans over and touches her knees gently and lightly]

P [Sits still, with head tilted downward] ...

P: Now I'm aware of my heart beating harder.

AF: OK, how hard it is beating?

P: Fssswwh-fssssswh

AF: Yeah...

P: and you said if you feel something express it...

AF: Nice...

P: so I thought, let's try that!

AF: Beautiful... I like that you do it with your hand too.

P: [The hand comes up again making the same motion as she inhales and exhales blowing from her mouth] fseeehhhhh

AF: Mmm...

P: Feeehhhhh ...

AF: Let's say there is a sentence with that.

P: Feeehhhhh here it all is!

AF: Hm!

P: [Laughs]

AF: What is it?

P: Here is *everything* I *feel* inside... [her voice is loud and hand keeps making that same motion of bringing something up from the tummy out from the mouth]

AF: Mm...

P: and fseeehhhhh it means *nothing* or *everything*, I have *no* idea but just, here it is, fseeehhhhh...

AF: Mm... What is that? I like it. Fseeehhhhh [AF mirrors this abrupt bursting out while also sitting very calm, looking at her attentively]

P: fseeehhhhh...

AF: It looks like a lot of passion.

P: Mmm! [in agreement] I noticed a picture of a volcano today, it flirted with me, just like fseeehhhhh [the sound is more intense, louder and the motions of the hands a big larger – same upward motion]

AF: Mmm

P: Feeehhhhhhhhhhhhhhhhhhhhhhhhhhhhh [sound keeps going longer]

AF: Wow...

P: Feeehhh [even longer]

AF: [Reaches out and his fingers grab her fingers as they are clenched pulling on them] helps her amplify arm movements, upwards.....]

P: Feeehhhhh, fseeehhhh, fseeehhhh [her hands now start moving upward going above her head]

AF [His hands are on the elbows]

P: [Her arms stretch out straight above her head]

AF: [His palms are on her forearms giving her a little resistance]

P: [She pushes up against his hands while making same sound]

AF: Right

P: [She goes more and more into the sounds which keep getting louder with her hands stretched straight above her head]

AF: There you go... mmm... [he keeps providing some resistance to her arms as they move upward]

P: Feeehhhhhhhhhhoooooo [the sound is really loud now and her body leans forward, with her arms stretched straight above her head so now they are parallel to the ground as she is leaning forward and rest on AF's shoulders. She then takes a few breaths and exhales slower and slower and then does a final fseeehhhh]

AF: Mm...

P: [Exhale]

AF: Um hum... [His head is tilted downward, his eyes closed]

AF: Hm!

P: [Takes her hands off AF's shoulders and shakes them three times]

AF: Pretty wild! [His head still tilted downward and his eyes closed]

P: [laughs, opens here eyes and sees him with his eyes closed. She puts her hands in from of her face]

AF: [Lifts his head up, opens his eyes, sees her with her hands in front of her face]

AF: Pretty nice! [Looking at her]

P: [Opens up her eyes and sees AF looking at her]

AF: Hello! [smiles]

P: Hello! [Looks at him and smiles]

AF: Good [looks straight into her eyes while saying that then lowers his eyes to the ground as he says] and feel free to go back inside anytime you want.

P: Um hum [She closes her eyes again]

AF [Opens his eyes for a second, glances at her and closes his eyes again]

AF: Um hum [with eyes closed]

P: Mm [with eyes closed]

AF [Opens his eyes for a second, glances at her and closes his eyes again]

P: [With eyes still closed] Something still, it's like in here [her hands are in front of her tummy, with fingers clenched] it's like... [clenches her fingers and her jaws]

AF: [Opens his eyes momentarily, sees her hands and jaws and then closes them again] Well, bring it out

P: [She starts blowing air from her mouth, her hands are pulsating till suddenly they are starting to throw punches in the air]

AF: [Has opened his eyes and watches the hand motions and when he sees the punches he says] A ha!

P: Yeah! [She throws a few punches in the air] That feels good! [her jaws clenched as she says that.

AF: Angriness...Yeah [reaches over and puts his palms over her fists giving some resistance. He then slaps the outside of her fist and then puts his palms up in front of her, facing her and she starts punching them]

AF: Right

P: [Keeps throwing punches at AF's palms]

AF: [After each punch that he receives he says] Yeah... Yeah..

P: [Starts throwing punches in a slower rhythm and with a greater strength]

AF: Oh yeah!

P: [Moves into a one-two pattern of throwing punches with increased strength]

AF: [Reaches to the side for a pillow!]

P: [Laughs] Right!

AF: [Holds a pillow up in front of him]

P: That's good! [Moves her body from the cross-legged position that she was in to a kneeling one and starts punching the pillow, stronger and stronger]

AF: Right! Yeah!

P [Punches stronger and stronger]

AF: Wow!

P: Ugh...[Punch] Ugh... [Punch] Ugh, ugh, ugh [Three punches in a row]

AF: Yeah... [providing resistance]

P: [Keeps punching stronger]

AF: Yeah! Who is this?

P: That is...I wanna say, fucking bastard... [Keeps punching it]

AF: Who's that?

P: I don't know who it is... [Keeps punching pillow]

AF: Fucking bastard?

P: Something that keeps me from like expressing myself...

AF: Oh, my god...

P: I don't know who... [takes off her socks] that is, my father has a hard time expressing himself... So something feels like...

AF: What's keeping you down?

P: Yeah, what's keeping me down? [Gives the pillow two punches, then stops and closes her eyes]

AF: Probably have to give him a good punch. You gotta give him real punch [she punches the pillow hard] and kill him, yeah! Who was that keeping you down?

P: [She moves her hands in circles]

AF: What's it look like?

P: It's like a... I can't... it's a fee... it's a feeling [picks up the pillow and holds it in front of her] it's like a wall, I don't see a figure, it's...

AF: It's a wall

P: Something that's... [punches the air] like the punching is I want to *break through* that wall that has me... so tied up in there...

AF: Nice [smiles at her] I gotcha! [Sits on his knees in a Zen like position] So the wall is the problem.

P: Yeah

AF: So there is a wall

P: Um hum

AF: to showing exactly what you feel

P: Um hum [she sits in a Zen like position too]

AF: all the time

P: Um hum [Closes her eyes too]

AF: and acting on it.

P: Um hum

AF: [Nods]

P [Nods]

AF: [With his eyes closed] So without that wall [moves his hands up and down in front of his body where she was moving her hand before] you'd be free to be whatever is here [points in front of him]

P: Um hum

AF [With his eyes still closed] there'd be no inner or outer world...

P: Um hum [with her eyes still closed]

AF: It would just be you...

P: Ah...! [Smiles] It sounds so good! [Laughs] Yeah!

AF: [Smiles] That's what you are looking for!

P: A ha! [Nods]

AF: Just you... *Pretend* that you went over the edges

P [Deep sigh]

AF: and that you can have that for whatever, a couple of minutes.

P: Um hum [closes her eyes, moves her head from side to side]

AF: You can behave

P: Ha... [strong exhale] [They both still have their eyes closed through this entire interaction]

AF: anyway you feel.

P: [Her upper body folds and she drops to the ground, rolls on her back holding the pillow over her face, then she just starts following her body (i.e., allowing her body to move), rolling around. She moves in front of AF]

AF [Reaches his hand and puts it on her back]

P [Keeps moving her body in relation to AF's hand on her back]

AF Yeah, this is your relationship style

P: [laughs]

AF This is what you'll really be

P: Yeah, whatever that is!

AF: Very somatic [AF still has his hand on her back]

P: Yeah [laughs] puts her head in his lap, stays there for a minute then gets up] A! It feels so good!

AF: Very physical.

P: It's very physical. My body just feels like that [she drops to the ground again] and I just go okaaayyyy.[Rolls around and ends up again kneeling on all four in front of AF with her forehead touching the ground.]

AF: [Puts his hand on the back] Right and a very touching connection too.

P: Um hum

AF: Very free

P: [Rolls around once more and ends up sitting on her knees]

AF: This reminds me, this is really good, this is really right...The other day when we worked...

P: I know! [Laughs]

AF: Can I say?

P: Yeah! Yeah! It's so interesting!

AF: There's a contactfulness, not verbal, just sort of... [his body mirrors her previous movements] this... [His hand reaches out and touches her arm while his head is tilted down and his eyes closed]

P: Yeah...

AF: (reach?) without limits... Just contacting... [his head goes down again with his eyes closed, his hands touching her knees]

P: Yeah...

AF: It wants to meet... Any other way of relationship is unbearable.

P: Um hum

AF: To some people you want to make contact with [he touches her arm] to others you want to say [puts his tongue out making a grimace and a motion with his hands as if pushing something away]

P: [She looks at him and laughs nodding in agreement]

AF: [With his eyes still closed and his hands up in the air pushing something or somebody away] I have to go.

P: Um hum [in a loud voice]

AF: I don't know why, I'm just going!

P: Oh god! That's so good...

AF: How?

P: That part!

AF: It's also somatic, you see. [He comes close, closes his eyes, touches lightly her knee and turns his head to the side] You're Ok, my body has to go, it's gone. There I go. Fseew! I don't know why, I'll discuss it next month!

P: [Laughs while looking at him intensely]

AF: If at all.

P: That's so... I'm fascinated! That's so my experience! [Laughs]

AF: Yeah, like a shaman. You don't have to know why...

P: Uh huh

AF: Just feel it here [points at his tummy then puts his hands up in front of him facing her] fssshhhh [and then turns suddenly to the side] fseeew! I love you today [turns his body back to face her but still has his eyes closed] you are ok, but that's it! Fseew [turns to the side] I am over here! [Turns and looks at her] What happened to you? [He's acting as if the person he was relating to asked him that question] I don't know! I am gone!

P: [Laughs!]

AF: Non verbal... It's a relationship style!

P: Oh, god! [Laughs!] How does that *look* Arny? [Her body sways to the side, her head tilted toward the ground then comes up again]

AF: It looks like accepting whatever is in your body!

P: Uh huh!

AF: It has no form.

P: Right!

AF: I don't know what it will look like.

P: Right!

AF: Like... [his head tilts downward as his body leans forward] It looks like me today. Quiet voice... [whispers] That's what I am, but still in contact [reaches his leg and touches her knee with his toes]

P: Um hum

AF: The people I don't want to contact, I turn my back on them.

P: Um hum

AF: I've never done that in public but in my practice I'll... [he turns his back to her]

P: Really?

AF: Yeah, I'll go and look out the door. What are you doing? What are you doing? I don't know! [He was role playing the conversation between himself and the person he's turned his back to] You have no models.

P: I like that! [Laughs] I don't have any models

AF: So you have to create them...

P: Um hum... I'm going to be really weird!

AF: You are!

P: Um hum!

AF: But warm and friendly.

P: Um hum!

AF: Just unpredictable!

P: Um hum!

AF: So you can't be a predictable partner or a predictable mother, father, therapist, anything...

P: Um hum...

AF: and yet something is very predictable, but getting into a category or box for you is death. Fssssew [He makes the motions that she was making when she was expressing the tension in her body and then he throws a punch]

P: [Laughs]

AF: Some is good, and then some not.

P: I feel good!

AF: [to R] That's her panic!

AF and P look at one another and smile.

AF: We should bring Lily in.

P: [to AF] Great!

P: [to R] Hi Lily!

R: Hey (name of P)

AF: [to P] Can we talk about it?

P: Yeah, please!

AF: Isn't that interesting? She's got a panic thing that's different. It's got an exogenous orientation. It's coming from her relationship style. She has an unusual relationship style that's not "allowed".

P [looks at AF while he's talking nodding in agreement]

AF: So something in her [makes the same pulsating motion of the hands in front of the tummy that P did in the beginning] when she is in that box, any box. So, it's panic but it's really a freedom fighter.

AF [To P] It looks good on you too. You *look* like a relatively mainstream person but you're not.

P: Um humm...

AF: You're lucky that you can have both worlds. And if you identify with the mainstream part of you... [makes a face]

P: Um hum

AF: It doesn't work!

AF: What are your thoughts lily?

L: I'm fascinated by the movements.

AF: [To R] What are your thoughts?

L: I was fascinated by the relationship style that the two of you modeled here, maybe because I feel I have something similar, in a way, and then I was thinking how important the freedom to also go seemed to be...

P: Uh hum. That's cool.

AF: I don't know, we have to think it together but I bet you it's something about freedom, contact freedom.

P: Contact freedom? I don't understand.

AF: Contact freedom... [AF closes his eyes, reaches his hands out, leans forward and touches her knee] In contact... [turns around to the side] Free!

P: [Nods]

AF: Stand on the head, kissing, hugging, but free! Not kissing, not hugging, get into bed, get out of bed, running, the volcano! You're thinking?

P: I love it! It speaks to me!

AF: You must be doing it a little bit somewhere. Do you have a relationship where you can do that?

P: Yeah. There's a lot of room to explore who I am, so...

AF: Make all your relationships like that. Make sure everybody who knows you knows that you're an explorer. Tell them ahead of time, "I'm warning you! I could be weird!"

P: [Laughs]

AF: Tell them, so you don't have to adapt.

P: Oh yeah! That's good! That's a good idea.

AF: Do you have any questions?

P: I wish I could think!

AF: No thinking! She's still there! That's good, what you just did! You just said, I don't want to think! I can't talk to you. It's just it!

P: [Smiles a big smile] That's great! *That's* what it looks like!

AF: That's what it looks like! I can't think. I'm not there.

P: That's good.

AF: What she calls panic is really just her creativity in relationships! She's a somatic person. You can talk to her but it's not her main thing.

P: Yeah, I love being in my body.

AF: Yeah.

P: I love [makes hand motions of wrestling]

AF: Yeah, you're dressed for it!

P: Nothing makes me happier than that thing we talked about at the beginning, just running down the street, just following my body

AF: I would say that's it, we needn't go any further talking will just screw it up.

P: And I talk a lot! Isn't that weird?

AF: Well, you can... but it is not everything.

P: Um hum... I don't say much when I talk!

AF: Just keep your eyes closed when you're in contact with people... just see what your body does...

P: [Sits with her eyes closed] Uh hum... Thank you, that was so good...

Case 3: Woman with Arnold Mindell in private practice

Elapsed session time: 60 minutes

[P sits in one of the chairs that are in the corner of the room. AF sits in the chair across from her]

AF: We're sitting in chairs! I almost never work in a chair.

P: [looks at him and smiles]

AF: We'll start in a chair

P: [Laughs] Ok!

AF: and we'll do other things too, we'll see.

P: [Nods]

AF: Do you know me very much?

P: Oh! Well, I've read a lot of your books...

AF: Oh!

P: and been in some of your classes...

AF: Yeah...

P: and did some work with (name of a Process Work therapist) several years ago

AF: Oh, I love her, yeah...

P: and then I also was in a women's group that (name of a Process Work student) did for several years so, I know *something*...

AF: We know each other, kind of, yeah, sort of, in the background but we've never really had the chance...

P: No

AF: [To R] Lily you're sitting behind the camera, would you like to say something about how you two know each other?

L: I put out an email on the community string and P read it and e-mailed me back saying that she was interested in working on her experience of panic attacks with you. I had seen P around when she was working with other therapist.

AF: So you know each other a little bit.

L: Yeah, just a little bit!

AF: Just a tiny peek, is that right?

P: [Smiles and nods]

AF: OK, so we're going to work on panic and that is going to be for you [points to P] and it's going to be for you [points to R]. And it's going to be for me somehow too, though I don't know how yet! So we should just jump right in unless you [swivels his chair to face R] you want to say anything more?

L: No, thank you.

AF: [to P] Do you want to ask Lily or me anything?

P: Not that I know yet!

AF: We don't know yet. OK. So, I don't know you really at all very much, but maybe, can you say a little bit about what you do?

P: I'm a substitute librarian and I'm also a gardener part time

AF: A substitute librarian?

P: Yeah, it's like being a substitute teacher, you just like call in and pick up jobs. I actually work for myself but I work for them, so... anyway that's what I do.

AF: How exciting!

P: Yeah I like it!

AF: I like that, yeah...

P: But I actually played pool professionally for most of my adult life [AF smiles] but I haven't been playing for the last four years, but that's kind of like my...

AF: You're fun! [Smiles at her]

P: Yeah! [Smiles back] cause I'm good at that...

AF: Yeah! You're a lot of fun!

P: but I'm not good at the responsibility but...

AF: Not good?

P: Not really...

AF: How do you mean? Sounds good to me...

P: Well I mean, I'm just not... that part of my life isn't...

AF: Responsibility?
P: Right...
AF: Towards who or what?
P: Um...
AF: Responsible in what way?
P: Well, I mean, I just feel like I always live at a very low level...
AF: [Looks at her with a questioning expression]
P: I mean financially
AF: A! A ha...
P: like I just rent a room from an older couple and I don't make much money
and I drive an old car, all that...
AF: Sounds good to me!
P: Yeah, I'm sure it sounds good to you but...
AF: It's not so good for you?
P: It's good for me too but...
AF: Yeah!
P: ... my folks worry.
AF: A ha...
P: It's not good for them if you play pool
AF: A! [laughs]
P: and aren't making any money.
AF: [Swivels chair toward R, laughs and P laughs with him] She plays pool and
doesn't make too much dough
R: [Laughs with them]
AF: [Swivels chair back toward P] You're funny! An alternative thinker...
P: Yeah...
AF: alternative living...
P: Well, I didn't really choose it! It seems like it happened.
AF: Oh really?
P: Oh definitely! I was in college and intended to become very responsible.
AF: You tended to?

P: I intended to
AF: *Intended* to get responsible
P: Yeah, get married and buy a house and be a teacher.
AF: Oh.... That's boring!
P: [Laughs] Right!
AF: Right! But you didn't?
P: No I didn't.
AF: Instead you...
P: I just kind of fell in love with playing pool
AF: Yeah!
P: like you would with a person...
AF: Fascinating...
P: Well... Anyway that's...
AF: You fell in love with playing pool and then the relationship scene? What happened to that?
P: With pool?
AF: Well no...
P: Oh, you mean with humans?
AF: You thought you should get married...
P: Oh yeah, well I'm afraid
AF: to a man...
P: that never happened either...
AF: No! No!
AF: Men?
P: I ... just in general, it's not...it never seems like it's part of my life, really...
AF: Right...
AF: And is your relationship interest, if that ever happens, is that in the direction of men...
P: Yeah.
AF: or women or?
P: Mostly, although I kind of tried the other way too

AF: Yeah

P: but it hasn't been a fit either so...

AF: It didn't quite work one way or the other...

P: No...

AF: Ok. Anything else I should know about your...?

P: Well, I've had substance abuse issues throughout my life too.

AF: What kind of substances?

P: Opiates, pain killers, poppies...

AF: Aha! And what does that do? It kills pain or it sends you out into a [moves his head from side to side] waaaaanng or ...?

P: Well, both. It helps you play pool better [laughs], it seemed like.

AF: You get cooler.

P: Yeah smoother. It calms your nerves.

AF: Calms the nerves... So the opiate was probably a kind of medication in your case – not really a medication obviously but I mean trying to work with something that's nervous...

P: Definitely.

AF: Is that right?

P: Definitely.

AF: Hm... There's a connection there between the opiate and the panic probably... It's fascinating...

P: Yeah.

AF: It's a smart direction but the addiction isn't good. It's the right direction somehow – how to cool it out you need – but the substance abuse is bad for you.

P: Right.

AF: Thanks for telling me. Is there anything else?

P: No, that's pretty much it.

AF: So you can tell Lily afterwards if there's something that you don't want to have on that tape.

P: [to R] Well, you said it's pretty confidential anyway, right?

L: Yes. It's entirely confidential. There will be no names in the transcripts. The videotape itself is solely for me. The transcript of the videotape is what will be part of the thesis, and there will be no names or other identifiable material in the transcripts.

P: Yes. I'm ok with that.

AF: So, you can be your total self here, that's what I'm trying to say. You can be your total personality [P laughs].

R: Yes!

AF: I'll forget everything about what you say, but then if there's something you're shy about just tell Lily so she takes that information out.

L: Yes, absolutely, and if you change your mind about taking part in the research after the work is done, you can also tell me then and I won't use this transcript.

P: Yeah, I am pretty anonymous in this town, so...

AF: Just reiterating that there will be no video showings of this work.

L: That's right. No one else will see this videotape except myself.

P: I did watch you in some videos originally, there used to be a library I remember watching...

AF: Was I on the videotape?

P: Yes, you were working with some people.

AF: Oh, the cable TV programs that we made! That's right.

P: They were great! I really enjoyed them... I really don't care if people know I'm an addict....

AF: Ok. Gottcha. Shall we talk about the panic? Is there anything else you want me to know ahead of time? You said something about substance abuse, about playing pool, going the alternative route, your parents are pissed with you about going that way...

P: Oh, they're not pissed, but I mean, yes.... Well, I am a little disappointed with myself too about it, so...

AF: Oh! Uh huh. You would like a more lucrative lifestyle.

P: Yeah!

AF: [Nods] What would you do if you could have that?

P: I would just buy my own home. I mean, I would really like to have my own home.

AF: Your own place?

P: Yeah! I always wanted to have my own house...

AF: Nice.

P: ...it's kind of out of my league completely now...

AF: What sort of thing would you do to make money?

P: Well... oh, you mean to buy the home?

AF: Yeah.

P: Well, I mean, if I could stand it I would go to work 40 hours a week but I just can't stand it...

AF: What would you do 40 hours a week?

P: Well, I've never found anything I could stand, anything!

AF: What would you stand 10 hours a week?

P: Well, I love what I do right now. I love working at libraries and gardening.

AF: Oh!

P: No, I love my work. I just don't want to do it more than 20 hours a week

AF: Ok.

P: And you can't make enough to buy a home on 20 hours a week.

AF: I see, yeah... Why not work more than 20 hours a week?

P: Why not? Because I just can't stand it.

AF: Yeah, I hate working too!

P: I hate working!

AF: I hate working so I *don't!*

P: Well, somehow you're working!

AF: Right! That's right, I worked that out. Inside, I worked it out so that while I'm working *something isn't* working.

P: Or you can make a lot of money *playing*.

AF: Playing...

P: Which I tried that with pool but pool is tough to make a lot of money...

AF: That's fun to talk about though. So, tell me about the panic thing that bugs you.

P: Well right now it hasn't been that bad of an issue, but a couple of times in my life it has been...

AF: It's a minor thing...

P: Well, right now it's definitely a minor thing.

AF: Great! How come?

P: Well medication... I did take some medication for it.

AF: What are you taking?

P: I take Zoloft and at night I take Klonopin.

AF: Oh yeah, that calms that down.

P: Yeah.

AF: So that makes it easier.

P: Yeah...

AF: So, just talking about panic is enough to make anybody a little nervous...

P: Yeah...

AF: But maybe you want to say a little something about it, about your panic states. What were they like? What happened when they did come before you started taking Zoloft?

P: Oh, very typical. You just feel like you're losing your mind...

AF: Aha!

P: Fast heart rate and you feel like you need to run to the emergency room. That you're going to die...

AF: Aha...

P: It's just very typical.

AF: Aha...The standard main symptoms...

P: Yeah that's definitely...

AF: That's going to be easy to, that's going to be fun

P: [Laughs]

AF: the way you described it! That's how you knew it was there and coming, feeling going nuts and very speedy heart rate?

P: Right and just feel like you're under a big threat. I mean, I feel like – [points at R] we were talking about that. How you just feel like... You feel like you're... I don't know, I just feel very *threatened*...

AF: *Threatened*... Mm... Yeah... by something...

P: Right.

AF: But by who knows what...

P: Yeah.

AF: Exactly! We can't really name it.

P: That's what's hard. So, you got nowhere to run and nothing to do, no way to fix it because...

AF: There's something threatening you...

P: Right, but there's *no* obvious threat to deal with.

AF: Maybe we can look at both those things, the sense of threat, and also the first thing you said, is that you feel you're going crazy. And that might be fun actually! [Moves to the edge of his chair]

P: [Laughs] To go crazy?

AF: Well, if you *could* go crazy – you're not the type to really go crazy – but if you could really go crazy...

P: Yeah, without fear you mean?

AF: OK, without too much fear,

P: [laughs]

AF: and you could go really bonkers nuts

P: [Looks down]

AF: What are you most likely to end up doing in your fantasy? [Takes his eyes off of P who is still looking down, tilts his head downward and closes his eyes] If you were to go totally stark *raving nuts*...

P: [looks up at him, sees him being absorbed in himself and laughs]

AF: [With his eyes still closed] What on earth... Would you be sitting in the street with a funny colored hat on , or would you jump over a bridge, or would you be dancing naked? What would you do? [Looks up at her]

P: Well, I ought to be truthful, the thing that comes to me is that I would probably kill myself.

AF: Yeah! Yeah! Yeah!

P: That seems to be it.

AF: And how would you do it? With a knife?

P: Yeah, I picture a knife, for some reason, like I would be stabbing [makes her right palm into a fist and brings it up to her neck in a stabbing motion] myself

AF: Yeah, great

P: [Laughs]

AF: and where would you be stabbing yourself? In the neck?

P: In the head.

AF: In the *head*!

P: In my head [touches her forehead with her right hand]or face...

AF: Aaaa.... Aha...Have you ever actually stabbed yourself?

P: No, but I've... imagined doing it

AF: Yeah!

P: when I was really mad at myself.

AF: When you were *mad* at yourself... [leans forward in his chair]

P: Yeah... There was a time in my life when I was really mad at myself and then I would have imagined doing that.

AF: What were you mad about?

P: My addiction and playing pool.

AF: You would be saying to yourself, "I hate my playing pool, I hate my being so addicted..."

P: Yeah, I just hated where my life was at.

AF: And you wanted to kill it and stop it.

P: Well, I just hated – I actually hated God for leading me to those things

AF: Yeah!

P: So I figured the only way to get revenge on God would be to kill myself.

AF: Yeah... Yeah... [Tilts his head upward talking to the air] Why did you lead me into this mess?

P: Right!

AF: You were pissed with yourself.

P: I was more pissed with God, or my soul but...

AF: Aha...

P: I mean, I felt kind of sorry for myself but I thought that would be the best revenge.

AF: I see... and if you were *dead*? Have you ever gone into that state?

P: I've tried...

AF: Being *totally* dead?

P: Well. I don't know...

AF: Let's pretend that

P: Ok...

AF: we killed you somehow...

P: [laughs then looks up and to the side]

AF: and that you don't go through all the pain necessarily but that you're actually just *dead*...

P: OK... [closes her eyes for a second then opens them again] Yeah...

AF: Let's imagine that you're really oooooong

P: [Sits still looking at him]

AF: Like [starts leaning backward in his chair with closed eyes] oooooong...
Maybe imagine it...

P: [Looks at him going backward and laughs]

AF: Maybe feel it for a moment... Explore it, just being...

P: [She closes her eyes and her upper body begins to lean back on her chair]

AF: That's right, sit back and....

P [Leans back more]

AF: Yeah, that is right, close your eyes and... [brings a stool in front of her]

P: [P opens her eyes] It feels like a relief!

AF: Yeah! I bet it does!

P: Yeah! [laughs] Why?

AF: Yeah, because the concept of death is terrible but the actual fact, there is something...

P: Relieving.

AF: Fsssw.

AF: So, go ahead and

P [Leans all the way to the back letting her back rest to the chair]

AF: I'm coming closer just so I can see you but I'm not going to touch you or anything

P [laughs]

AF: I just want to look and see what you are doing [Leans slightly forward]. Just relax and be relieved

P: [Closes her eyes]

AF: and just really sit back so to speak....

P: [Leans her body against the back of the chair].

AF: Yeah! That's the way, that's it...and just imagine being dead and relieved of the whole damn mess....

P [Takes a deep breath]

AF: Mm....mm... that's right... [stops looking at her now and looks down to the floor instead] and if you can tell me, the first moments are surely relief, and maybe you even know, relief *from* something?

P: Like, relief from just being aware [lifts her head from the chair and opens her eyes and looks at him]...

AF: Yeah!

P: just like not having to be aware.

AF: Not having to think about anything.

P: Right or be aware of any... just be aware of it... I don't know, there seems like there's a lot of suffering in the world and you're aware of it.

AF: Oh...

P: Not just suffering, you know, problems... [Crosses her hands over her chest]

AF: Yeah, not to have to be aware of suffering and problems. No suffering.

P: Right.

AF: You've had enough suffering.

P: Right.

AF: Let's forget suffering...

P: Yup [her head leans back on the chair]

AF: I see...

AF: Just forget...

P [Smiles and crosses her right leg over her left]

AF: You like that!

P: Yeah! [laughs] But then after I felt dead for a while I thought, I kind of missed...

AF: Yeah, you'd want to come back.

P: the other parts.

AF: You want to come back into the mess again.

P: [laughs]. You want to come back to the fun parts.

AF: So part of your panic attack has been about... probably... the knowledge that you were... trying to go nuts in the positive sense of sitting back and being done with suffering about everything too much. It doesn't work cause you want to come back and have some fun again, but, that state is, whenever you get nervous about something it's because you've had too much pain, too much difficulty. You want to just start over again. It's enough.

P: Yeah, except when you have panic attacks that's like way worse...

AF: That's right. It's way worse. So let's go back to the other part of the panic attack which you mentioned, and that is of being threatened.

P: Right...

AF: Ok?

P: Ok.

AF: Now, let's look at that but this is already a big piece of it right there, I think [turns to R] panic state being about dying, killing herself [turns to P] possibly...

P: Oh, yeah. I think it was. Later, I realized that it was a lot of that.

AF: That's a big piece of that I think, of killing yourself – there's something useful in it. It doesn't work but it was an attempt to get away from all the suffering that you have because you're a very alternative kind of person and not fitting into everything, it makes a lot of pain and trouble I think.

P: Yeah, and even other people's, you know, just world suffering or everybody's suffering.

AF: From everybody, from world's suffering you mean?

P: Well, my parents too, they've suffered a lot I think...

AF: How come?

P: Oh, I don't know. They just don't know how to have fun.

AF: Aha!

P: [Laughs!] I guess I'm picking up that part.

AF: That's right! Your parents don't know how to, aren't having fun.

P: Definitely.

AF: You need to have some fun!

P: Yeah, they're almost out of time.

AF: Well, what are they 90? or 80?

P: 80...

AF: They still have got a few years to have some fun! *Tell 'em!*

P: I do [laughs] but... it doesn't work.

AF: They don't know how to do it.

P: Right...

AF: Right! Right! How to get out of that world of misery and suffering and have some fun?

P: Yeah...

AF: That's like a big thing. Ok! Well, we'll work on that too, how you could have more fun. Maybe I'll ask you right now! How could you have more fun?

P: I do have fun, I just feel guilty a lot about having too much fun.

AF: Playing pool or what?

P: Anything, I mean I feel like I have... I mean my life is actually great right now, except for my parents, I think... I mean it's very easy...

AF: Nice...

P: Yeah, it's nice.

AF: You can have fun.

P: Definitely

AF: What do you do to have fun?

P: Oh bike ride and go to the park, I have a dog and I like to hangout with dogs and I don't know, things like that.

AF: That is beautiful! [Smiles at her] I want you to do that a lot, hanging out with your dog.

P: I do that. We take car trips and bike rides, and I just take the dog and go to the beach... so I do plenty of that.

AF: Great! Well, now let's work on the threat.

P: Ok.

AF: Ok? Lets look at the threat part of things. Now, let's imagine the worst kind of threat.

P: Well, it just feels like somebody wants to *kill* ya [laughs]!

AF: Aha! Oh... Aha!

P: The person that wanted to kill me was me.

AF: Ok! Well we've found that out, yeah.

P: Right.

AF: But let's go on as if it wasn't, and now we know that it is, but let's go back and say, Who, what terrible creature do you imagine would want to kill you? What sort of character? [Looks down for a few seconds and then looks back at her] A big a monster?

P: No... I feel more like... because I had that set of panic attacks in my late 20's where I felt like killing myself, and then it started up again about three and half years ago from having a heart arrhythmia, and then I *did* feel like I was going to die. And then I felt like, *my soul* was like, that was my lesson and it was my time to go. Now, I kind of wanted to live...

AF: Yeah, yeah...

P: and now I felt like my soul was getting *revenge* [laughs]...

AF: Right...

P: on *me*...

AF: Aha! Right, but your heart arrhythmia is OK basically?

P: Yeah, I ended up getting a pacemaker which corrected it, but I still kept having the panic attacks...

AF: Even after that.

P: Yeah, for a couple of years.

AF: Yeah. That's kind of normal with heart arrhythmias.

P: That's what I hear.

AF: Yeah, everybody has that.

P: They do?

AF: Yeah!

P: Is that because your head, I feel like your subconscious knows you are in danger or something...

AF: I don't know how dangerous it is. It *feels* really dangerous. And when the rhythm of your heart starts to go really fast - or how was it, just erratic?

P: For me it would stop... it would just stop.

AF: Yes. Stops and starts, that's enough to give you...

P: Panic attacks!

AF: That's enough to give you a panic attack, and it has to do with your *irregularity of your nature*.

P: [Laughs and nods] Ok!

AF: You're not the standard thing.

P: Yeah!

AF: Your rhythm is not a steady 20 hours a week. You've got this other rhythm.

P: Only it would stop.

AF: That's right. Yes. Almost everybody with that particular problem has panic attacks. I don't know if it is psychological or physiological, they're linked, those two things...

P: That's what, I get that impression.

AF: Ok, so this might even help that arrhythmia with or without your pacemaker. So, something could kill you, you're threatened that life could end, and if you could imagine yourself walking down the street, or is it at night, and imagine you're being threatened by the maximum thing... What would it be?

P: It's not so much that it's here, it just feels like maybe my soul [points with her right hand over her left shoulder] would say "That's it. It's time to leave and you are going!" [snaps her fingers]

AF: Aha!

P: So, it's not the threat of the world as much as....

AF: It's not like a person...

P: It feels like my soul and I are not on good terms.

AF: So your soul is saying, "Your time is up kid and that's it!"

P: Right.

AF: Ok! Good.

P: It has nothing to do with what I want, it's just whatever my...

AF: Ok! So the next step is for you to play the soul.

P: [Laughs]

AF: You have to play your soul [AF gets up and starts walking around] and I'm going to be you walking around.

P: [Laughs]

AF: And you can sit there in your chair and relax or you can stand and play your soul. Would you like to stand and play the soul?

P: No, I'll sit here.

AF: You just sit there...

P: You're the peon, I guess!

AF: I'm the peon [strolling around in the room]

P: [Watches AF from her chair]

AF: and you are this great soul. I am P and I'm walking around and I'm going to play pool and I'm going to do, I'm going to have some fun maybe... I know, I ought to be more responsible -

P: No, but I feel like my soul is the one that wanted me to play pool! It wanted me to...

AF: Oh! Aha... Tell me soul! Tell me! I didn't know that about you!

P: Yeah! You were supposed to play pool! [Her voice has changed. It's now louder and more definitive than it was before]

AF: No kidding! [Louder also]

P: Yeah! Oh, you know that!

AF: Ah! You mean it was my fate to play pool!

P: Yes! It was your fate, definitely!

AF: So, what do you want to kill me for?

P: Well, now I want to kill you cause you learned the lessons now, you're ready to go.

AF: I'm ready to leave?

P: Yeah. You're ready to leave.

AF: You wanna to kill me?

P: I wanna kill you cause now you're not doing anything productive and not learning anything.

AF: Oh! What do you want me to do that's productive, soul?

P: ... [looks down]

AF: Hey, Soul, you're weird!

P [Laughs]

AF: You wanted me to play pool and I did that and I learned lessons from that [pacing around]

P: Right...

AF: That's really true. Thank you for teaching me how to play pool that's quite awesome really...

P: Yeah, but it was more about substance abuse, were the lessons...

AF: [Sits down in his chair] The lessons there about the substance abuse, I really did learn that. Now... every now and then you think it's time, you want to call time on me cause I'm not learning something, or what?

P: Yeah. It just feels like nothing more is left to happen in this life, except getting the folks through old age and then we're done.

AF: Aha! Great! Now, if you *really* were your soul... [P laughs] this is a fun thought, just checking, if you really *were* your soul would you be sitting do you think or would you be floating in the air, or....

P: ...

AF: It could be sitting, just relaxing...

P: I'm not sure... [Looks up and to the side]

AF: Aha...

P: Yeah, it seems like I'd be just sitting and relaxing...

AF: Ok!

P: Like when I'm watching you do all the work [laughs]

AF: Just watching... me do stuff...

P: [Looks up and to the side]

AF: [Sees her eyes and points to them] Great! [Get's up]

P: Yeah. I'm kind of experiencing what you do but I'm kind of detached.

AF: Yeah! Totally detached! (Now he's even more certain they're on track).

P: Yeah...

AF: Yes! I see that about you... You are a soul which is *totally* detached...

P: [Laughs] Which, that person [points at AF] gets angry with the detachment [points to herself]

AF: I get angry about it?

P: Yeah!

AF: I get angry with you!

P: Right...

AF: Why do I get angry with your detachment? You're so detached soul

P: Right!

AF: You piss me off!

P: Right! Yep! And I feel like... Ok, as my soul, you cut off the positive from me.

AF: *How* do I do it? Give me the lesson? I believe that.

P: Well, I definitely cut off by getting high, that cuts it off...

AF: Ha! Aha...

P: And then just by being too negative you cut me off.

AF: [Nods]

P: like you don't trust me.

AF: [Nods]

P: Yeah. You *definitely* don't trust me.

AF: [Points his finger in my interpretation of the signal saying something like "that's is"] I don't trust you!

P: Definately! [Nods]

AF: You scare me...

P: Yeah!

AF: Yeah... I don't trust you.

P: Right, and then I can't do anything about it. It's up to you to let me in.

AF: Aha! Ok. Lets say [walks back toward his chair] that I am going to be P but in a new way. I'm going to really let you in

P: Oooo... [head goes back and laughs]

AF: at least for a few minutes.

P: Ok!

AF: I'll go back to being the P who doesn't

P: Ok...

AF: cause that's important too, but I wanna be the P who just for a minute or two stops being the ordinary P and sits down [sits in his chair] and actually lets you in...

P: Oh!

AF: for even just sixty seconds...

P: Ok...

AF: If I let you in for 60 seconds, what happens, what are you going to say or do or...? I'd like to let you in.

P: Right... I feel like you would just feel like how much I *did* love you...

AF: Oh... [touched]

R: Mmmm...

P: and that you keep that out...

AF: Oh... [Body moves slightly backwards] Really?

P: Yeah...

AF: You really love me? [tone of voice is very tender, like a child] You really love P?

P: Yeah, definitely.... [Nods]

AF: [Nods moving his head up and down, turns his head slightly to the right and looks ahead no longer looking at P directly]

P: I just feel like it's P's problem and that that's part of the lesson to let it in...

AF: I didn't know. I'm afraid to let it in...

P: Right, cause with the love comes pain...

AF: I'm afraid of being loved. I am afraid of it really.

P: Yup.

AF: Can I really let your love in? Can I really do it? I want to do it... I'd like to do it...

P: You would?

AF: I would like to do it even for a minute.

P: [Laughs]

AF: I need to do it. I can't do it all the time, but I want to know, just feel a little bit [slowly reaches his hand and lightly touches her knee] what is it in there? [Lightly shakes her knee] How do I get it? Say something to P that lets me feel it...

P: [Looks up] ... Boy, that's... I can't.... It just feels I get... It's like P has to just like [lifts her hands, brings them up in front of her forming a ball and moving them apart to the sides]...

AF: Open up...

P: Yes, somehow let it in...

AF: Ok

P: And it is like a light...

AF: [Nods] It's not going to be a word.

AF: It is a *light*.

P: Yeah, definitely a light...

AF: Got you... Yeah.

P: But it seems like it will involve... you'll feel trust... you would feel trust and now you don't...

AF: I see. You will feel OK-ness and trust in what's happening.

P: [Nods] More trust. Yeah, definitely more trust

AF: Trust in?

P: In your soul...[laughs] that your soul doesn't... Like P would think that your soul really doesn't care what P goes through, it's just what the soul needs you to go through. But that your soul *does* care...

AF: Imagine that your soul could... Did you want to say something?

P: No I am just relaxing...

AF: Relaxing! Imagine your soul does care, and imagine that your soul can – it *is* in you of course- but pretend that it *does* enter you now...

P: Right...

AF: [stretches his arm out in front and moves it up and down pointing to her body] somewhere... It's everywhere of course,

P: Right...

AF: it's around you but that you could open up so that it could come in more, where would it go mostly do you think?

P: Oh mostly in my chest [right hand touches the area of her heart]

AF: In your *chest*! Can you show that with your hand where?

P: Just in the whole trunk of my... [hands point to all of the trunk]

AF: Chest...

P: Yeah...[Hands go to the center of the chest]

AF: It entered right there. [Points to the place on her chest that her hand touched spontaneously when he first asked the question] That's where it entered.

P: Yeah... I can experience it the most there.

AF: So imagine also for the moment that light goes in there...

P: Right...Yeah, I can do that. [Head leans back]

AF: You can do that?

P: Yeah...

P: [Looks up then to the right]

P: See, I'm already jumping to the negative though [points to her right, over her shoulder]

AF: Yeah? That's OK too. We'll go with that too in a minute but just for the moment stay with that light.

P: All right... [Head leans back and eyes look up and after 15 seconds head turns to the left]

P: It's hard for me to really experience it on the spot..

AF: You did for a little bit, didn't you?

P: Yeah, I mean, I can for...

AF: A minute.

P: Yeah...

AF: What was that like?

P: Kind of like that dream-like thing that you talk about, where you're just before you think anything you're...

AF: Before you think there's this dreamlike something...

P: Yeah, there's this kind of feeling of "being" I guess....

AF: Feeling of being...That's the deepest thing

P: Yeah...

AF: that you could feel...

P: Yeah...

AF: and I understand that it's hard to stay with that.

P: Right, yes, just like meditating, you know, you keep...

AF: That's something you may want to go back to, now and then, just feeling... opening up to that light, and maybe it's good that actually Lily is here, she can write that up, that's something that you want to develop slowly, in time. And you *will* anyhow, because your soul will make you do that!

P: I know! [Burst into laughter] But see, I feel like *nuts* at the same time!

AF: Yeah, right! What was the negative thing that you wanted to...?

P: Well, it feels like to be your soul and to extend that light, the amount of suffering that you have to become aware of to be opened up...

AF: How so?

P: It's like if you stay detached then you don't really care very much so then you don't feel pain, and then when you...

AF: The soul is detached though too.

P: Yeah...

AF: It is kind of detached. It's a kind of warmth that comes out of you.

P: Right, but it doesn't have to be so focused on the pain.

AF: Yeah!

P: Yeah...

AF: This is the big thing. You don't have to focus on pain. It's just sort of a warmth and a light that knows. If you have a soul that has light in it, it means something about you is an enlightener of others. You have an enlightening pattern inside of you.

P: Well, everybody has a soul, so...

AF: Everybody does has a soul but not everybody's soul is typified by light the way that you just talked about it, and so you are a light 'bringer'.

P: [Smiles] Well...

AF: Something for you to think about. Maybe your profession is bringing light in some way. It can be just being there for somebody.

P: Um hum... I think that's probably true, I mean, I already can see that in my life. Yeah...

AF: Yeah... light... You're somebody that under other circumstances, if you had just arrived here like that and talked to me and had said to me, 'What do you think I should be doing with my life?' I'd have said that what you're doing is just fine, but you should also consider the possibility of actually helping other people as a therapist.

P: Yeah...

AF: No kidding. You don't have to do it, and you don't have to do it in a formal way, but it's inside of you.

P: Well, that's what I mean. I feel like all my friends and that, I feel like I kind of do that.

AF: [turns to R smiling pointing at P]

P: [Smiles] Yeah! You're not telling me... Yeah! *That* I already know!

AF: That's *you!* That's your soul at work!

P: Yeah! [Smiles]

AF: That's the soul work that you're doing!

P: Ok! Well, I gotta just get along with my soul better *myself!*

AF: Yeah! Just open up to it a little bit more.

P: Right...

AF: That's a big life long task.

P: I know...

AF: Otherwise it wants to kill you. It gets pissed with you and says 'To hell with P, let's get her croaked out quick!'

P: Well, I just fear the lessons that you might, my soul might have for me...

AF: What other lesson? You just heard it. It's light and openness...

P: Yeah but panic attacks was a lesson too and that was definitely darkness.

AF: I think the panic attack was about just opening up to the soul and believing in it; that *it's* there. Even behind all that heart trouble... you're somebody who just has a lot of light and the heart, the weird heart rhythms they're just trying to say, they're trying to upset your regular mind so that you know more that there is a spiritual thing in you.

P: Oh...

AF: You can't get around it. I wish I didn't have to say that to you.

P: [Laughs] I know you can't get around it!

AF: Anything else you want to ask or talk about.

P: No... I mean I feel like that's a lot of.. I mean I kind of already know, I have worked with it a lot

AF: You know that about yourself...

P: Yeah, it's just when you're in the suffering it feels pointless, you know...

AF: Mm... Then just sit back into that detached thing and the light will come or people or something... You don't have to actually do anything. Just being...

P: Really? [Big sigh]

AF: Yeah, nothing!

P: Is that right?

AF: Yeah. [Loud voice] Don't do anything. That's too much work.

P: When people are suffering?

AF: Yeah, just sit back and let your soul look at them.

P: [Nods and smiles] Well I have kind of learned... because I do the 12 step and the big thing is like turning it over to your...

AF: Higher self.

P: Yeah, instead of like trying to go in and fix things...

AF: Don't fix anything... Just sit back...

P: [Laughs] It's very *relieving*... very relieving...

AF: Don't forget the soul is sitting back [AF leans back in the chair and fold arms in front of the chest] sort of detached, beaming away in there, and *that's* what people need!

P: Yeah... [big smile and nodding of the head up and down]

AF: The problems are all... I don't know...

P: I know, you focus on fixing the problem. Yeah...

AF: Fixing them... I don't know... See, I don't know if anybody needs too much fixing... I think they need something weird and other worldly...

P: Right...

AF: and detached and some light beams or something like that.

P: Yeah! I agree! [Smiles]

AF: [to R] If you were to ask me what's the chance that panic attacks would be something of the past for P with or without medication, I'd say she's almost certain not to have them.

P: Well, I don't know about that! [Laughs]

AF: That would be my prognosis because of what she just said, because she's so open to that soul part of herself really, even though she's not...

P: Ha! [Laughs]

AF: You are!

P: [Nods]

AF: I *do* think so. And I think you've been trying to get there with all sorts of other things...

P: Um hum...

AF: You' got a spiritual trip happening under there even though you're shy about it.

P: [Nods] Yeah...

AF: I can see it in you too. I don't even have to work with you to say that. I can just see that.

P: Well, I think everybody has it.

AF: That's true, that's also true, but *some* have it more than others.

P: Well... [Laughs]

AF: [to P] I want to bring Lily in too.[To R] Do you have any thoughts or questions?

R: Well, I was sitting here feeling touched... and also I think almost peaceful.... I was feeling peacefulness... And then you said something toward the end that made me think about myself...

AF: What was that?

R: You said something about opening up to something in you that's not you doing things but something else...

AF: Oh! That's a big thing for her. Thank you for bringing that up.

R: Letting something else guide your life...

AF: Yeah, letting yourself die in the positive sense of just taking it easy, letting go. There's too much pain, to hell with it! Who knows what to do?

P: [Watching AF]

AF: And then waiting and letting this other part of you, the soul come in, just not trying to do anything.

P: Well, then now I can ask you something. [To R] Is that alright?

R: Yeah!

AF: Yeah.

P: See, I'm kind of into animal rights and that's a huge thing but I struggle to not eat meat so this is this huge struggle, and then I think if it's this big a struggle I must not be ready yet...

AF: Not to eat meat?

P: Yeah like to not eat meat and yet it's like an addiction, it's the same thing where...

AF: Animal rights... What kinds of animal rights would you like?

P: Oh, just to...

AF: don't kill?

P: Just the factory farming and the science testing...

AF: All animals? Fish too?

P: Oh, you mean to not eat?

AF: [Nods]

P: Well, I mean I think they all have validity so... and I'm not even against eating animals because animals eat other animals but the way that we treat animals and the way they're raised and...

AF: Yes...

P: I just would like to be stronger in that area and I feel like my own desire overrides so...

AF: You mean eating meat? Eating meat is ok, no?

P: It doesn't feel ok.

AF: Aha! Well, animals do eat animals and animals die...

P: I know but the way they're raised in factory farming is awful and I feel like by eating meat I'm contributing to that industry...I guess that's what I'm saying...

AF: Aha!

P: like getting a pacemaker is contributing to them testing on animals.

AF: Getting a pacemaker is contributing?

P: Yeah because you know, I mean just a lot of developments in science come from testing animals and you feel like you're benefiting from it ... Anyway, that's just a... I don't know how we got to this!

AF: We got to this because...you...

P: Oh! It's a problem that I fight, yeah, and I wondered, can I just [makes a motion with her hands as if giving something to someone else] turn it over [big smile] and follow my... I don't trust myself with it...

AF: I just want to tell you that I am touched that you're interested in that, in animal rights.

P: Well yeah, but it's ...

AF: That's the spiritual thing that's right back there! Even if you can't be perfect in your own behavior...

P: Right! That's the issue!

AF: The fact that you're trying...

P: Right and that's what I just thought...

AF: struggling...

P: if I am struggling, it's kind of like meditation, if you're struggling to meditate maybe you're not ready to...

AF: What I suggest you doing with that is that every time you're about ready to sit down and order meat or buy some meat that you ask the meat... Some meat would like to be eaten!

P: Well, I do think that some animals probably chose to come here to be eaten, it's just participating in the industry...

AF: So you have to talk to the meat, say "Am I hurting you and your friends by doing this?"

P: And they say yes and then I might still eat it.

AF: If they say yes, you should eat one bite less

P: Well I got at least to where I just eat every other night.

AF: That's it!

P: That's as good as I can get to.

AF: That's good already, you see, your effort..

P: Right, I know...

AF: I don't know if you know about Buddhism...

P: Well, yeah...

AF: The right effort is important. The intent is the big thing. That touches everybody. Not just the act, it's the intent, it's not just the doing but it's the light in back of the doing.

P: But then what do you do when you feel you didn't do it?

AF: Your intent to try to stop is beautiful...

P: Ok...

AF: *That* you must just hold onto. Stay with that. Sometimes you're going to fail but the intent is the big thing. That's what that soul thing is.

P: That's where I felt like I just want to turn it over to my soul and not struggle with it daily.

AF: Let's turn it over to the soul! What would it do?

P: Huh?

AF: Let's turn it over to the soul.

P: That's kind of what I have been doing more...

AF: And more and more. Just say "I don't know what to do, let the soul handle this."

P: Right. Like the suffering, even if I do quit eating meat there's going to be a ton of suffering so I can't fix the whole problem...

AF: [points his finger as if saying "that's it"]

P: Yeah...

AF: But the soul is about intent, detached from the everyday things. Intent is the big thing. If everybody had your intent...

P: Yeah...

AF: Just the intent... For example, I've been changed by the conversation. I never wanted to eat meat but now when I see somebody else ordering meat I'll ask a question about it.

P: You will?

AF: Yes!

P: What will you ask them?

AF: Remember, that's a living being. Have you talked to your food before you eat it?

P: Well I thank it. That's another thing, at least when I eat it I thank it.

AF: Turn it over to the soul.

P: Ok [laughs]

AF: Don't suffer about it.

P: Yes, that's the part that isn't doing me any good.

AF: That's right.

P: Alright!

AF: [To P] Do you have any questions? [To R] Or do you have any more thoughts? Has this been helpful to you?

R: Yes! Thank you both!

P: It didn't feel that much about panic.

L: It was!

AF: Well, the panic part is about being destroyed so that you fall back onto your soul!

P: Oh! Ok!

AF: You have to see that [points to the camera]. That's why I am saying, "Let it go. Go back to your soul." Otherwise, if you get too tied up with the actual suffering, the soul gets pissed cause you're not getting the point that it's *me* (the soul) that counts. Let go and [makes the sign of quotes in the air] "die." Relax and die. You get too like that [brings his hands in front of him and clenches his fingers in tension] about something,

P: Right [nods]

AF: you work too much.

P: [Burst out in laughter] Ok!

R: [To AF & P] Thank you...

P: [To R] Thank *you*! [To AF] Great to meet you!

AF: Oh! What a pleasure! You're a lot of fun!

P: [Smiles] I admire your work.

AF: Oh... Yeah... Just let yourself die once a day, that's my recipe for you!

P: It is?! [Laughs] Ok!

AF: "Kill yourself," so to speak [makes motions of quotes in the air] in a nice way.

P: Ok!

AF: Just... [Takes a big breath and exhales] fseeeew... [stays quiet for a few seconds] Talk to your soul.

P: [Nods]

AF: Let it in...

P: [Nods]

AF: It'll do it.

P: Ok [Smiles widely and nods]

AF: It will do what you need.

[Both AF and P look at R smiling]

AF: [To R] Wow, that was fun Lily! Thank you for bringing P in. [To P] Once a day, "I give up" to some higher power.

P: Yeah, definitely!

Case 4: Woman with Arnold Mindell in private practice

Elapsed session time: 30 minutes

P: [Looks around] Where do you want me?

A: You can sit anywhere you like

P: [Goes to the chair that's in the corner and brings it more to the center of the room and sits down]

AF: [Follows her and sits on the chair that was in the other corner pulling it out of its corner closer to hers]

AF: We're sitting in chairs! I fell in love with sitting on the floor years ago

P: You fell in love with sitting on the floor?

AF: All my colleagues were having backaches from sitting in chairs so I started sitting on the floor and I never had any backache!

P: I know! I usually sit on the floor in my home.

AF: [To R] You want to say something about how you know one another?

R: I met Tina (pseudonym) through Sally (pseudonym)

AF: Through Sally?

L: They work together in the same place

AF: Oh, you're working as a therapist there?

P: No. She's working as a therapist, not me. I'm just a manager of a couple of programs (details deleted for confidentiality).

AF: Wonderful!

P: It's a nice place to work.

L: Sally told her about the research that I'm doing on panic attacks and she was interested in coming.

P: Um hum [Smiles at R]

AF: And has panic attacks or has had...

P: Oh yes! Has had them, many of them [laughs]

AF: [To R] Ok. So we'll work on that for a little bit and maybe we'll talk about it afterwards with you for a little bit. [To P] So, tell me, you work with Sally doing this good work there. How long have you been doing that?

P: In the agency for almost 5 years. I've been in States for 6 years almost – in November will be 6 years

AF: How is that transition for you?

P: [Looks up and to the side] See, it was somehow Ok. Easy. I didn't set up high expectations. You know, I knew that I was coming over here not knowing any people here, no friends, no relatives, nobody, no English. I came with my ex-husband and my son who was 7 at the time, and I desperately wanted to get out of (a war torn country).

AF: Yeah, really...

P: So I was ready to work all those, you know, entry level jobs whatever it takes, just to get out of the country because that community, you know, the beliefs in community are really killing me. My panic attacks started over there.

AF: Their beliefs in community you said?

P: Yeah, the beliefs in community actually it's something that I just couldn't find myself. You know, in first place you have to put other people then yourself. You know, to satisfy others and then think about yourself.

AF [Nods]

P: So it didn't work with me. My first panic attack started in 91, I would say. My son was born in 90 and after that I started having those chest pains [her left hand touches her chest] and didn't know what it was. At the time I lived with my husband. A new marriage and a child came, I wasn't ready for that, and first disappointments in marriage and then I lived in a huge house with his parents

AF: Ooo...

P: and it wasn't something that I wanted but to be honest the reason that I got married so quickly was just to [snaps her finger] get out of *my* house and *my*

mom because she was pretty much demanding and having all these different beliefs different value systems than mine.

AF: What was her value system?

P: Oh you know, you gotta gain weight, and you gotta gain some money, and you gotta be a good wife

AF: Um hum [nods]

P: and you gotta cook well

AF: Standard...

P: Yeah, and I actually started my college and I didn't pass my final exam in the first year so I couldn't move on to the second year.

AF: In?

P: In (region of her country), in (city).

AF: You're from (city)?

P: No, I'm not. I'm actually around (city) area but I went to college in (city).

Well, that was first escape from parents and so I was, "Oh well, school, I'll study tonight. I'll study on Monday!" That's why probably, you know [laughs] I failed the final exams. But anyway, there was a huge fight when I came home, and parents didn't want to talk to me, didn't let me go out

AF: Um hum

P: so for 3 months was a terrible situation in the house

AF: Ugh...

P: and I was most unhappy person [big sigh, looks down]... this was not where that I wanted to be. And I met him, and my parents liked his family [looks at R] so that is how it started. And they would let me go out with him just hoping that I would get married to him, and I *did*... I didn't think at that time about it. I was twenty. I was twenty year old and he was thirty...

AF: Right, right, right

P: And the first disappointment started in marriage, and then I got pregnant and I was kind of hoping I wouldn't get pregnant, you know, [looks at R] that we would have a life together for year or two and then have a child but "Oh well, it happened..." And then I started having those chest pains

AF: Oh...

P: and I saw a doctor who told me that the chest pain is not caused by any physical reasons. She told me that it might be, you know, she did not use words anxiety or panic attacks, she was like "It is your life. You have to change it. You have to move out from your in-laws and so on. And it was very nice what she told me.

AF: Wow! Where did you see this doctor?

P: Back home! In '91

AF: In (city)?

P: Yeah

AF: Oh my god, good for her!

P: She was a very good doctor.

AF: My god, wonderful. Good for her.

P: She probably talked from her experience.

AF: Aha!

P: So we moved out and rented a house. It was OK but of course I was not happy in my marriage, anyways, I didn't know how to work it out really and neither did he.

AF: Yeah

P: No one of us cared. It was killed at the very beginning. So, when the war started we immigrated to (region of her country), to (city) [big sigh] and then I realized that I cannot only on his job and I had to start my own. My son was 2 years old when we moved to (city) in 92. I was 23

R: Mm...

AF: Oh my god...

P: and he was 33. I just noticed that it's not going to work well. He kept saying "You got to stay at home with the child and I'll make money to cover the monthly expenses."

AF: How was he going to do that? What does he do?

P: He was working with his friends in some export-import private business but it did not bring lots of money during that time. It was a recession time [looks at R]...

R: Mm...

AF: Horrible times.

P: Horrible, horrible times in (city). So I decided to look for a job. I didn't get his support at that time. He said that if I wanted to do that I'll have to take care of our son and how to get him to kindergarten and all that stuff. So I said OK. I'm going to work, have a job but I'll also be the one to take care of our son. If you don't want to, it's fine. So, it somehow worked. It was pretty much tense for me to get from one side of town to the other side of town in time, because I was working on the other side of town. It was like traveling from Hillsboro to Portland [looks at R]

R: Um hum

P: an hour bus ride. I had to leave my son at kindergarten in the morning and pick him up at 5 o'clock and I finished work at 4 o'clock so it was very tense. But he gets home at 3 o'clock and he doesn't go to pick up our child, you know.

AF: Oh?

P: It's my... I wanted to work. He was, "You go pick up the child. I don't care. That's your job."

AF: *You go and you pick up the kid.* [Uses the same tone of voice that P used when she was talking as her ex-husband] So you did that.

P: Yeah, I did because I said, "Well, I can do that. Other people do that." But later on I started my own business and he finally learned. Yeah, by that time there was a huge fight and this and that... It was a horrible time for me and then I started my own business.

AF: Hm! What were you doing?

P: Real estate and rental agency and employment agency.

AF: [Moves his head from side to side in admiration]

P: So, it was very good.

AF: Um hum!

P: I learned a lot and we moved into a bigger place so I had a room for an office and then when I got settled down the panic attacks started.

AF: Aha! After your business started to work you found an office, you started settling down and then your panic starts?

P: *Every* time.

AF: Every time what?

P: Every time my panic attacks would come not when I was going through...

AF: tense times! No!

P: changes ...

AF: Not at all!

P: but later on...

AF: Later, after settling down!

P: Yeah.

AF: I see! [Laughs]

P: And I remember ending up in the emergency room by myself, using the bus [looks at R] to get to there

R: Ugh...

P: But there was a doctor, a young lady

AF: Same thing with the heart?

P: It's a chest pain. It starts like [makes her right palm into a fist and begins to move it toward and away from her chest showing a heart palpitation] that, the heart pounding very fast and I feel very hyper at the very beginning, very, very hyper. I can do anything that you want me to do. My friends tell me that my face changes completely. They say that they could see there is something going on. It's like eyes are different, face is different and I'm very hyper. I notice it, like it starts today and I feel like, you know [looks at R] like when women feel like they're PMSing, they're a little bit like [moves her hand rapidly back and forth], they feel so hyper. The second day it's more... chest pain gets stronger...

AF: It's going on for days! How many days?

P: [Exhales from the mouth with a big sigh, looks up and to the side]
AF: Wow...
P: Usually two or three days.
AF: A couple of days.
P: If it comes to the third day that's the day that I end up in emergency...
AF: Wow... that's a long (state?)
P: and *then* it takes me 4 or 5 days to recover.
AF: I'll bet... Yeah... What do they give you then when you go to the emergency room? Do they do anything or do they just give you tranquilizers?
P: In Belgrade they didn't give me anything. There was a very rude doctor who said, "You're too young to have heart disease. This is not heart!" She sent me to see a neuro... psychiatrist? How you guys call it?
AF: Yeah, exactly.
P: I didn't see reason to send me there, maybe you do, everything goes absolutely OK. She was pretty much rude but I spent 5 days in bed
AF: In bed?
P: I just couldn't move, I was so tired...
AF: I see, I see. Afterwards you're exhausted, yeah.
P: Afterwards I felt so exhausted and I was wondering how people recover after heart attacks. It was terrible. A friend of mine worked with American doctors in Belgrade and she told them what I went through and they told her that Xanax was the right medicine for me, so she brought me some.
AF: Did it help?
P: That did help. I was on Xanax here too
AF: Xanax helps. Ok.
P: It helped over there but I remember that for 5 days I was barely moving, talking, walking, low energy completely.
AF: And you get that here too?
P: Yeah.
AF: How often?
P: It was 2001, every few months...

AF: Every few months...

P: Yeah. And then I had to start counseling because it really was something that comes back.

AF: Did it help?

P: Well, that was a family counselor. It didn't help.

AF: So right now are you in a relationship? What is your family scene? You have a son?

P: [Exhales from mouth, big sigh]

AF: Sorry to ask...

P: No, no. It is hard to explain. Right now, I'm on my own. Alone. My son moved to live with his father in another city in the United States.

AF: Great. I just wanted to know.

P: But it happened recently. I just told Lily in the waiting room, it's very interesting that I didn't have panic attack this summer, so many changes happened, my son left...

AF: No panic attack when lots of outer changes.

P: Yeah, so probably very soon it's going to happen,.

AF: No! I think, rather, the more changes that happen, and the more you're in the midst of doing a thousand things, the better!

P: Yeah I know but when I settle down...

AF: Yeah! You're very creative! Settling is maybe *not yet* for you.

P: [Nods]

AF: You'll be settled down later. That's an old family myth that people should be settled down.

P: They should not.

AF: It doesn't work for...

P: Obviously, it doesn't work for *me*.

AF [Laughs]

P: I get panic attacks when that happens. [Loud voice]

AF: Yeah! You hate it!

P: My school started, I broke up my relationship, almost two years together, and I moved to a new place, and you know, so many changes, so many...

AF: Ok! I think I see. [Voice is loud and speaks quickly] Let's, let's think about how to work on it. One possibility is, listening to how you described your panic attacks and the first stages of it, if I understand you correctly, are that you are hyper.

P: Yes.

AF: Is that more or less right?

P: It is more right than less. It is.

AF: A ha.

P: I feel hyper, the first day...

AF: Mmm

P: Then it comes to feeling fatigue, you know, tired and exhausted...

AF: Mmm

P: But the pain is terrible... The pain is terrible and this area [her right palm touches her throat and chest] is so dry and my breathing, the breathing it's like short breaths...

AF: OK, I understand. So [reaches to his side and picks up a stuffed animal that looks like a monkey] let's say... I'm going to explain to you what I'm going to do before I do it, and also [to R] for Lily too I want to say Tina [turns to P] is that how you pronounce your name?

P: Yes [smiles]

AF: [To R] Tina is describing her somatic symptoms so well that I want to make it easier

AF: [To P] for you

AF: [To R] for her and take those symptoms off her body.

AF: [To P] I'm going to pretend that this animal has similar experiences

AF: [To R] and ask her to fantasize into that

AF: [To P] to make it easier on you.

P: [Nods]

AF: You can be a kid for a moment

P: [Smiles]

AF: [Holds monkey up in the air across from P] and look at this funny animal [makes monkey sit on his knee]. This animal has been working very hard and doing all sorts of things.

P: [Sighs]

AF: Imagine that. Ok?

P: [Looks at monkey and smiles]

AF: It works and does all these things... [AF moves the animal closer to his face and takes a good look at it] Well, you look much nicer than this animal but let's...

P: [Laughs] Thank you!

AF: [Laughs]

R: [Laughs]

AF: He's doing his things, doing lots of things and then suddenly, he's been doing lots of things and now the animal decides, "Ah! Now, finally I can settle down, and lay back [makes the animal lean back on him] and take it easy!" OK?

P: [Nods]

AF: Animal has been working hard and now she puts he feet up and takes it easy. "Ahhh...Now at last I can re-ee-lax"

P: [Smiles]

AF: and sits back, right?

P: [Nods]

AF: it's been a busy life, folds her or his arms and sits there like that, and after a few minutes let's say, or maybe a couple of weeks of settling down, right?

P: [Nods]

AF: How does it go? What happens to that animal? [AF hold animal in front of him, reaching forward, giving it to her] Show me what happens with that animal.

P: [She takes it and puts it on her knee]

AF: [Brings his chair closer]

P: [Folds the animal's hands over its chest] It is exactly... it is like that [folds animal's arms] in the morning having to go, and then [pulls animals back leaning on her tummy] "No! Relax" then [brings animal forward again and crosses its arms] having to stand up and walk and come back

AF: Why? [Playful tone] *Why* is that happening to the animal?

P: I don't know. It's interesting!

AF: [Reaches over, takes the animal] OK. It sits like that [makes the animal lean against his tummy], just like you showed, "Ok, now... take it easy and have a good time."

P: Um hum [Moves her head from side to side]

AF: [Points at her head] Aha! You're already shaking your head!

P: [Smiles, keeps shaking her head from side to side, closes her eyes, puts her left hand on her nose, tilts her head downward] Well, it's so true that when I come to the relaxing stage and there's nothing to do then I'm *definitely* nervous... It's not my life!

AF: No! [Very loud!] No! I'll be your inner self talking to the doll. "Hey! This is not your life! This is not who you are. You can't just sit back like that

P: [Shakes her head from side to side]

AF: and take it easy. You've got a lot of energy to do something *big!*" "No, I want to take it easy!" [In a stubborn little kids voice and totally absorbed in the role play]

P: [Nods]

AF: "No! You got to, come on, you gotta get moving!" "I don't want to move! Let me just settle down.

P: [Nods more noticeably now]

AF: [Looks up and sees her nodding] Right?

P: [Nods looking at him]

AF: I've been working so hard... Listen! A woman has a lot of things to do, doing this and that and now we can just sit down and take it easy! Ahhhh..."

P: Exactly!

AF: Isn't that it? "No! Hey you have got stuff to do!

P: Um hum

AF: That's the problem!

P: [Nods]

AF: Ok! Now we've got to figure out what that thing is. You've got a big thing to do with your life, I think

P: [Nods]

AF: and it's trying to move you. [Turns to the doll] It's trying to move you! "I don't want a big thing! I want to settle down now and then!"

P: [Nods and looks at AF]

AF: "But you're too creative. That's another kind of life you're being told to live. Your mother's life. A *normal* life."

P: [Nods]

AF: [Makes the doll throw a tantrum] "Aaaagrrrrrr" [Looks at P] Right?

P: Yeah. That's exactly, that's in my head.

AF: [Laughs] What's in your head?

P: [Growls!] Ggrrrrrr

AF: Yeah! Grrrrrr

P: I feel like I really can live my life [extends her right hand out to the side, palm facing the ceiling] but [extends her left hand, palm facing the ceiling] this community, here is those ground messages.

AF: [Puts down the doll] Right, right, right! You started to say "ggrrrrrr!" Underneath there is a fighter in you.

P: Especially my mother is right now here

AF: Oh no!

P: it was much better when she was back there...

AF: You take one look at your mom and you say "grrrrrrr"

P: Yeah, she's the only person who makes me upset.

AF [Nods]

P: Yeah, she's the one that I... that I don't have a successful relationship with...

AF: OK, well we'll work that out in a few minutes but first lets pretend that your mom was here and we can play with this, it's serious but we don't have to make it so serious...Your mom is here and underneath there is a grrrrrrr! I'd like to hear what that grrrrrrr is about and I'd like to know that part of you better, the part that is going grrrrrrr.

P: [Leans back in her chair and sighs] Toward my mom?

AF: Towards your mom and I'd like to know more about this [makes his hands into fists that pulsate] excited, frustrated, angry energy in you!

P: [Stays still, leaning back on her chair]

AF: Because *I like it* and I think it is important [loud voice, excited]

P: You know, I actually have told her this but of course the way how she thinks is different than mine and it doesn't come to her, it doesn't get to her. When I was trying to tell her to just please accept me the way I am, and don't blame me

AF [Nods]

P: for what I am doing, don't hate me or give me a feeling of guilty for my divorce she doesn't like that idea at all, and she doesn't like the idea of me living alone...

AF: I'll be your mother and I'll say something like, "How can you –" I don't believe this but let me just say it to you, "How can you get divorced?"

P: Absolutely...

AF: "You should lead a normal life!"

P: Yeah. I think that she came here to the States to influence me to get back with Tom (pseudonym).

AF: What would you say? "You should live a normal life!"

P: Yeah, I see the way how I live is very normal and I'm pretty much happy how I live, and I came to a point, I live life for me not for to satisfy the measurements of the community or somebody else

AF: That's good. Now what does that really mean to live *your* rhythm in *your* life? I think this is perfect.

P: So are you being my mom now or...

AF: Just you.

P: No, no. The question is from mom or you?

AF: From Arny. This is from me.

P: Ok Arny...

AF: What does it *really* mean to live your life with *your* rhythm? If you could really do, and were *really* free [makes a circular motion with his hands in front of her] of all that stuff that you picked up from your childhood and [makes a motion of pushing something to the right] put it aside, and you could really just "tsooot" [makes a quick motion with his hands up in front of his face, palms facing her, fingers of each palm touching tips and then suddenly opening up] what would you do?

P: I'm learning

AF: A learner [Nods]

P: Just learning and living it

AF: Learning did you say?

P: Learning to live it.

AF: [Nods]

P: I think, you know there were so many changes that I completely lost the clear idea of what actually I am enjoying doing with my life day.

AF: Oh, I see...

P: Recently I was like, I noticed myself that I am very calm when I am cooking, for example, when I am reading... [her cell phone rings] I gotta turn that thing off, I'm sorry, [gets up and gets her bag and cell phone out of it] and I noticed that I was really calm when I'm doing all that everyday stuff, and I'm not sweating the small stuff, this and that but also it comes to a situation that I get upset, not upset, anxious about no... apparent reason.

AF: Oh I see...Ok, so

P: Am I misleading you here, the answer to your question?

AF: Not at all, not at all. No, I'm going to go

P: [sighs]

AF: one little tiny step deeper into that

P: [Nods]

AF: if this is OK for you, let's see if it is. Can you make this [brings his hands up to his chest, clenching his fists] motion or something like that at the beginning of your panic attack, and exaggerate it just a very little bit playfully? The first motions and feelings?

P: [Inhales and looks up while staying still]

AF: Is it something like this? I'll do it for you.

P: [Leans back on her chair] Yeah.

AF: [Brings his hands in front of his chest, tightens his fists, and shakes them along with his head] Aaaaabrrrrr... Hyper [hyperventilates with his tongue outside of his mouth]

P: Yeah.

AF: Is it?

P: Yeah, close to that and then I feel like smoking more [looks at R] and having more coffee

AF: Can you make those motions just for a moment but playfully?

P: I... I... Oh my gosh, I'm not sure if I'm good with that...

AF: You don't have to.

P: [Her hands begin to move up and down] Usually it's very moving. [She sits up at the edge of her chair] I cannot sit still, all the time it's feeling hot, taking jackets off [makes motion of taking off her jacket, then her hands go down to her legs and she rubs her legs] and it's... it's... [and then her hands go up close to her chest and they are now moving very fast from side to side] that way....

AF: What did you do with your hands? Do that again. It was great what you did with your hands.

P: What? This? [Makes the motion that she did when she rubbed her legs]

AF: And then you went like [he lifts his arms in front of his chest]

P: [She brings hers in front of her chest and repeats the shaking her hands movement] What? This? [Laughs loudly] Yeah! That is *exactly* how I feel! [Sits back and crosses her legs]

AF: Do that again please?

P: [Brings her hands up and repeats movement, laughs and looks at R]

AF: That is so good. That's important

P: Is it?

AF: Yeah! Do that again now as a kid and explore it. What is this?

P: [Repeats the movement and while doing it starts talking] Um... it's how I sometimes explain to... to... when I'm not able to explain how I feel I usually go like this.

AF: [Does the same motion] And what is that? Let's do that together, how do you do that?

P: [laughs and looks at R]

R: [Does the motion]

P: [Laughs] She's doing good!

AF: She does it with her whole head but you did it mainly with your hands
[Moves his hands the way that she does]

P: Yeah, with hands [does the motion again] and usually with closing my eyes.

AF: If you do that, what does that...Am I mimicking you correctly?

P: I think you are.

AF: What is it that I'm saying to you, or implying to you when I do that?

P: Yeah. People, leave me alone [Laughs]

AF: [Points at her, like saying "that's it"]

P: [With her hands still up in front of her] That's the first thing [moves her head up and down, nodding] that I'm implying when I do this...It's like... you know...

AF: [Makes same motion] Leave me alone!

P: Just leave me alone, yeah.

AF: Leave me alone, so, that's really good. I think that's really important, so leave me alone. Ok, so who do you imagine, or what do you imagine is bugging you that you would like them or it to leave you alone? [Repeats movement of hands and whispers] Leave me *alone*.

P: Bugging me are rules...as I said beliefs around things...

AF: Rules and beliefs... What kinds of rules? [Repeats movement of hands and whispers] Leave me *alone*.

P: You know, the rules that, Yes, Tina you have to call your mom once a day and talk to her...

AF: There it is...

P: You gotta do this and that

AF: Yeah, there it is. That's it.

P: I just cannot... You know what I am doing right now is "Lets call my mom, be patient for 10 minutes, don't get in any disagreements with her and get this off my shoulders and move on with your day." That's how I do it.

AF: Ok. I got you.

P: [Sighs] So, I don't enjoy the conversation

AF: [Laughs]

P: and I don't think she does because it's so different than, but

AF: Ok. That's great. That's helpful. So, I think there is a psychological origin to these panic attacks – well, there may also be physical things but there is a psychological one for sure – and it is that you're a very creative character and rules are a problem as a result.

P: [Nods]

AF: Now comes the next step and that is the solution. I think we can solve it. I think it's possible

P: [Her eyebrows go up, and her eyes open wide as she's looking at him]

AF: believe it or not, and that is... [gets up and unbuttons his jacket] I'm getting warm just talking about it!

P: Are you getting panic attacks?

AF: No, I don't get those. I had panicky *life*. I had a hard life and so I had to meet a lot of terrible situations but you're in the middle of a kind of fight, I think [pushes his chair to the corner making space at the center of the room] and it's something like this. I'm going to act it out for you to make it easier. One part of you is over here [goes to the left] and it is saying. "Get off my back. Leave me alone" basically.

P: [Nods]

AF: [Makes shaking motions of hands] "No rules" Right?

P: Yeah.

AF: And there's another part [moves to the right] and this part we don't know well enough yet, I don't know well enough yet

P: [Eyes open wider]

AF: and it says "I expect from you to live in a box. You have to live in the box. You have to live in the rules and you have to be this way and this way and this way and this way." And part of you [moves back to the left] is saying, "Fuck you! I don't want that. Get away. I hate that!"

P: [Nods]

AF: and part of you is saying [still stays in the left side] "I *do* live with some rules, and some of them are OK and some just don't fit me"

P: [Head leans on the back of the chair]

AF: Isn't that right?

P: Yeah.

AF: You're thinking something. What are you thinking?

P: I was just thinking about ... [AF sits back down in his chair] conversation yesterday with my office mate who asked me, Why for god's sake Tina you don't see life like all of us living normal life?"

AF: What's a normal life? *Right!*

P: You get married and stay together with someone...

AF: There it is!

P: Yeah, there it is. And she is younger than my mom, and she's not the only one.

AF: Everybody!

P: I think that all my friends are having the same [brings her hand that's holding her water bottle down on the chair with a little bit of force] value system [taps the water bottle on the chair a little harder] and I'm *really*...

AF: [Slaps his knee forcefully making a loud sound]

P: [taps her water bottle on the chair more abruptly] I'm tired [voice gets louder] of it [laughs]

AF: You're tired and you're pissed! You're angry. [Loud voice]

P: I think that I stop hanging out with many of my friends and acquaintances or whatever just because I notice that recently they influence me big [taps the water bottle] time, you know, even their beliefs, its...

AF: I understand.

P: And they give me a feeling that I was wrong, they were good, that I was not OK, that they were OK

AF: This is a central theme! Right!

P: And then I started like...

AF: I'm going to be on your side I'm going to say that, "You're Ok! [Loud voice]

P: [Looks at him, raises her eyebrows, smiles]

AF: Not only are you Ok but I think you're very courageous.

P: They really gave me a hard [taps bottle on chair] time and I had really a guilt trip about it when they said, "Everything has to be the way she says." "Yeah, she is a smart ass." I was the oldest one in the group that we're hanging out. They really gave me a guilt trip and I decided to change. I was like "Ok then if 10 people say that I'm wrong and I say I'm not wrong – look at this old school – can they be wrong...

AF: One right?

P: and me alone, myself, only one right?

AF: Yes! [Loud]

P: Well I *learned!* [Loud] Finally, after the last 2 or 3 years I was trying to adjust myself to them and I couldn't, I was just unhappy..

AF: [Gets up from his chair and get a pad and marker] I got a great idea! That's right! That's right. Can 10 be wrong and one right? Yes!

P: Yeah, I learned it finally.

AF: Do you ever sketch anything? Do you ever draw?

P: Yeah, in my own way.

AF: You do?

P: I don't promise that you will understand it!

AF: No but do you do that?

P: Yes, sometimes in my own way but I don't draw I just sketch

AF: Are you an artist?

P: No I am not.

AF: But you like doing it.

P: It depends what it is but what do you want me to do?

AF: First, what fun things do you do, that you like doing, that are creative for you? Do you ever write or sketch or sing?

P: I do my journals and in my journals I write down how I feel. Years and years from ninety... Ever since my first problems.

AF: You're a writer...

P: I have kind of my own style of writing.

AF: Great...

P: For a long time here in the States I didn't have friends to open myself to so I was writing.

AF: [Nods] My ex husband was not a person to talk to because he would judge me and blame me.

AF: [While drawing something on the pad that he's holding] Writing is great! I like writing too. I write too much! I write too many books. I like writing books. [Leans over and gives P the pad] Here is a box, OK? And you can do anything you like, near the box, around the box, anything that you like. Just take a look at that box and just draw anything you like or nothing or just see what your hand does even.

P: [Takes the pad, puts it on her knees and looks at the paper]

AF: You're looking at my box there! [Laughs]

P: So, anything I like... So this box is what? My life? Me?

AF: Well, I don't know what that box is, you can do anything at all that you like with that box.

P: Wow...

AF: I don't know what you call it

P: If you were to start with that piece of paper, with my box in it I want to say I'm confused, and I don't feel confused but I really don't know what to do with this...

AF: If you were to start with that piece of paper with my box on it [laughs]

P: [Smiles]

AF: what sketch would you make? Let's see what sort of sketch comes out of you...

P: [Keeps looking at it] Hm! (inaudible) writing

AF: Yeah! Yeah!

P: About what? Is it like about my current situation in life or about my future or how I see or what? Just give me a hint

AF: Oh! [Comes forward in his chair] We're in an area that is a little foreign to you psychologically

P: Yeah

AF: Sorry that it's so foreign. What I am doing here is... writing would probably be the best thing but this is next best. I would need a day or two of writing with you to do this but just looking at that box, put your pen [he points to the center of the page] in the center

P: [puts her pen at the center and then looks at him]

AF: and just watch the kinds of energetic motions or no motions that your hand makes. Just make lines in any way whatsoever. I don't know what they are going to do either

P: [Starts drawing] I don't know. This is what I usually do when I'm..

AF: Uh-huh!

P: Just...

AF: Hm... [Looks at paper fascinated] Oh... yeah... [Nods as he sees her making her sketch] Oh! Fascinating! [Kneels on the floor next to her looking at the paper now from the same angle as her]

P: This what I usually do, and when you have the dark pencil I make, you know, shadows. And I just don't remember what this one is about... [draws another few lines]

AF: Oh my god!

P: [Looks at him] I don't know if that is helpful...

AF: That's wonderful! That is helpful! Is that done?

P: Yeah, this one is done [She draws a few more lines as she says this] What else do I do when I sketch? I don't know... It's more like writing, then I start, you know, drawing messages

AF: Writing messages?

P: Um hum [looks at him and nods]

AF: Like what?

P: First usually... it depends how I feel. If I am Ok, then I go with a message to myself encouraging myself. So I say "Encouragement" message [writes on her paper the word "encouragement"]

AF: [His mouth drops open in amazement!]

P: Something like you know, "This too shall pass..."

AF: [Smiles]

R: Mm...

AF: Oh, a very motherly thing with yourself, "this too shall pass."

P: Yeah, to myself.

AF: Mm...

P: And then I ask myself to do a review of my life in terms of, "Tina" [looks at AF] "You've done this. You've been through much harder times"

AF: Mm...

P: "You can do it"

AF: Oh...

P: so again, in terms of reviewing in positive, remembering positive things that I've done...

AF: [Smiles] Mmm... Mmmmmm...

P: Then, unfortunately there's *a/ways*, *a/ways*, there's... not only sad things from my past, hard moments, they come.

AF: Um hum

P: Sadness, and then I feel pity to myself, then what comes? Anger.

AF: Anger at what?

P: You know... at... [looks up and away] Oh gosh...[big sigh] I can... my... No. Somebody from up there [point with her right hand at the ceiling] who sees everything down here – whoever it is, God or Lord or just asking "Why me?" Then disappointment... probably should be between sadness and pity... but um, and somehow I spend more time on this area [circles on her paper some of the words she's been writing on the lower part of her paper, I think sadness, pity, disappointment, anger area, but the paper isn't visible to the camera] rather than on reviewing the positive things to be done and rather than encouraging myself.

AF: That's wonderful. That's very helpful to me. Can we look at that picture here for a moment? I'm going to show this picture to Lily too. Is that OK?

P: Yeah! Absolutely

AF: This is quite an amazing thing! [AF takes the pad and brings it close to the camera]

P: [Looks at R and frowns]

AF: She made a one, two three, [to P] six?

P: Six

AF: Six-triangled thing with all different kinds of parts to it! [Sits back at the edge of his chair close to P who is now looking at the sketch with AF] And one of the most interesting things about this is that these sections with basically different kinds of designs in them,

P: [Nods]

AF: aren't they?

P: Um hum

AF: Did you start with this one?

P: No, I started with this one. This is one [she numbers the triangles in the sketch]

AF: You started with this one?!

P: Yeah

AF: Oh wow! And what's the difference between the first and the sixth for example?

P: ...

AF: *Very* different!

P: Um hum

P: Straight [makes straight horizontal movements with her pen in the air]

AF: *Straight* [makes larger straight horizontal movements in the air with his hand] normal life, yeah, and this last one is full of... [makes circular movements with his hand]

P: Um... Waves

AF: Waves! And very different. And here [points to another triangle] is lines too but they're angled

P: Vertical...

AF: Horizontal and vertical and here's some...

P: Waves but you know, shallow slow waves...

AF: Shallow, slower... and these are...

P: Lines with breaks...

AF: What are they?

P: Lines with breaks. They're not full solid lines, just like dash... [makes a quick, abrupt movement with her hand in the air]

AF: Yeah. Very different rhythms and what have you, aren't there here?

P [laughs]

AF: Huh?

P: It is!

AF: You're laughing! Why are you laughing?

P: It's interesting now! I see what you are pointing at!

AF: See what I am saying?! What am I saying?

P: It looks like different things probably and my life, my personality, is it a cycle that I'm going through?

AF: Yes! That is just right! And that's dashes and separations and how did you describe number 5?

P: Shadow
AF: Shadow! What is it like darkness?
P: Um hum
AF: Like the night or something?
P: Um hum
AF: That you can't see exactly... And that is... turbulence? Or...?
P: Probably turbulence, I was about to say hurricane [laughs!]
AF: Hurricane!
P: But you said turbulence which is also right...
AF: Turbulence and hurricane and vzooooo [makes circular motions with his hands] stirring and things like that. When you have time you should write a little story about each section. Take each section and make a story from it. Just a paragraph or two or something like that, because these describe the basic rhythms that are typical of you. You're very horizontal and normal
P: Um hum
AF: and you have all these other rhythms including hurricanes, you're a *wild* woman too somehow.
P: Oh, that's true too...
AF: But I think that last one doesn't come out quite enough (the wild one)
P: [Turns and looks at him with raised eyebrows] It *should* come out?
AF: I *want it* to come out more.
P: [She smiles, still with eyebrows raised] *You* as a hurricane!
P: [Big smile]
R: Hm!
AF: I think you'd look great as a hurricane!
R: Mm!
AF: [To R] Don't you think so? Can't you imagine that Lily?
R: Um hum!
AF: Huh?! Tina as a hurricane?
P: [Looking at him still]
L: I can!

AF: You look like a very straight, normal person, and you are but if you were...
What kind of character would you be if you were more like a hurricane?
[Throws his arms into the air]

P: [Looks at him, then down smiling]

AF: Because I think you are underneath!

P: [Nods]

AF: Aren't you?

P: [Nods and smiles]

AF: Yes! What would you be? If you could be a more artistic hurricane what kind of woman hurricane would you be? Or man hurricane whatever!

P: I would still be a woman!

AF: Yeah a woman, and what kind of

P: No offence! [Looks at him and laughs]

AF: No offence!

P: A woman but just to help me understand what you mean by hurricane give me at least a few options

AF: I said turbulence but you said hurricane so... Describe a hurricane first to me in words.

P: Oh! I know! I know! [Sits up, big smile] It's a wind that comes into a place [turns the pen that's she's holding on her right hand around quickly forming a spiral in the air]

AF: Stirs everything up.

P: Stirs and leaves.

AF: It stirs everything up and leaves.

P: Yeah, gone!

AF: So, what would a woman who was a hurricane be like? She'd come in...

P: I don't know but it's... I did that stuff, that I do hurricane, stirs everything up leave it and never go back

AF: Let's say I'm living in a house and you're going to be a hurricane coming into my house! Let's be kids for a couple of minutes and you would just stir everything up. I'm one kid and you're another kid, and Lily is another kid,

and you were to come into the house and you were to stir everything up, would you throw stuff in the air? Throw it out of the window? What would you do? How would you act that out?

P: I wouldn't throw it out of the way but I would make it my way, so your house would not be your house it would be mine

AF: [Mouth drops open, points at her as if saying, "that's it!" and laughs] How would you do that? That's great! *That's* what I am looking for! How would you do that? It's *your* house!

P: Yeah, I would probably do it the way I like it. I might ask you, you know, even if you disagree I will somehow make you [laughs] do it.

AF: [Puts up his fists cheering, smiling]

P: Make it my house! Take this pen [gives him the pen] because I am playing with it and it makes a stupid noise! Yeah, I'll probably, probably... See? I'm *not*... absolutely not a good person to live with anybody because everything has to be my way!

AF: [Speaks loud]I *love* it! No, I like it.

R: [laughs]

AF: [Speaks loud and fast] Lily likes it too. And how does it have to be if you're a hurricane? "It's got to be *my* way, and my way is this way!" What would your way be?

P: To just, you know, changing everything, probably redesigning the furniture and stuff inside. Making new habits in terms of like, if we were together in this house for a few days for example, mornings will be mine, you know, yeah, I can ask you, do you want a coffee? Do you drink coffee in the morning? But since we're kids we don't drink coffee but anyway!

AF: I'll be a kid! I like coffee!

P: Ok, so yeah, I would be, I'm very respectful, very respectful but if you expect me to live in that place, I'll probably arrange it to accommodate myself and then after I'm gone I'll probably go back to this straight line

AF: Yeah!

P: and I'll call you and apologize

AF: Yeah...

P: and I will be hard on myself for redesigning your place. That's what I do...

AF: I see! So that's what I want to suggest to you but *not* apologizing. I want you to say that you can go back to being normal but I want you to really feel freer everywhere – this is now the integration thing and it will take some time maybe to do but I will tell it to you first in words. Every time that you come into a situation, even this kind of thing, how would you – and you *did* redesign things! You took the chair from there you put it here! I should've seen it right away!

P: [Smiles]

AF: [To R, smiling] She's very creative in relationships!

R: Um hum!

P: [Beaming!]

AF: [To P] You *did* redesign things, in little ways, you know,

P: [Nods]

AF: and you needn't apologize because you can behave in all these ways but you're *much more* creative and crazy than you let yourself be. That is all there is to it.

P: [Stays still looking at him]

AF: You're much more interesting and you would have the ability to redesign everything... and you think it is terrible but I think it is great!

P: It's not terrible if I do that in my own place, that touches only me, but at work place, for example, when I do that stuff and my staff, my employees don't like it when I, all of a sudden, [snaps her fingers] come up with an idea and somehow it always ends up to be unwanted, and it turns out to be perfect thing [snaps finger]

AF: [Gives her the thumbs up]

P: but my staff cannot follow me.

AF: They can't follow you but you can explain it afterwards in a straight way too and I am sure you do.

P: Yeah, I do much much better, but they want things to be like smooth, planning ahead, no bumps in the road...

AF: No, that's not you! You are full of *very sudden* transitions. Each one is very, very different. Your nature is, you make very sudden creative transitions and you have many very different moods that you can have.

P: Um hum

AF: You're a very interesting character! You're an artist or something like that.

P: [Shakes her head no]

AF: Well, you're a life artist

P: Maybe [laughs] but I don't do any of that stuff

AF: No not art. I mean you're a very creative character. But now comes the... I want to ask you a question. When you came in here why did you put the chair here? Actually I think it is a great place but how come you did that?

P: When I came in I asked you "where do you want me to sit?" And you said "Any place you want, you can move the chair" and this was just I don't know the place where I felt comfortable [laughs] That's too much in the corner and that's not my personality to sit in the corner!

AF: [laughs!]

P: I cannot sit in the corner!

AF: I work with hundreds and hundreds of people maybe thousands

P: [Laughs] Nobody told you that?

AF: [Points his finger at her] You are the *first* person to ever do that!

P: [Laughs!] Oh my god!

AF: I *love* it and *that's* you!

P: That 's me [shakes her shoulders, smiles]

AF: I *love* it. And people like Lily and me and others who are also very creative with their lifestyles love that, and that's just who you are.

R: Hm...

AF: Putting you in the corner or telling you how to live...

P: NO!

AF: [Laughs]

P: [Laughs]

AF: is enough to give you a panic attack. You have to constantly be creating your life. Re-creating.

P: So are you saying I should keep moving every 2 years? [Laughs, looks at R then AF] Recreating?

AF: Maybe... Maybe [very serious]

P: I have been moving every 2 years to a new apartment and every time it looks different.

AF: Maybe... That's an artistic lifestyle. I understand that you don't identify as an artist, so that's just my word for that, but you just happen to be a very creative, have a *very* creative living style that is not like everybody else's. Thank god!

P: Yeah

AF: Most people are just dead...

P: Why am I still having a guilt trip whenever I'm talking to my mom again? Oh god it's hard...

AF: Oh my god! Yeah, she puts a guilt trip on you and you pick it up, instead of saying to her "Mom..." [Very loud voice] "Your life is right for you but it does not fit me!"

P: I'm saying it but later on I'm still having that feeling that...

AF: She's right. You believe her somehow. I understand that. That's the integration problem. Ok, now comes the question, this would be now... I'm talking with Lily at the same time, excuse me

P: [Looks at R and smiles then looks at AF] Oh, that's fine

AF: She's a primarily creative person. She's creative, what are you going to do?!

P: [Looks at AF while AF is looking at R]

AF: And she doesn't fit in a box very well, though the way she organizes, the way you organize, you saw there in her sketch, very, very structured, she has a very organized mind, but it's within very organized creative. So she's got all her education and all her background telling her she's wrong with who she is. So, now comes the dialogue, the slow work, the dialogue with

this very conventional part of her to get both parts to come together, and I think that's not a big job but it has to happen in a semi-organized way. So I'm going to make a suggestion to you. I'm not sure if it's going to work but it is fun. Maybe you're already doing it, you should write a dialogue between a very conventional mother and a very creative daughter. Have those two things dialogue a lot, and you should have a third party called the positive mother because that's very much in you too, something that loves you and supports you. That's my suggestion to you.

P: [Nods] Ok

AF: Does that make sense to you?

P: It does. It does. I'll start doing it.

AF: Yeah I would do that.

P: So, what do you think I'll get out of that?

AF: What a great question! That in itself... Nobody else asks that question! What a great question! What do I see as the outcome of that? [Takes time to think] I'm not sure because you're so creative that anything I say you will retransform... My guess at this point would be somebody who is very powerful, number one.

P: [Nods]

AF: [To R] Do you see that too Lily?

R: Yes, I do.

AF: Someone who is very powerful, somebody who is very directive and very helpful in her directive-ness, to other people, and constantly surprising, everybody. That's what I imagine!

P: Yeah! [Nods]

AF: That's what I image...

P: Yeah...

AF: Is that right?

P: [Big sigh]

AF: And that all those so called problems that you're having, all of that hurricane is just all your creativity and redesigning

P: It never stops. I don't have those moments when I want to relax. No! There is always something happening in my life

AF: Me too

P: and surprising others in my life surprises me!

AF: Aren't you lucky in a way too?

P: Yeah, I would say so. When I was thinking about mom again, when she said why don't I live like all woman my age in the community that are married having kids, you know, oh my god, I just cannot *ever* imagine myself living that life again!

AF: No

P: That life was terrible. I think that that caused my panic attacks.

AF: I do too. I think that you understand that perfectly. That's right.

P: Yeah, it was that. It's nothing else. It's not even having the child.

AF: It's the idea of family systems and of following a predictable rhythm that's really very much against you. It just doesn't fit your biology. Other kinds of people can lead a more standard rhythmical life like that, but you have 6 different rhythms! That's not going to work for you. You're not predictable.

P: Yeah, I was told that many times.

AF: [laughs, looks at R]

R: [Laughs]

P: I even cannot predict myself!

AF: I don't even know what I'm going to be doing either though! With myself I have the same problem!

R: Me too!

AF: You're in good company right now!

P: Welcome to the club! [Looks at R and burst into laughter] Oh my gosh...

AF: Welcome to the club! [laughs]

R: [laughs]

AF: [To R] Welcome to the club! Maybe you can join in too. How are you a little bit like her do you think?

P: [Looks at R]

L: I get into moods and I have no idea what they're about, and unless I stop and really go into it I can't figure out what's happening. Sometimes I do that through movement. If you were to see me from the outside you'd think, "She's nuts! She lost it! What is she doing there?" Then... I have no idea what I'm going to be doing next. Where I'm going to be living? Will I be here? Will I be in Greece? What will my life look like? What's my life about? And then when I hear you talk I think, "Yes! That's life! See? More people are leading their lives following themselves."

P: [Big sigh]

R: and I feel supported to follow mine"

P: I don't rely on other people.

AF: Say more.

P: Same thing when I would come to your house and..

AF: and redesign it!

P: I don't rely on people at all. Whenever I did it was a mistake. It's the same thing, like these 10 people are right and I am wrong or the opposite. It took me years to learn that 10 people can be wrong and I can be right, and when I learned it after I was trying to adjust to people to be more happy, more accepted in society and so on I was the most unhappiest person ever. I just realized that there was no person I could rely upon. If I assigned a task to somebody at work and they didn't do it I learned not to care any more. "You didn't do it? OK, I'll do it." Before I was very strict. I'm still scheduled. If you say 9.30 you better be there at 9.30. But I'm still trying to ease it up.

AF: Aha! But that is ok, being a little dominating is OK. People need it too. They need structures so when you put your structure onto other people most of those structures are going to be good for them too. When you do that some of it is going to be ok for the others. Well, you'll check it out and see but by and large I think it will be helpful.

P: So, I see myself, I'm 34 and I see myself for a long time alone, being single, living along, because first of all, not only I cannot rely on anybody but I don't feel ready letting anybody coming into my life.

AF: I'm going to say that differently. I don't know if you're ready. I'm not so sure it's your pattern just now. I think you would be ready but it's just not who you are in the moment. Knowing you, you'll probably change suddenly! 10 years from now, 5 years from now I don't know what you will be doing!

P: Yeah in that time yeah

AF: Right now

P: This year, next year I feel I definitely need to enjoy this journey of intuition [looks at R and nods]

R: Mm...

AF: Journey of intuition [thumbs up]

P: Yeah.

AF: You got it!

P: and I really hope I'll discover a new myself. But every time you discover yourself it is never the same person! [All three laugh!]

AF: She is on the right track! Isn't that beautiful?!

P: Really! I'm really wondering. I was told 'Yeah, you're different and you drive us nuts, and just leave us alone, and you'd better change otherwise you'll stay alone, and this and that and stuff, but I *cannot* go against myself anymore!

AF: That sounds *really* good to me...

P: So, whatever my intuition tells me to do I'll do.

AF: Here is my prescription for you: Every morning when you wake up ask yourself, 'What does my intuition tell me to do today?'

P: [Nods, smiles]

AF: You may not be able to do it exactly that way but you should know every moment.

P: Yeah! And I get stuff done when my intuition tells me to do it. When I force myself I don't do it!

AF: It's been a pleasure to meet you and to get to know you!

P: So good...Thank you very much...

Case 5: Woman with Arnold Mindell in private practice

Elapsed session time: 30 minutes

[While R is setting up the camera, AF takes pillows off of corner chair, P picks up a stuffed animal (Kermit the frog from the Muppet Show) from the chair]

P: [High pitch, sweet tone] Kermyyy...

AF: You want Kerm?!

P: [Holds Kermit in front of her face] Kermyy...

AF: Have a seat.

P: [Puts Kermit on a table on the side]

AF: You're sitting in the chair. I might as well do the same thing. Ann!

P: [Nods] Ann!

AF: Do you know what we are going to do?

P: I have my idea of it.

AF: [To R] Lily would you like to say something about how you met Ann?

L: Carol (Process Work student) told Ann about the research that I'm doing on panic attacks and Ann e-mail me and told me that she was interested in working with you on her panic attack experiences.

P: I've had mine

AF [Puts on his glasses] Right. You have panic attacks?

P: [Swivels her chair from side to side] Wow... you go from looking like a friendly elf to a deeply scholarly man, real fast!

AF: I do?! How do I do that?

P: You put the glasses on! [Laughs]

AF: Oh, my glasses! I am scholarly more now! [Smiles and nods]

P: That's how it looks suddenly [laughs] but you certainly have an elf and deep woods energy...

AF: *Oh, Yeah! Yeah!* [loud] I have like a... I'm very playful! That's why I have all my masks up there [points to the wall] and all my bugs [points to stuffed animals] and stuff!

P: Um hum

AF: Maybe you want to ask something more about me first, and check me out...

P: Um... No...I have an idea...

AF: I don't know myself that well so ask me anything you want, we'll find it out together. So, I want you to feel OK with me.

P: [Looks at him and nods] I do feel OK with you and I want to tell you my panic attack story because it wasn't very playful and fun.

AF: They never are... [Turns to R] They're horrible...

R: They are...

P: [Looks at R] Right. It's like, "Mama never told me there would be days like this..." [nervous laughter]

AF: Oh...

P: The first one was about ten years ago and I woke up and I was running down the hall in my apartment, panicked that I wasn't breathing.

AF: Where were you living?

P: I was living in Portland in an upstairs apartment by myself.

AF: Oh, are you from Portland?

P: No, but I've been here 20 years. I'm from (city in US) originally.

AF: Oh, why did you move out here?

P: I was sitting on a bus in (city) and I said "If I'm going to be the kind of person who has to ride buses and things like that, I'd rather do it in a place where it is pretty. And that's a big part of it.

AF: And did you find work out here?

P: Well I've been here twenty years and I've found work up to now.

AF: What do you do?

P: I was a massage therapist for a while. I always had a part time job typing. Then I went to graduate school in social work so I could have a better part time job than typing but that swallowed more of me than I thought it would. It's very demanding

AF: Social work is very hard

P: It wanted a profession and I came out very depressed but started a counseling practice. And then ten years ago when I had this panic attack and some other things were going on – I had hurt my back very badly – I let go of it all. I was working as a musician and a counselor and I kind of had to let go of all of that.

AF: Oh...

P: And coming back my practice has never really come back and I've worked part time in the mental health industry and they spit me out last March.

AF: Right, with everybody else. [AF is referring to massive layoffs that happened]

P: Right... after beating me up first.

AF: How did you find out about Process Work?

P: Over the years I would try to go to the Jung society meetings,

AF: Oh!

P: hoping they would be better than they ever were. But someone asked me to stand up and make an announcement because they couldn't go, for a Process Work thing and hand out some flyers, and the hackles that were raised... And I recognized, you see I had seen those hackles in the past about James Hillman, and I studied with him in college, I had that opportunity, he taught a course, so I wanted to know who you were if you got those chickens clucking! [Laughing]

AF: Oh my god! Yeah, they got clucking! That's funny!

P: So, I read your book, *Dreambody* and one response was I'm not joining another thing. Forget it!

AF: [Nods] You had enough of that!

P: And the other response was this guy thinks like I do!

AF: Oh, yeah!

P: But I still didn't care because I wasn't joining another thing, I'm burned out.

AF: Yes. You were a massage therapist, you know about that whole world.

P: That and I worked with a spiritual group or struggled with one for 20 years

AF: [Laughs]

P: [Laughs]

AF: That's fun! What a life!

P: Then, I live near (street in Portland) and I saw when the first neighborhood symptoms clinic was (P is referring to a free monthly three hour clinic that the Process Work Center of Portland organizes in a Portland neighborhood where people can come and work on their body symptoms with a certified Process Work therapist in the middle of the group). I could not get myself to go. The first night that I could get myself to go happened to be the night that (a Process Work therapist) taught it. I had a very powerful experience and I worked with him and I had an even more powerful experience and I have been looking around ever since.

AF: Ok. Thank you. It's great to know. It's amazing how we get connected to one another. Sorry, you were jumping right into things and I...

P: That's OK. You're lighter than I am and I'm [makes a movement with her right hand bringing it up to her shoulder and then straight down twice]
"Here's what I want to tell you! [Laughs]

AF: [Smiles and makes the same hand motion while talking] Ok! Let' see, what is it? Tell me about that panic attack

P: Well, I woke up, I was running down the hallway panicked [brings her right hand to the center of her body in front, between tummy and stomach, maybe the diaphragm] that I couldn't breath [presses with her hand that spot]. I had an unbearable sensation here [her hand is still on the same spot]. It wasn't a pain, it was a...all I could think that would be that upsetting would be touching a nerve or something...

AF: Ugh...

P: and I didn't sleep for 4 days till I finally got to someone who gave me Xanax.

AF: [Nods]

P: And from Xanax I got put on a high dose of antidepressants which had been given to me once in the past, and I've been on them ever since until last March when I got laid off, and I decided to use the opportunity of having no insurance to see if I could taper down. I was almost tapered down to

nothing when I worked with (Process Work therapist at symptom clinic). I would have anxiety but I could work through it, you know, I could breath it through but about six weeks later I suddenly crashed and started to wake up panicking that I couldn't breath. I could feel it again

AF: Um hum

P: and it got that every...it felt like I was floating away but not in a way that I could tolerate.

AF: The panic state itself?

P: [lifts her arms up from her lap all the way up above her head] It's like...
[Looks up and to the right] Right. It's like I knew enough that I could be calm looking at it but I still could not tolerate it.

AF: Yeah...

P: and it would rise up [repeats same movement of her hands coming up from the bottom of the tummy up through the center of her body all the way up above her head] and I was handling – I called it I was putting out fires every three minutes

AF: [Makes a facial expression, squints his eyes and presses his lips together that I interpret as saying "ouch"]

P: And I said, "Well this is not what I bargained for"

AF: [Shakes his head from side to side]

P: So I've gone back on

AF: [Nods]

P: on a smaller dosage which is stabilized me some. And a week ago the nurse at the free clinics told me that my thyroid is really low and they gave me a thyroid

AF: Yes

P: and I haven't been worried about myself since [sense of wonder in her voice! It's just a week!

AF: You took the words right out of my mouth! I wanted to ask you two things about your physical self.

P: Um hum

AF: The first was about the thyroid because what you describe, especially the coming out and going up in the air and the fear of that, people with thyroid problems say that all the time.

P: *Oh really?* I had *no* idea!

AF: Yeah.

P: I was working with a naturopath, I still am, and he was giving me naturopathic thyroid stuff, but it's not working.

AF: No.

P: I mean it wasn't.

AF: No. And the other thing that I wanted to ask you, do you have an acid stomach?

P: Acid stomach?

AF: Acidity, a burning sensation?

P: If I eat the wrong foods I get that but I don't get it regularly. I get it if I eat too late at night. But also I take digestive enzymes and I'm careful what I eat but I am interested in what your thought is.

AF: Um... Do you sometimes have the sensations of acidity in your esophagus?

P: No, it doesn't come up that high.

AF: But you feel uncomfortable sometimes, you watch what you eat and don't eat too late at night.

P: Right

AF: Some of the things that you describe, not that that's going to solve the problem but it can't hurt, acid stomach has also some of this panicky behavior – sudden spasms, nobody can figure out what it is... Always people will find out something good by working on it psychologically but you have to be careful physically. Do you know what an acid stomach is?

P: You are not saying that (curd?)?

AF: It's not the (curd?) that comes up into the esophagus but that irritates the bottom of the esophagus. Sometimes different foods or stressful scenes can irritate and you get a little bit of an acidity or a spasm or a cramp or a burning sensation.

P: I've had an unexplained cough for 20 years

AF: [Raises eyebrows]

P: that I know is sometimes food related, but sometimes I don't know what it is.

AF: You may... You can't loose much by trying something, maybe a couple of bucks but if I were you I would try it. Why don't you buy an over the counter acid reliever and just take one every evening before you go to bed. If you notice no difference just forget it but I just wanted to say this to you and to you [to R] because some of these things, especially the sensation of flight in connection with panic, that's almost always connected with a physical thing.

P: It doesn't feel like I'm going up. It feels like [repeats same motion as before with her hands] something is going up and dissolving me.

AF: [Nods]

AF: Great. Let's go into that now but those things need to be checked out and discussed and attended to physically. So you're checking the thyroid thing out?

P: Right. They're going to test me again.

AF: Great. And you are fifty....?

P: I'm 55, two days ago!

AF: Well, congratulations.

P: Thank you! [Smiles] What a birthday present!

AF: Two days ago! [Smiles]

P: [Smiles]

AF: So now let's talk about the panic attack itself. I don't have them so you have to describe it somehow in a way that know what it's like, give me the sense...

P: Well, I'll tell you one side of the worst thing about it, is a feeling of isolation. That there can be a million people there or the nicest people in the world, and nobody can get to me.

AF: [Nods] Hm...!

P: You know?

AF: No, I didn't but I...

P: That's the worst feeling.

AF: Um hum

AF: Nobody can get to you at all. The worst is that you're right there, there could be the nicest characters around you but...

P: Someone could hug me and it wouldn't matter

AF: Right, something

P: something has cut me off [brings her two hands down vertically in front of her chest in an abrupt movement] from everything...

AF: Aha! Great! Gotcha! [Nods]

P: That's not the whole of it but

AF: That's a *big* piece.

P: In a way that's the worst feeling.

AF: That's the worst thing about it!

P: That's the worst thing about it.

AF: That's great. That's important. That will be good for us. Yeah?

P: The sensation, I broke T12 [comes forward on the chair, puts her left hand on her lower back] in a car accident in 1967 so it is like [with her right hand draws in the air] rectangle, rectangle, triangle, rectangle, rectangle, my vertebrae.

AF: Oh... Ouch...

P: So there's been a lot of back stuff over the years. But anyway, the front [puts her right hand on the front, on that same spot that she had originally put her hand when she was describing the panic attack, so that now her left hand is on her back and her right hand is on the front on the same height] I don't know if they are connected but there's just a sensation that's just slightly on the left [brings her left hand now to the front and puts the palm of that hand on the spot that she is describing]... [Stays quiet for a few seconds looking up and to the right and then nods] it's around...

AF: Um hum... [Leans back on his chair, rests his hands on his lap, looks at her, listening]

P: it's slightly on the left and – it is Ok, come out a little more [as if she's talking to someone]... [Then shakes her head from side to side, presses her lips, exhales] There's a lot of parts

AF: [Nods]

P: in me that *don't* want this to happen

AF: Ok [calm voice, accepting tone]

P: don't want this to come out

AF: They don't have to come out – you guys don't have to come out [tone of voice is tender, like talking to kids]

P: Ok

AF: she can talk about it...

P: Just tell me about it

AF: Just tell me about it, yeah [Nods]

P: [looks down] Um...

AF: It's ok [reassuring tone]

P: It's a shakiness, it is a

AF: [Closes his eyes]

P: whoosh, it is a... I'm getting a picture of [her hands start coming up from her lap and when they're at the level of her diaphragm her right hand begins to make vibrating motion and then her hands stretch out in front of her] liquid erupting through a canal

AF: [With his eyes still closed] Yeah! Yeah! Oh, I can see that too. It goes right... [his right hand reaches out in front of him making slight up and down motions as it's moving from left to right forming waves]

P: And also at the time I had dreams of... you know how when an electric wire breaks when there's been a storm or something

AF: I sure do!

P: and it hangs in the air and goes “fsssssit, fsssssit” [makes motions with her left hand, her fingers vibrating up and down as her hands moves parallel to the ground from her right to her left]

AF: [Smiles] Um hum

P: I had a couple of those dreams... [Her whole body suddenly shakes almost autonomously and her arms go up in the air] and would wake up like that from that.

AF: Yeaaaaah! [loud voice] I see... Wow! You've got like lots of good stuff in there!

P: Is it? [Laughs!]

AF: Yeah! [Loud voice] It's amazing!

P: Ok...

AF: Awesome! [Loud voice, with excitement] You're awesome

P: And also there's a panic that I can't breathe...

AF: [Nods] Um hum

P: And the first time, I mean I would look in the mirror and say 'See! You know, you've been like this for two days'

AF: and you are still breathing...

P: you're breathing but [puts her hands on both sides of her waist and presses inward]

AF: but you still felt you can't

P: Right! And it was very...

AF: spasm

P: constricting – oh spasm you think?

AF: Yeah, the spasm. That may be connected with your tummy too, with a spasm in there...

P: And then I thought, well, having so much body fat [she is referring to her being obese] I feel suffocated by myself but this happened before I put on a lot of this extra weight

AF: Right. So let's pretend something easy to begin with.

P: Ok...

AF: Well I don't know how easy it will be for you, it feels easy to me, but let's explore withdrawing into yourself instead of that happening to you. You said in the beginning that the worst part of the experience was that feeling of isolation, that people even if they hug you can't really touch you...

P: [Nods]

AF: Let's explore just going inside yourself and withdrawing from me and from Lily a little bit. You're normally a very related, interactive

P: Um hum

AF: sort of creature, but let's pretend that you have the right

P: [Swivels her chair from side to side, her head tilts down and her eyes close]

AF: the OK-ness to just withdraw a little bit inside and just explore how that is for you when you do that...

P: I feel resentful

AF: [His mouth opens in surprise]

P: and I want to say, "Well now what do you want?"

AF: Ha! Aha... I don't want anything. [Tone of voice soft and low volume] I just want you to check that out. Resentful...

P: Well, it's really screwed up [crying] inside here

AF: It is?

P: Yes...[after a few second] Don't make fun

AF: No.. [After a second] Aha ... Oh... Right... [Nods and stays quiet] Um hum...

P: [Her chair is turned to the right, facing away from AF, puts her hand in front of her eyes] What do you want me to do?

AF: [Very soft, tender voice, low volume] I wanna know a little bit about what's screwed up... if anything at all. What do you mean screwed up?

P: Screwed up, it got dark... [Kicks the floor with her right leg, her hand is still in front of her eyes, head tilted downward] ...(silence for 30 seconds)

AF: It got dark...

P: It got dark and there were hands and screaming is what I'm hearing...

AF: Mm...

P: but it's hard for me to give credence to this.

AF: Um hum

P: OK, even though it's hard for me to give credence I'll listen.

AF: You said it's screwed up in there. That doesn't sound like it's screwed up to me. It sounds like there's hands and screaming.

P: and I hate them

AF: Yeah

P: We can't do this.

AF: OK. We don't have to

P: We don't have to, he says.

AF: You don't *ever* have to do anything.

P: But how can we get fixed if we don't?

AF: What needs fixing in there?

P: Being scared and hidden in here and tucked away...

AF: Mm hm... Oh...

P: [Sits with her hand still over her eyes and her right foot moving so that the right side touches the ground and then lifts up again, alternating between those two positions]

AF: Hm... What a relief it is to me to hear that

P: What's that mean? [Voice is softer, a little higher pitch than before, it sounds to me almost like a child's]

AF: It's a relief. [Tone of voice is soft and volume is low] I feel really connected to you when you say that.

P: Scared and tucked away? [Loud voice, deeper pitch]

AF: Kind of...

P: ...

AF: Yeah...

P: What's he talking about Ann (this is a pseudonym) [laughs]?

AF: Oh sorry, I should have told you. Ann, I can tell you what I'm saying, you can stay in there or stay partially in there and listen, or whatever you want to do. I want to say that when you close your eyes and go internal like that, something in me, I feel rel... I don't know it's the weirdest thing, just the opposite, I feel related to... more. Something in *me* is tucked away too and can come out.

P: [With her hand in front of her eyes still] Oh really?

AF: Yeah, when I see you do that, something in me wants to say, a part of me is tucked away too and with your permission at another point I'll show that to you... what's tucked away.

P: [Slight shake of the head backward] There's another experience going on now [loud, deep voice]

AF: Um hum

P: which is like an arrow going into my back [leans forward, her right hand still in front of her eyes, her left moves to her lower back making a motion of an arrow going to her back] "tsuuuch"

AF: Um...

P: I don't know if that's a picture of the accident or what

AF: [Remaining in the same position still, leaned back, listening to her]

P: The accident motion was forward but it's like [pushes abruptly with her left hand the spot on her lower back making her body jerk forward] "aaaa"
(sound of pain)

AF: Wow! [Loud voice] A *straight* arrow.

P: And *that* is horrible...

AF: That's awful [loud]

P: [Sits with her hand in front of her eyes]

AF: What is that thing? Is the arrow killing you? What is it going to do?

P: It hurts too terrible...

AF: Um hum...

P: Is this the car accident?

AF: Maybe...

P: because I don't remember. I don't remember maybe you showing me things...[voice is softer]

AF: Hm...could be...

P: [Hand goes down, eyes remain closed, voice is louder and deeper] It's like... it was too terrible and they were pushing me down and they would not listen to me

AF: Where is this?

P: and I keep yelling, "My back, my back!"

AF: Oh

P: at the car, in the hospital, it was in New Mexico

AF: Ooo... Um hum... Ouch

P: So was that the hands? Was that the hands you were telling me about that you didn't like?

AF: Hm...

P: [Silence for 5 seconds] Yes. [Loud voice, nods head]

AF: Um hum

P: Yes and I don't want to have... it's like... that ...upset my sense of safety in the universe,

AF: Um... I'll bet...

P: and even once I was with people they wouldn't listen to me and I couldn't fight them and I couldn't get them to stop

AF: Mm...

P: [Nods] ... Now I feel like I wanna throw up..... I won't. It's not even close to physical.

AF: What happened there? Somebody really hit you *hard* with that car...

P: I was asleep next to the driver's seat – in fact the last thing I remember is saying "Is it OK if I go to sleep?" and she said "Sure" and then evidently we went, she passed out

AF: Ah!

P: and we went off the road and hit an embankment, one hit

AF: Ah!

P: and then went up and then second hit down into the desert

AF: Oh my god...

P: so there were two impacts

AF: Yeah...

P: and the guy in the back seat was killed

AF: Aaa!

P: because the seatbelts had screws sticking up where they were bolted to the floor, so he was lying down and he got killed on those

AF: Oh...

P: And what I can figure out I did was snap forward which crushed the vertebrae and I was pierced here (touches her right cheek) by the handle, and then the handle on the dashboard, they said, was pushed all the way in

AF: Ah...

P: and my eye [touching her right eye] did that.

AF: Oh...

P: so I have double vision now and no sense of smell

AF: Oh my god...

P: and this back

AF: Yeah...

P: my back my back my back my back my *back!*

AF: Right...

P: My *back*

AF: Got it.

P: And Irene was pregnant. She was pregnant. I kept telling them she was pregnant and they put me in the pregnancy ward.

AF: Ugh...

P: I don't remember this, this is what I was told, but inside I'm not really hearing it, but it is like "My *back*, my *back!*" and struggling against hands

AF: Mm... Aha! Hm...

P: [Makes motions with her hands in front of her body like pushing something away] Stop! Take it off of me.

AF: Yeah. What are they doing those hands? They're putting them where they don't need to be!

P: [Still with her eyes closed] I wanna get away from them and they keep coming closer.

AF: Hm...

P: [Puts her hand back up in front of her eyes]

AF: Hm... Um hum...

P: Did putting them where they don't need to be mean sex?

AF: Hm...[waits a few seconds noticing her] No. I wasn't thinking of that.

P: [Staying still with her hand over her eyes]

AF: They put you in the pregnancy ward so I thought they were checking your tummy out and all sorts of things.

P: [Her head goes back] Oh! Ok...

AF: that is what I was thinking ...

P: Ok [nods]

AF: Um hum...

P: Because they did not do sex and maybe they didn't even do anything bad but I was so panicked

AF: Yeah... [softly]

P: and wanted to get away

AF: Yeah [loud]

P and I, me Ann, conscious Ann was not present

AF: Right...

P: but somebody was in here...

AF: *Oooh yeah!* Someone who is *lucid* even when she's in an altered state.

P: I hated it.

AF: Um hum... I'll bet.

P: I'm scared of that stuff happening again

AF: Yeah, it was a near death experience

P: [Stays silent for a few seconds] There's something someone told me and I am looking inside to see if it matches an experience I have.

AF: Mm...

P: [To herself] I was. [To AF]I was out for a long time

AF: Um hum

P: and years later, someone who looks at past lives and that kind of stuff, said "Well you thought you had an exit out but you had to come back"

AF: Um hum

P: and they laughed, kind of like I had tried to take a short cut but it didn't work.
But that's what I'm looking for inside of me, is that my experience or?

AF: Right.

P: Somebody says "I want to be dead" straight [her right hand goes to the center of her tummy and moves straight up] dead [hand moves straight down] center [the movement has a crisp, definitive quality to it]

AF: Yeah, clearly! Let's pretend you were dead. What would that be like to be totally dead?

P: [still for 5 seconds then head goes back and leans against the back of the chair]

AF: What do you think it's like to be totally dead?

P: [Head tilts down again] Wouldn't have to go to this body again

AF: Hm! [Smiles] Right. No pain, less pain

P: Wouldn't have to do back to that family.

AF: Oh, *the family*... the family thing

P: Would get to go other places

AF: Yeah...

P: even though I'm not sure what they are now.

AF: Yeah!

P: Would get to go *magic* places

AF: *Magic* places! Some interesting magic places and would not have to go back to *that* family..

P: Stupid boring dead places, yeah...

AF: Yeah! [loud] dumb stuff – you'd go to *magic* places [childish, playful voice]

P: Yeah! [smiles]

AF: Yeah! A smile! [Laughs]

P: [Laughs]

AF: Yeah! Magic places! [Laughs] What magic places could you go to if you were like kind of dead?

P: Well, maybe there isn't really a Narnia but places like that.

AF: Where?

P: Narnia, the CS Lewis stories with Aslan the Lion.

AF: Oh really! [Excited, playful tone]

P: Adult Ann says, very good but Christian Allegory.

AF: Wonderful!

P: But I like magic stories where there is people who are nice to you

AF: [Nods] Ha! Beautiful!

P: and people who are smarter than you and can help you with things

AF: A! Wonderful... Narnia!

P: [Nods emphatically] Um hum That's one of them.

AF: Narnia is a place? What's happens there?

P: A place where there can be fairies...

AF: Oh...[child's voice, excited and smiling] fairies...

P: Yeah... *magical* fairies...

AF: Oh! Yes! Magical fairies...

P: and people are nice...

AF: Um... kind, good hearted.

P: [Nods] Right. [Nods again]

AF: Ummm...

P: Not my stupid family.

AF: Really!

P: We're too smart for that! They're intellectuals!

AF: Oh, yeah, wonderful but not in Narnia!

P: [Nods]

AF: No, in Narnia people are just kind

P: Right. They're smart in a different kind of way.

AF: Yeah, they're feeling wise smart.

P: Sometimes... I want to live on a stone at the edge of a stream but it's like so tiny

AF: [looks at her smiling] Aha...

P: but I'll be at a stream or I'll just think of it

AF: Um...

P: and it's like live under a leaf!

AF: Oooh...

P: and I

AF: lovely...

P: I *like* that life... [soft voice]

AF: I know you would

P: And we flit around...

AF: Yeah...

P: and the water shimmers...

AF: oh yes!

P: and that's where we are and we all kind of shimmer together.

AF: Yes...

P: I like it.

AF: I *love* that, I *love* that... Yeah...

P: I'm wondering if you know what I mean...

AF: I sit by the river and I see bugs, little flitting things like that,

P: A ha

AF: and then I see the water go ripple, little tiny ripples, and another bug will go rippling along

P: A ha [nods]

AF: and I just love that!

P: You do?!

AF: I do! In Yachats Amy and I go and sit by the river and we look at the little bugs and talk about what *their* world is like

P: Oh... little, little, little

AF: Yeah, little teeny bugs!

P: That's what I like

AF: Yes!

P: It's a very brilliant and vibrant [moves her hands out to her sides and vibrates them] radiant world...

AF: Yes! Yes! Brilliant and vibrant... Incredible... and light hearted...

P: [Nods]
AF: and they make these vibrations on the water surface
P: And then the water answers back
AF: Oh my god, I adore that stuff. What a place you live in, you'd like to live in
P: Yeah...
AF: Mm...
P: but I got this stupid place and President Bush instead
AF: Oh I forgot about that. That's right! But before we come back to President Bush though
P: Uh huh
AF: how about that *leaf*? What's it like under the leaf? What's it like to be a little something under the leaf? Are you a bug? What are you?
P: Nooo! A bug is like a pet when you ride it.
AF: [Laughs] That is right!
P: What am I?
AF: Yes
P: I guess I'm like a teeny Peter Pan.
AF: Ha!
P: It's like I'm not a girl in a dress or a boy with a sword and stuff either
AF: Right...
P: I'm just see a teeny little Peter Pan in there.
AF: Yes...
P: And I have this weird... [she cracks up laughing] I just heard, we talk to each other and it has... what is this...?
AF: Peter pan
P: [Squeaks] eeeioouu eeei, and everybody tieeee, tieeee, tieee goes about their business and we live, and sometimes some leaves get like a cup and we'll sail them like a boat around in the water.
AF: Oh...
P: But I like to always come home to my rock that's right on the river
AF: Ugh...

P: and I park my little boat
AF: Yeah!
P: and I go in
AF: Mm...
P: and there is my leaf [puts her hands above her head forming a leaf]
AF: Mm...
P: and I guess I have just a little magic light
AF: Um hum
P: that I turn on and I sit in my little place and I see the lights go on in
everybody else's little places and I'm just happy...
AF: Mmmmmm...
P: I'm happy to be there.
AF: Yes! Yes, you live there and everybody else's lights go on at night and you
got a little cup and you can sail around in the day if you want
P: [Nods]
AF: and [squeak] wiigi wiigi wiigi...
P: [Nods and smiles] It's like I almost can't say it with my human voice because
it gets too cutesy and it's not cutesy at all. *It's full, fiercely joyful!*
AF: Yeeees....Yes! You live right by the water...
P: I like that. I have protection [makes the shape of the leaf above her head]
AF: Yes...
P: and I am right on the edge of the water. I like that.
AF: You're right at the edge of the water...
P: Um hm... I like that...
AF: Yeah...
P: At the beach I used to like to lie down and everybody thought that I was
asleep and I could hear the water and I could hear the conversation and I
didn't have to be in any of it. I always liked that a lot
AF: A lot. This is a big important piece of the whole thing
P: Not to have to... do anything
AF: Right. Not to do what everybody else is doing and think what they think

P: Or get involved with all that...

AF: Stuff

P: Stuff!

AF: Right!

P: Some of it I know is crap but some of it I don't understand and think something is wrong with *me* for not understanding

AF: Yeah...

P: but as I got older I found out that if I didn't understand it, it's cause it's crap

AF: Yeah!

P: It didn't resonate

AF: You know that.

P: I know that a lot more now than I used to. I thought when I grew up then I could know what the grown ups were talking about, when I knew what they were talking about!

AF: Right!

P: [Lifts the right side of her vest and hides her face under it] Stop! Stop! Stop! I don't' want it!

AF: Right! My god...and all these bugs, I just want to finish that little piece because it got so interesting, all these beings under the leaves...

P: Uh huh [nods]

AF: Were there different things that these beings do? I mean do they... in this Narnia like place are there like sailor beings or healer beings or do they just have different kinds of things?

P: Oh... I never let myself be there long enough to find out!

AF: Right!

P: Let's see [closes her eyes]

AF: Yeah, I want to know more about what's under the leaf. Who that is... What kind of being is that? She's got a light for the night...

P: We laugh a lot

AF: Hm!

P: I just found that out...

AF: Yes!

P: We love Aslan the lion when he comes...

AF: Aslan the lion?

P: He's kind of the Lord of all the realms

AF: Oh...

P: and the humans and the fairies know him and love him

AF: Oh... Ha! Aslan the Lion...

P: It seems like a little Tinkerbell or Peter Pan going [puts her hands on her waist and speaks loud in a squeaky voice: "Do you mean I have a job? Forget it!"

AF: Forget it! She doesn't work at nothing!

P: She doesn't have to have a job, she's just there

AF: She's happiness.

P: They're joyful and they have happiness with each other

AF: They don't work at things

P: Well, let's see. [Closes her eyes] Is there any working at things? Does somebody paint or sing?

AF: Let's see.

P: I am looking.

AF: Tinkerbell, yeah.

P: Listening...Somebody sings at night when the sun goes down

AF: Mm...

P: and it's the kind of song that everybody hears.

AF: Hm!

P: It's coming from over on the right...

AF: Um hm...

P: and it's an important song. It feels like home and it makes you lonely for home at the same time.

AF: Oooh...

P: It's like you want it and it gets satisfied and you want it gets said. And it's definitely a song someone sings and it's a female who sings it

AF: Oh!

P: and she's deep in the earth – is that is?

AF: Maybe...

P: We all listen to her as the sun goes down and she comes and kisses us...

AF: A...

P: and she doesn't have that much of a form but we know she comes and kisses us

AF: Oh.... Oh...my god...Oh... Ah... It's touching... yeah...

P: and I don't know more now but I *do* know that I can visit the one who lives under the leaf.

AF: Mm...

P: [Stays silent a few seconds] Wow! She's with me all the time...

AF: Yes!

P: but she's so delicate and tiny and small that the slightest thing out here and she's gone

AF: Oh! Yeah, right, a tiny little thing and if too much happens outside she is "fsssit" you can't see here anymore.

P: Right. Back under her leaf in the fairy world [nods]

AF: Right...

P: and the singing lady...

AF: Yeah...

P: [stays silent for a few seconds] I have to visit more to learn more

AF: Yeah...

P: my mind wants to and I don't want to...

AF: Yeah, it has to listen to her song...

P: Yeah [nods]

AF: Yeah... one day..

P: [Stays silent for a few seconds] God, what a song...

AF: Beautiful

P: The little ones saying "we like it"

AF: We *love* it! [In a child's voice]

P: [Nods] You should do...we're delicate as a butter cup is what they're saying

AF: Mm...

P: But the singing lady knows us and the singing lady takes care of us.

AF: Um hum...

P: and...

AF: Yes

P: Why do we have to have a job?

AF: No job there. She takes care of us.

P: Right [Nods]

AF: We need something and the singing lady will take care of us.

P: It's just in the world

AF: Yeah, that *is* the world.

P: The fish are there and the sun is there, and that's just it

AF: Just happiness...[says this at the same time that P says:]

P: We're happy [smiles]

AF: A happy Narnia kind of place...

P: [Nods]

AF: What a great place to be.

P: Um hm... [Noding]

AF: Yeah... My goodness! That is so illuminating and magical...[Smiles]

P: [Nods] It's magical...

AF: Yes, it's magical

P: I wanna know the singing lady [definitive voice] – this is more conscious Ann

AF: I want to know her too. Conscious Army wants to know her too! Maybe she'll manifest herself and maybe not. Let's see if she will sing to you...

P: She has a singing that's like the whole breadth of the land [opens her hands wide]

AF: Yes

P: Well, Ok! Singing lady can I spend time with you?

AF: Um hum

P: [Stays silent for a few seconds] A! It's *you* that I want to feel here [touches her tummy in the spot where she was touching when she was beginning the sensation that she feels in there]

AF: Um hm

P: and the disturbance is your loss... [stays silent] Can this [still touching her tummy] be your land and you sing here?

AF: Hm!

P: Because she can sing through land.

AF: The whole breadth of the land is where she said she sings. Did you say she sings the land?

P: This is land [taps her tummy]

AF: Yes, that's the land.

P: and would you sing through my land here?

AF: Um hum

P: And it feels very... good.

AF: Mm [Nods]

P: Sometimes I see a red faced woman, like a Native American, but I'm so cautious about putting limited forms on her

AF: Mm

P: But singing lady is an Ok handle.

AF: She's ok and she's singing right there.

P: and it's OK to call her singing lady

AF: and on that land she is singing

P: Sorry I didn't hear you

AF: In that land or on that land she's singing.

P: Right [the palms of her hands are still resting on her tummy]

AF: Right where your hands are.

P: Let me be the land that you sing through

AF: Oh... Aha...

P: That's it. Let me be the land that you sing through [touched, cracked voice]

AF: Yes, there you are.

P: The "Who's singing?" kind of echoes through me...

AF: Mmmmm...

P: Oh, there's a feeling of, here on the left, there's a feeling of warmth

AF: Um hum

P: this is unfamiliar.

P: [Stays silent for a few seconds] and I'm thinking "I want *you* to sing through me. I want *you* to hold me...

AF: Mm...

P: "Let me be the land you sing through because I'm part of it too. I'm not separate from it.

AF: Um hum... Let us be the land *it* sings through...

P: I like that...

AF: Mm...

P: And it feels like I have a backbone right now

AF: Um hum...

P: instead of a collapsed one....

AF: Mm...

P: I'm worried I'm taking too much time

AF: You sweetheart. That's not possible. In the real time world we have another 13 minutes or more, something like that,

P: Ok. Ok [Nods]

AF: whatever you need to take.

P: So, singing lady, I said to *you* how much I want *you* to sing through me, and I guess I want to ask, is there anything you want from *me*?

AF: *Oh! Nice... Yes!*

P: I want you to call me

AF: *Yes!* You wanna be called.

P: Yeah, it's really OK to ask for you? She says call me, you know the number! [Laughs]

AF: Aha! Aha... You *know* the number. Yeah...

P: I'm getting a picture of like a harmonica reed, that little metal flap inside one of the holes of the harmonica.

AF: Yeah...

P: Ok... What about that?

AF: It's a reed

P: [Stays silent for 3 seconds] It's another picture. It's like I'm the reed and she's vibrating me and making a song.

AF: That's it. That's right.

P: She really is a spirit. Not a woo-woo Halloween spirit but a *real*... Wow! [Her face lights up and smiles from ear to ear]

AF: Yes!

P: I like *this*! [Big sigh]

AF: Yes! *Me* too. She is a spirit and speaks and sings

P: [Nods emphatically]

AF: using you to do that.

P: Yeah...

AF: You're her reed.

P: I *like* getting in line for this...

AF: Yeah. This is what it is to be in line...

P: [Takes a big breath]

AF: Mm... you're her reed

P: [Nods] and my mind is going off and there's a Rumi quote

AF: I don't know that. I love your mind too. What does *it* say?

P: Rumi, you know Rumi?

AF: Oh yes... I *love* him

P: One of his most famous lines is about the river reed

AF: The river reed?

P: Right, that God plays through. I'm not saying it as beautifully as he says it but it's the tale of the reed.

AF: Great! River reed that God plays through.

P: Right... and she says, you're not exactly the river reed, she's showing me the harmonica again, and I think that is my bluesy boogie-woogie self [laughs] – you know?

AF: [Laughs]

P: It's not going to be lah-de-dah music!

AF: Bluesy boogie what is that?

P: Bluesy boogie woogie self!

AF: Oh!

P: That's some of the kind of music that I like

AF: I see, it's not going to be quite that, no..

P: Well, it's like that's the kind of reed I am.

AF: Aha!

P: It's not just the delicate river reed, it's the harmonica reed!

AF: It's got some

P: It's sturdy

AF: bluesy boogie woogie stuff

P: boogie woogie stuff in it. Right!

AF: Yeah you got some bluesy boogie-woogie.

P: Right

AF: You're that kind of reed

P: [Nods] *That* kind of reed!

AF: That's a good kind of reed! [Smiles]

P: A clarinet reed.

AF: What kind of music does bluesy boogie woogie reed make? What's that sound like?

P: Oh, you wanna hear it?

AF: A little bit! If that's OK with everybody in there...

P: There's a little shyness... let's see

AF: I'd like to know a little bit

P: You know, I sing Yiddish things too

AF: Oh wonderful! Whatever comes up right now. Be the reed for one minute

P: [Closes her eyes] Let's sing a song. What would you want to sing?
AF: Aha
P: [stays quiet for a second] I'm almost too embarrassed to sing that [smiles]
Ok! [Laughs]
AF: Ugh! [Laughs] Whatever she wants, you know.
P: Oh, let me ask the lady, the singing lady, what song shall we sing?
AF: Yeah! Yeah!
P: [Shakes her head from side to side and smiles] I keep censoring it but here we go:

[She starts singing with an AMAZING loud booming blues voice...]

I want a little sugar in my bowl
I want a little sweetness down in my soul
I could stand some loving oh so bad
I feel so funny and I feel so sad
I want a little steam on my clothes
Maybe we could fix things up so they go
What's the matter baby come on and soothe my soul
I want some sugar in my bowl
And I ain't foolin...

AF: Mmmmmmmmmmmmmmmmmmmmmmmmmmmmm....
R: Ugh... Ugh... Ugh...
AF: Oh! That is so....
P: That's cool! I like to sing with *that* feeling...
AF: Oh, that is soo good the feeling, "I want some sugar in my bowl. Something sweet. Yeah. Oh my god! Oh Rumi, he never had it as good as this! [Smiling from ear to ear]
P: [Laughs]
R: [Laughs]

AF: That tinkerbelle spirit or whatever she's called knows how to use you!

P: The lady that sings through the land...

AF: The lady that sings through the land!

P: Yeah...

AF: Yeah! That's who she is and you're the land...

P: We all are...

AF: We all are the land

P: And as Mel Brooks says "I happen to have the mouth" [Cracks up laughing!]

AF: This is it! Woooo... She's wonderful

P: I like this. I like this a lot. It feels like... this warmth through here [points to the front of her body from her chest to her tummy] is something I've wanted a long long long long time...

R: Mm...

AF: Mm...

AF: Um...Yeah... That's the sugar in your bowl... You can have as much of that as you need...

P: [Laughs]

AF: That's good stuff. Wow. Well, in the real time world, whatever that means, we have another few minutes...

P: Ok [rubs her eyes]

AF: You don't need to

P: I'm gonna come back

AF: You don't ever have to come back completely...

R: Mm...

P: Tell me more about that

AF: That's the important thing. You can come back as much as you like but gosh... you don't want to *ever be only* the realistic person. That's not your nature

P: I'm a miserable failure at it [laughs]

AF: Well, you'd be miserable trying to do that.

P: Right! [Nods]

AF: That will never be quite 100% of who you are. That will never quite work.
No. This is a big piece of who you are.

P: [Nods]

AF: I want to say 98% Oh! Your eyes opened up too.

P: [Nods] Um hum... [Swivels her chair and looks at AF]

AF: Yeah... [Looking at her]

P: Hi

AF: Oh... yeah...

P: You're fun...

AF: You're... moving... You're fun too and you are moving... [Turns to R] She's awesome...She's awesome...

R: Mm...

AF: [Turns to R] You're awesome. It's awesome. Something loves to use you.

P: [Nods emphatically] That's what I want to learn more about...

AF: Something wants *your* life.

P: Um hum...

AF: and it looked like – this is for Lily at the same time as it's for you – this is a panic, I don't know what to use the term about there, but something is looking for you, like you're looking for something, it's looking for you.

P: [Nods]

AF: It wants a big piece of you. You're its land – we're all its land but you're its mouth

P: [Nods] Um hum...

AF: as you said... and it looks like agony, near death experience, it'll use anything to be able to come alive in you, to make the ordinary self more relaxed so that you let this kind of trance-like depth that's really characteristic of who you really are, so that it can be you, you can identify a bit more with it. Your normal extroverted self is great, you know, but this is like *another* self.

P: [Nods]

AF: It wants to be identified with slowly and it wants your life, so to speak, in a positive sense.

P: [Nods]

AF: I mean you know that.

P: [Nods]

AF: You can feel it [points to his chest] It feels a little better. That's what comes as panic. It comes out as a panic if you... It's terrifying. You've got such a power that to be in contact all the time with it would be scary.

P: So, lets say I'm in a panic or I'm feeling anxiety, I'm being afraid I can't breath

AF: Then ask yourself, if you were ready

P: Then ask to spend time with her?

AF: Even before! Like once a day, ask the singing lady what she wants the breadth of the earth for today.

P: [Nods] Uh hm.

AF: The reed. What can you do for her?

P: Wow...

AF: What is wanted? It's like your body is being created by some spirit, I think the Australian aborigines would say this to you too, that this [points to her body] wants to be used [had he completed his sentence I think he'd have said something like, "by the spirit"], that the *real* you is the singing lady.

P: [Nods]

AF: and it wants every day to... [had he completed his sentence I think he'd have said something like, "to manifest, to express herself"], you're its reed.

P: [Nods] I can do that

AF: If you can do it 24 hours a day you can understand yourself that way.

P: Wow...

AF: If you have to do something [makes quotation marks in the air] "real," whatever that means, pay a bill or talk to somebody about something, begin to do it but [closes his eyes] ask the singing lady for an inner song in the moment, and listen to it and use it – bring it out in reality then somehow.

P: [Nods]

AF: That's then the larger task of you'll integrate that. I do that all the time. I sort of close my eyes, that's how we all started, sometimes I fee, "Woah I've got to withdraw from the normal world"

P: Um hum

AF: You have that a lot. I can see it.

P: [Nods]

AF: Just do it and let your dreaming in the form right now of the singing lady, sing you a song, and she'll tell you how to deal with things. You can dialogue with her beautifully about it if you don't like what she says but I think most of the time it's going to work perfectly.

P: [Nods] Thank you...

AF: [To R] Isn't she beautiful... That was an honor to be...

P: It feels like you helped me, it feels like a birth has happened.

R: Mm...

AF: Yeah...Beautiful... there's something really lovely... Well, there's a lot that's in there... It's beautiful. You're beautiful. It's beautiful. Something totally incredible. You're *really* lucky.

P: [Nods] I feel it...Part of me doesn't feel lucky at all (?) the pain but

AF: No. I hate that you had to go through all that pain to get there

P: I have this feeling of wonderfulness at discovering who's in here.

R: Thank you both!

AF: Wow... I lucked out today!

Case 6: Man with Arnold Mindell in private practice

Elapsed session time: 30 minutes

[P walks in and sits cross-legged on a cushion on the floor. AF sits on a cushion across from him]

AF: [Are you working at something or studying something?

P: [Tone of voice is deep, and volume is low] Sure... [laughs] I'm not sure what to say, I'm a massage therapist

AF: Oh! [Looks at R] Well, we're all the same thing

P: Yeah, yeah, absolutely [Looks at R]. I've only just started the last few years. I've only been legal in Oregon for just a few months.

AF: Do you have to have a license in Oregon to be a massage therapist? [Looks at R]

R: I think so.

P: Yeah, yeah

AF: Sounds good to me.

P: Yeah, I try not to define myself too much

AF : Yeah, I know what you mean

P: [Smiles] I can't open my mouth without lying

AF: [Laughs] I know! I *do* understand. What kind of experiences have you been having or have had or are having with panic?

P: That's a pretty broad question

AF: Shall we just step into it?

P: Sure, why not. There is no dividing line. Is there? "Now, we've started!"

AF: No!

P: [Laughs] Well, I've probably actually been panicking all my life, you know, but have never really identified it as some particular "This is that kind of experience" you know, until maybe a decade ago, I was diagnosed as panic and depression, you know, sort of opening up all kinds of psychiatric categories and stuff like that... and um... my experience of it is...

AF: What's that like?

P: Well, you know, it's really hard to say...

AF: Have you experienced yourself being depressed and panic connected to depression, like they say?

P: Yeah, I think so. I mean now they conflate like manic depression and depression with anxiety. I don't know. I know at least as far as drugs that they prescribe, they're the same.

AF: [Nods] Um hum. Do the drugs help?

P: Some do, yeah, sure.

AF: Oh.

P: I regularly take an antidepressant, Efexor, which *pretty* much ensures that I'm *not* going to have a full blown, you know, kind of freak out sort of panic attack. That's pretty much why I take it...And I usually have Xanax, in case I *do* have...

AF: [Nods] Um hum

P: But my original experience it really was like an attack. I really wouldn't have much warning at all. You know, [snaps fingers] just like that I'd be in that state...

AF: Oh... yeah...

P: [Nods] and *convinced* that I was about to die. You know?

AF: Oh... I don't know myself personally. I mean, I've had things like that but never that panic thing. What is it like? You feel like you're going to suddenly die?

P: [Body leans forward] Yeah... and it really is sort of a...

AF: Like heart racing and...

P: Sure, yeah... it's like all these things [brings his hands up the front of his body and at the level of the chest opens them up with palms facing upward] are going on and you just have the conviction that *something* is wrong. It must be because I'm freaked out.

AF: Yeah [looks at R]

P: [looks at R] and of course you really can't see anything. So I always typically...you know, a *little* bit of medical knowledge is *terrible*...

AF: Oh! Worse..

P: especially for somebody with imagination! [Smiles] So I think, "Well, this must be what an asthma attack is like. I think I'm having my first asthma attack. I'm probably about to *suffocate* or a *heart attack* or something like that.

AF: Right.

P: Early on I would have to... I'd look in the mirror and make sure, "Oh, look, my face is red I can't be having a heart attack, I'd be clammy or something if I weren't getting enough blood oxygen!" But, you know, it's an *attack*. It *completely* sort of inundates my awareness. There is *really* nothing else... it is like

AF: You're overwhelmed by it in way you can't think usually.

P: I can't say, "Well, I'll think about this later!"

AF: Yeah

P: It is *really* panic [nods]

AF: Oh...

P: Yeah

AF: [To R] Is it like that way for you too, the same sort of thing?

L: The fear is the biggest thing for me, being overtaken by fear

P: [looking at R] Yeah...

AF: [Looking at R] Terror, fear...

R: Uh huh

P: [Looking at R] Yeah

L: And not knowing what I'm afraid of, like there isn't really a source

AF: [Looks at P who's still looking at R] I see

P: [Looking at R] Yeah, it's like free floating. [Looks at AF] It doesn't seem to be attached to anything.

AF: Yeah, but you're so specific about the heart. Your heart is racing probably...

P: Sure.

AF: So for good reason...

P: And I think there might be... well there's both maybe a... well, you could say maybe there's a reason for having some particular fear. I mean, I don't have problems with my heart or anything like that, but

AF: No

P: but in those moments

AF: No, you look well.

P: yeah, when I'm convinced that I'm going to die it must be that. But I also don't think in terms of things that could also happen to kill me instantly, like an aneurysm or something I don't consider that. I guess, yeah, I think maybe my heart is just going to *stop* [smiles and then laughs]

AF: Yeah. Right! Have you had a father and a mother that you knew or know?

P: Well, I was adopted actually

AF: [Presses his lips together and nods]

P: and I have met my mother,

AF: Uh huh

P: my actual mother. I have known her for three or four years

AF: Mm... Uh huh... Ha! And the father? You don't know...

P: [Shakes his head from side to side] I never met him

AF: much about him.

P: No, and in fact I think my mother doesn't know too much either so it's pretty, you know...

AF: [Looking to the side] Aha...[Looking at P] I'll tell you in a minute

P: [nods looking at him]

AF: why I asked you if you knew them because [looks in front and shakes his head from side to side, in my interpretation of these signals thinking to himself] you described something in a very interesting way... aaa... but um... don't know the father and the mother... a! [Looks at P] What do you know about *heart attacks*? Have you ever seen anybody with a heart attack actually?

P: No. I don't think I actually ever have, maybe in uh...

AF: Movies or something

P: Yeah, I'm thinking CPR training, though of course it's not somebody really having a heart attack, just actors [smiles]

AF: Yeah, yeah

P: I worked in a hospital I guess, but I don't think I have actually ever witnessed a heart attack

AF: Uh-huh. You worked in a hospital...

P: Yeah

AF: When was that?

P: When? It may have been fifteen years ago

AF: [Nods]

P: I was a thug, you know, a wrestler [laughs]

AF: You were a wrestler?

P: Yeah, I was a wrestler in a hospital...

AF: A wrestler

P: Yeah, a wrestler, yeah

AF: In the hospital?

P: In the hospital

AF: What does a thug do... What does that mean?

P: Well, you know, I keep people *in* the psyche ward

AF: Oh! Oh! Oh! Oh!

P: and out of the emergency room [smiles]

AF: Aha! Oh... oh... oh... You worked in the psyche ward

P: Yeah. Well, not specifically but that was part of the job

AF: Fascinating!

P: Yeah.

AF: How come you worked in the psyche ward? How did you get there?

P: Well, I mean I just had the job wrestling, really, basically, and that's just the place where you get called most of the time.

AF: [Looks at P with his mouth open]

P: But it was still over the entire hospital if they need somebody wrestled then, you know, they would buzz

AF: Oh my god! That was your job?

P: [laughs]

P: Yes! Pretty much, yeah

AF: And you would go and you would grab somebody, hold them down so they don't get too wild

P: Yeah, right

AF: Mm... [looks out to the side] Um hm!

AF: And have you always had these panic attacks? When do you remember them coming on first?

P: Well... Um... [looks up and to the side for a few seconds then looks down while talking] When I got diagnosed with panic and depression, these things, it was probably twelve years ago perhaps...

AF: [Looks to the side and nods]

P: [Looks at AF who's now looking at him] At that point I recognized "Oh! I probably had panic attacks like this before." You know, I recall one time, I guess when I was a kid, and it was very specific.

AF: [Nods]

P: I can still recall because I associate it with some songs that were playing on the radio

AF: [Smiles]

R: Hm!

P: I was trying to go to sleep one night and I had this... I couldn't fall asleep but I was sort of in that in between state

AF: [Nods]

P: and I just had this sensation [repeats same motion as in the very beginning of hands coming up along the front of his body up to about the level of his chest and then opening up with his palms facing the ceiling] I was suffocating, you know, I just could not breath.

AF: Um hum

P: And I remember on that occasion I woke up my parents, and [raises his hands like before] "Something is *terribly* wrong" [voice more intense] you know,

AF: [presses his lips together and nods, in my interpretation of these signals, agreeing with P]

P: and they were like "Well, you know, you look OK. Just sit up for a while" and it was all fine. I relaxed. But when I think about it I think yeah, I probably have been having some experiences like that. That was probably pretty intense, relatively

AF: [voice low volume raising a bit toward the end of his sentence] Yaaaah...

P: You know, I think I had minor experiences like that *all* the time when I was a kid

AF: Yeah.

P: and I just did not really think to say anything of it.

AF: Yeah.

P: I didn't identify it as any particular, you know, experience X, sort of outside of what people talk about.

AF: I see. Right. And how old were you? Ten or something like that?

P: I think that was about ten, yeah, maybe I was a little older during *that* time but I can remember *other* times

AF: Well, if you can think of a child suffocating, *why* would a *child* – of course it is biological, panic attacks are partly biological and that's why the medications actually help some of the time – but what other reasons could a *child* have to be panicked?

P: Well, you could probably argue that there are few reasons anybody *ever* has to panic

AF: Yeah... right...

P: [Looks ahead staying silent]...

AF: Right, aha... You can't imagine that... Yeah.

P: Well I mean, you know, I can't point out anything in my immediate you know, stuff that I can think of that would be actual cause for panic

AF: Did your p

P: if there *is* an actual cause

AF: Right. Did your parents ever do anything that would be making you scared or panicky?

P: I don't think so... They were *very* gentle

AF: Oh! [loud]

P: they were really um...I think I was a little beyond them, the way I was, they didn't *quite* know what to do with me

AF: How come? [With a laugh in his voice and a smile]

P: Um... I don't know I was a pretty precocious sort of child and really curious, and... I don't know [laughs]

AF: and they didn't know what to *do* with that!

P: Well, you know, I think it was *new* to them. I was their *first* kid, so

AF: [Smiling] Oh my god! And you had all these questions!

P: [Laughs] Sure I had!

AF: [Smiling] You wanted to *know* about everything?

P: Yeah...

AF: [Closing his eyes and nodding] Right! Aha... so...the sense of panic... now let's say – well maybe I should ask this actually first, that is, so the medications are working and you're happy with that

P: [Tilts his head to the right and puts his lips together, in my interpretation of his signals saying something like, "Not really"]

AF: [Nods] and that's what you will be staying with for a while, for the moment

P: Yeah, for the moment, sure. I mean I guess I wouldn't say *happy* overall. Um... I don't have any *intrinsic* problems with drugs or the idea of them but uh...if I take Xanax, if I feel *extremely* anxious, or if I panic and I take Xanax I feel pretty *dead* for a day, not really as sharp

AF: It cools you out a lot...

P: Yeah, and I like to keep my mind *pretty* stimulated. I probably actually *quite* enjoy being *close* [his eyebrows go up, his eyes open wide and shine and his mouth opens up to a big smile] to panic [nods] actually [still smiling]

AF: [Smiles] Yeah! I can understand that

P: It's sort of an excitement to me.

R: Hm...

AF: Let's *do* that. Let's *imagine* being close to panic and I think that's better than actually being in a panic. Is that OK to do?

P: Yes, it certainly is better than *being* in a panic [Laughs]

AF: Oh gosh I know. Is it OK to talk about it and get closer to it?

P: [Nods] Oh yes, sure, sure

AF: Uh... I think it is because I see you and look physically good. I'm going to tell Lily also what I'm thinking, [turns to R] John has it together, as a whole, very unusually I think, and I'm interested in what I have just said with him, I'd like to explore getting a little closer to that panic and seeing what if anything would happen, [to P] and I don't know how used to this kind of thing you are [to R] but we'll play with it a little bit without it being too scary.

P: Um hum, um hum.

AF: So, let's imagine

P: [Smiles]

AF: if you can that we're closer to – now since I don't know much about the experience, I've never had a panic attack, maybe you could describe the feelings I might have if I were actually near a panic attack. You know about it but I don't really know yet.

P: Um hm

AF: So, my heart is racing a little bit, or?

P: What do I notice first? I think, you know and it *is* even sort of happening as I think about it

AF: Yeah

P: clammy palms, sweaty palms [has lifted his hands with his palms facing upward and closed his fingers rubbing the surface of the palm] but maybe chills at the same time. I might be sweating but cold, feet cold

AF: Yeah, oh I see. Yeah, just talking about it brings it out a little bit

P: and hyper-alertness

AF: [Tilts his head back, raises his eyebrows and points his finger, as I interpret the signals saying something like, "Yes. That!"]

P: It's hard to say what's first because since I started having like panic attacks [snaps fingers] that I knew "Oh! That's a panic attack" and *bang* [louder voice] it can come on like that, ever since then I'm very aware of like "Oh I'm really excited!.

AF: [Smiles]

P: Am I about to panic? Mm... No, I guess not." But any time there'd be some sort of...

AF: [Nods]

P: any kind of... arousal response I'd think "Oh! Am I about to panic? No." You know, I'd be checking all the time.

AF: Sure

P: So there's a hyper awareness of my state but that sort of happens to be one of the first things too, sort of a hyper alertness of, you know, very activated

AF: Looking, catching, watching, am I?

P: Yeah...and that seems to be the first thing to notice. Probably by that time my heart *is* racing and I'm certainly... sympathetically activated and...

AF: And you're really hyper aware and watching right there in the beginning of the first spot, right, just beginning Now, what kinds of things would arouse it?

P: ...

AF: You said there's an arousal around.

P: Well, I mean it could be, it could seem to me like at times where it's just come out of the blue, I haven't been able to put my finger on what it was

AF: [Nods] Ok

P: And certainly I am aware of, I can be in kind of a general state where I'm closer to it, you know, where I'm more prone. I don't know if I've ever identified any particular [shakes his head from side to side]

AF: I understand. OK, so let's say, now I don't want you to have to feel all of this but if that panic attack without drugs could have *its* way – I don't want it to

have its way – but if it *could* really take over, let's say *my* mind, ordinary mind, what would it do to me if it could go *even further*

P: [Nods] Um hum, um hum...

AF: than it goes with you.

P: [Looks to the side for a second and then back at AF]

AF: Like I would like... [Lifts his arms out in front of him shaking them] really start freaking out

P: [Nods and smiles] Um hum, um hum

AF: and what would really happen to *me*? I can imagine being *really really scared* [tilts his head down, lifts his arms out in front of him shaking them]

P: [Nods]

AF: Oh, my god! Am I going to die? My heart is going very very fast

P: Um hum, hum

AF: If could continue on even a couple of steps further, what would be the most interesting, worst or best or whatever thing that would happen to me?

P: It's interesting you say worst or best! You know there is like a... cognitively it's like a...you know, *extreme* obsessiveness, there's *something* [lifts his right hand up to the level of his chest tensing his fingers] and you *cannot* get this out of your mind [smiles], although it really isn't any particular thought but it's something....

AF: Intensive

P: yeah, you're completely *enraptured* by this thing, and there is this really bad sense [laughs] that something *terrible* is going to happen

AF: Something *terrible* and if that terrible thing *did* happen what would it be? Would it be death or something?

P: Well, that might be the fear, yeah but um... well, as I talk about it this way I'm associating it a little bit with other states I've had

AF: [Points his finger at P and nods in my interpretation of the signals saying something like "that's it"]

P: not necessarily panic but certainly very weird sort of states

AF: [Looks down and nods]

P: and I would describe it like um... it's almost as if though in the panic... I can be obsessed by... the void [lifts his hands up to the level of his chest, palms facing upward making a motion, in my interpretation as if saying something like "I don't know what to call it"]... you know, to use a term,

AF: [Smiles] Mm

P: I can't point to it... [smiles]... you know, it seems like...um...

AF: *Obsessed by the void...*

P: the present moment is just falling off into nothingness, you know...

AF: Yes, yes... Yes, I *do* know.

P: Yeah...

AF: That I *have* had

P: Yeah.. and that is not necessarily bad...

AF: Not at all!

P: because it doesn't *actually* fall off but when you realize it's all moving like that

AF: and it *did!* Let's pretend for a moment that the present moment [closes his eyes and looks in front of him] a... does kind of, I *love* [smiles, still with eyes close] how you say that so poetically, *falls off into nothingness...* [nods and smiles]

P: [Looking at him smiling] Yeah...

AF: and that would happen.

P: [Nods]

AF: Let's explore that for a moment.

P: Maybe it can't, you know, [laughs] maybe it really can't...

AF: It *can't* really, [leans forward toward him] but if it *could* [smiles, eyes shining]

P: [Nods] Yeah, yeah

AF: that's the panic and ecstasy

P: [Eyebrows go up]

AF: and all of that

P: Mmm!

AF: If you were to go into the void, if you and I and Lily, or even just to imagine it, or experience a little bit of that, into emptiness, let's go there for a minute

P: Well, it's just annihilation, *all gone* [voice loud suddenly] [laughs]

AF: Nothingness

P: [Nods smiling] Yeah

AF: and then?

P: Well, you know, I don't think that can actually happen.

AF: Aha!

P: you know, like as soon as the

AF: Would it be like death you mean or something?

P: Well, I don't know what I think that is either [shakes his head from side to side]

AF: [Looks at him with eyes wide open, then looks down nodding his head up and down]

P: It's more like the *fear* of nothingness

AF: Oh, I understand! I got an idea. [Reaches over to the corner] I'm trying to find some paper here... Oh! Look what I have! [Brings out a very small block of paper and a black crayon] If you were to make a picture, I should have more paper but I have a little one I can give you.

P: [laughs]

AF: [Laughs] If you were to make a sketch of your suspicion of what nothingness might look like,

P [Smiles from ear to ear and takes the pad and black crayon and then laughs!]

AF: [Looking down at the floor] It's just a body sense [lifts his hands up in the air] so it's hard to...

P: Yeah... [looks to the side]

AF: [Still looking at the floor, playing with his little pad of paper in front of him] Experience nothingness just a teeny bit, and imagine it and just let your body do something weird [shakes his hand in an abrupt motion]

P: Yeah, I don't know...[Folds his arms in front of his chest]

AF: I'll do something.

P: [Smiles]

AF: Of course I don't have the same thing but this is what mine... [makes a quick drawing]

P: Mm...

AF: [Adds one more line and 2 dots with spontaneous movements]

P: [Smiles]

AF: That's my nothingness

P: Hm... Yeah [goes for his paper] I think maybe like, a... [picks up a crayon] you know maybe its like in a cartoon, this is what I'm actually seeing, it's not like the nothingness, but here's a cloud [draws a cloud] a puff of nothing because somebody has just run off the page [makes a quick motion with his hands flying to his left]

AF: Yes! Yes!

P: and they're not in the picture anymore [looks at AF]

AF: Yes... Yes...

P: the nothingness is actually out here [points on the floor, past the edges of his paper, all around the paper] after the cloud disappears

AF: Ooohh...

P: but this [points to the cloud on his drawing] is the edge where everything that has fallen off into nothingness and it's just "poof" [brings hands together in the center in front of him and opens them wide to the sides in a quick motion]

AF: Poof! [loud!]

P: Cloud

AF: Cloud

P: Chaos

AF: Yeah

P: It's falling apart

AF: Nothing's left, just emptiness?

P: Well, you know, that's the sensation at the end of it, but I don't know how I'll ever get there. I don't know if anything really can fall off into nothingness.

AF: I don't know either but I want to explore it.

P: Yeah. OK

AF: So I'm going to do it.

P: [Nods emphatically]

AF: My sensations of emptiness, when I have some of that, it happens about once a year or something like that, especially after long distance running

P: [Nods]

AF: Like, poof! [Closes his eyes and is silent for a few seconds] It's just a quiet inside of me

P: [Looking at him] Um hum

AF: and *nothing* happening... at least temporarily, then weird stuff starts popping up in my head!

P: Um hum

AF: How about you? What do you think would happen to you if you actually get there?

P: Well, I mean I've had experiences that are, you know, where it's *right there*... and sometimes these are... occurring *with* panic, although it's certainly *not* a characteristic of every panic attack I have.

AF: What sort of experiences are they?

P: I don't know how to put it exactly... Is there a word for... What's that kind of experience where... you see maybe *off to the side* of everything happening and you can see...you know, everything is not just falling into nothingness, it's *coming out of it* too!

AF: Yes!

P: and you see sort of like primordial forms coming out of nothingness that fall together into more ordered things, and they become the things that make up this solid moment, including my thoughts, and then they disintegrate back into less ordered forms and ultimately into chaos and often into nothing again.

AF: Mm...

P: What is the word for *that* [looks into the camera, puts his finger on his cheek tapping it, in my interpretation making the signal that people often make to represent thinking] kind of experience? [Laughs, in my interpretation with a slight irony, and folds his hands in front of his chest] I don't know what to call it.

AF: Well, physicists call it the Big Bang

P: [Looking to the side] The Big Bang, yeah... I think that's going on *right now*.

AF: [Nods]

P: I think that's what's happening right now. I say "I think" that right now because I'm not really experiencing it that way.

AF: [Smiles and nods]

P: Everything is all pretty solid. But that happens. It's sort of a sense of alienated awareness, like it doesn't feel like it's a part of any of the actual things, I mean it is, but it's apart somehow as well.

AF: Wonderful

P: Yeah. That's not bad.

AF: Yeah, I like that.

P: But I mean I've had moments of that kind of an experience that's *terrifying*, just *terrifying* to me

AF: It is, it is, but it is OK. You're like a...you're a meditator and these are, other Peoples would have called these spiritual experiences.

P: Oh, I think of it that way, sure. [Brings his left foot up to his right hip and sits back up on the pillow straightening his back]

AF: I think they are, and you're a little shy about them, about having them *without* panic attacks.

P: Yeah that would be great! [Smiles and straightens his back even more so that it's completely straight now]

AF: Yeah! [Points at P's body] That's right! You're sitting in the right way!

P: [Smiles]

AF: It would make you happy every now and then just to be in contact with other people, or just by yourself and just to be empty.

P: [Nods]

AF: Empty mind and let things just bubble up and float back down again or take off away...

P: Yeah but the experience of, "there is *no* thing, there is no solidity anywhere"

AF: I understand...

P: There is *nothing* that can be pointed to that *isn't* in fact something that is happening, some process... there's a certain kind of (unward?) quality to that...

AF: [Nods]

P: I don't know. It wasn't typical to me [smiles], you know, in my lifetime.

AF: It's not?

P: Well it wasn't, it wasn't. Well, I mean, you could say that it probably *is*

AF: [Looks at him, presses his lips, opens his eyes wider and nods, in my interpretation of his signals saying something like "that's right, it is typical"]

P: Of course. How could anybody actually ever

AF: [Points finger at him, in my interpretation saying something like, "there you go"]

P: be separated from that.....

AF: I think that you are like a spiritual seeker

P: Sure

AF: and that this is characteristic of you and it hasn't been forwarded or accepted and so it has to come out all by itself

P: [Nods] Yeah

AF: without other people really supporting it in you.

P: [Nods]

AF: That's what it *feels* like, very much

P: Yeah. That sounds right.

AF: Does that sound right?

P: Sure [Nods]

AF: I don't know you very well but I can... Does that sound possible?

P: Sure yeah. I would think of it that way I guess but that's not necessarily the panic either.

AF: No. This is not panic but this is what panic would *bring* you to. It may be one of the background reasons for the panic. *Maybe...*

P: Yeah. Once Carol (pseudonym – a Process Work student, friend of his who told him about this research) asked me to draw a picture of my panic or to sort of physically try to embody the experience and I don't think of the panic as any kind of entity but you know I could draw a picture of it [smiles]

AF: What did you draw?

P: Well, it was a sort of an...[turns page on his pad, takes the black crayon and starts drawing] angry looking bundle of static, kind of a cloud and it was active and it had angry eyebrows on it and it was like static electricity or steel wool and it's all very...

AF: That's great! God, look at that! That's a great one!

P: But it's a thing that's sort of holding me... it's like holding me and making me look at something

AF: Aha!

P: And I have had an interpretation, at times that "Well, this is just the spiritual thing" but some part of me is reluctant or you know timid or afraid or something like that!

AF: [Nods emphatically]

P: But some other part of me says, "No. No. You need this right now! And I'm like "But don't *want* to do that," you know

AF: Yaaaah!

P: But you know, there it is anyway!

AF: Yeah! Let's say I'm this [points at his drawing] big terrible monster sort of thing standing and I grab you and I say to you [looking in front of him not at P directly] "This is for you *now*. *Now* is the moment that you have to..."

What?

P: [Eyebrows go up in my interpretation of the signal expressing his own wondering about that]

AF: [closes his eyes and stays silent for a few seconds and then opens them and looks at P] that you have to experience this empty mind thing ...

P: Mm! Yeah...

AF: [Looking in front of him rather than P] "Now you have to do it!" [Makes a small pushing motion in the air with his hands]

P: [Smiles]

AF: "I understand you're reluctant, you're acting like a normal person

P: [Laughs]

AF: [Looking at P] and you *are* a normal person [looking in front of him] but I want you to have this. You *gotta* do this"

P: [Eyebrows raise and nods, in my interpretation of the signals as if saying "right"]

AF: [Looking at P] What would you do?

P: Well, you know, I don't know....

AF: Maybe we should reverse those roles. Do you think you feel that you can act that [points at the drawing] out for a second, like a kid?

P: Yeah, this is what I was sort of doing you know with Carol... and what is it that's holding me, because I came up with that then that something holding me, it's making me look at something, or it's sort of focusing me on something that maybe I don't want to...

AF: [Moves a little bit closer and extends his hand bringing it closer to P and says in a child-like playful way] Maybe you can do those angry eyebrows and grab my wrist.

P: [Laughs and grabs AF's arm with both his hands]

AF: That's it! Wrestling!

P: [Laughing and holding on!]

AF: [Laughing] That's it! Oh! The wrestler! The thug! [Loud voice]

P: Yeah, that's right but [keeps his grab on AF's arm steady and pulls. AF is giving him some resistance]

AF: You got me!

P: I'm not sure what to show you but there's something

AF: Yeah!

P: You can't just go and have your ideas [still pulling AF's arm toward himself while AF is trying to pull away]

AF: I'm a normal guy, I don't know if I want all of that!

P: [Laughs and nods]

AF: Who are you?

P: [Shakes his head from side to side, still holding on to AF's arm pulling him toward himself, with a loud voice] You're *not* a normal guy. You're going to get rid of all these *silly* ideas and just...

AF: What silly ideas?

P: That you know what anything is or

AF: You're gonna make me nuts.

P: [Laughs]

AF: [Pulling his arm toward himself] You'll make me nuts

P: [Pulling AF's arm toward himself] No, you wont be nuts. You'll be... enlightened

AF: Yeah

P: You'll be rid of all these false ideas ... You will

AF: Oh my god... but who are you and how did you get to be such a strong [pulls his arm toward himself, P pulls back] thug over there that [points at the angry eyebrows of the drawing] looks at me like that?

P: I'm really just a part of you that knows you need this, you know?

AF: Mm... Um hum

P: [Pulls on AF's arm again and again and laughs]

AF: [Laughing] You're laughing!

P: [Let's go of AF's arm] Well, I you know...

AF: What? That's good! That's funny!

P: [Nods]

AF: If you could stay there just one more minute... [Extends his hand back in front of P] Put your [P grabs his arm again] You know you need this... Say it as if you knew what you were talking about...

P: [Pulling on AF's arm] As *if* I *know* what I am talking about...

AF: Yeah, tell me I need this.

P: You need this. I'm not sure what to say

AF: Why? [loud]

P: [Pulling AF's arm] It's why you are here. This is it.

AF: Uh huh. While I'm here this is it?

P: [Pulling AF's arm] It's *why* you're here

AF: This is *why* I am here? My god...

P: [Pulling AF's arm] Look at it. It's terrifying, the nothingness

AF: Ok, I will. I'll take a moment and not struggle with you. I'll just listen to your direction and do it. [Looks in front of him] OK, just direct me.

P: [Let's go of AF's arm] Just go ahead...

P: Well, this is not panic any more.,,

AF: No, it's not panic but just go ahead and continue *fiercely* directing me, and I'll follow, like I do,

P: [Leans forward laughing]

AF: and I won't struggle with you. You just direct me. I won't resist. Just for a minute

P: All right...

AF: I have to look at something ...

P: Look at it there. There is nothing. All this stuff that you think your world is made up of is just your mind attaching things together, assembling them, nothing more. You could say it's an illusion but that doesn't mean it's not there or that it'll go away but it's really made up of nothing, it's just all nothing.

AF: Ugh... wow...

P: [Smiles and laughs]

AF: [Touches P's knee lightly with one finger, in my interpretation of the signal as if telling him to continue]

P: Now doesn't that shake up *all* those ideas and you really can't sustain any of them any more...

AF: It does but keep teaching.

P: Hm...

AF: You're doing something right but I can't say what it is yet

P: [Laughs]

AF: I don't know either [touches his knee in my interpretation to communicate with him that they are both in the unknown] but it *feels* right [looks at P from the corner of his eyes, respectful tone of voice]

P: [Laughter leaves, in my interpretation of the signals, a nervousness goes and a calmness, respect and valuing of the moment comes] Yeah...

AF: Just talk to me. / like hearing it.

P: Uh huh, uh-huh

AF: Did you say, shake up all those ideas you don't know?

P: Right...

AF: Just say..

P: You don't know what you think you know. You don't know what things are. You don't know what *you* are ...

AF: I don't know who I am and *what* I am...

P: Right... And all of a sudden there is this awareness that seems to suddenly be intrinsic because ...

AF: Yes, that's all I am

P: it can't be coming out of the stuff, that's all transient

AF: Right. I'm just there. It's just awareness, it's just there.

P: Um hm

AF: And that's it. That stuff isn't the point.

P: Right.

AF: Am I getting your lesson?

P: I don't know if /'ve gotten my lesson...

AF: OK, I'm going to say the same things to you. I'm a physicist and just recently I've been studying a lot about the origins of the universe, you're really talking to the right person, when you give me these lesson. These are things that are very interesting to me. So I'm going to give you now the lesson back.

P: Ok

AF: Let's switch roles.

P: Alright

AF: And I'll play with you a little bit like that. Is that OK?

P: Ok!

AF: So, [puts his left hand on P's right knee and grabs it for a second while he slaps lightly but briskly with his right hand P's left knee and then keeps his left hand on P's right knee for another few seconds]. Listen here. I'm giving *you* [brings his left hand back on P's right knee, grabbing it with his fingers giving him a quick, abrupt, strong tiny shake, in my interpretation mirroring the forceful energy of the figure that creates that panic] a lesson. You've got to *hear* this. Every now and then give up the idea that *you* are even a person, you're just awareness. I can't approach you except to panic you, you're such a stubborn

P: Uh hum

AF: and strong normal person in some ways I *have* to shake

P: [Eyebrows go up]

AF: the living shit out of you

P: [small laugh]

AF: Then I get you sometimes, and I'm still here now. Now you're getting it.

P: [Nods]

AF: Now you're getting it, I can see that [points to P's nodding head]

P: Um hum, um hum

AF: Yeah, you're getting it. You're not just a person. The normal world isn't as normal as it looks. Even recollect and let things recollect themselves again

when they really want and let go of those too every now and then. Umph
[puts out his hands, his palms in fists and shakes them once].

P: That makes me feel like I am living in bad faith

AF: What does that mean?

P: Well, I mean in my day to day world I *don't* live as though...

AF: I understand

P: that place of awareness were...

AF: Everything

P: the thing, yeah.

AF: That's it.

P: So I forget about it and the significance of it

AF: [Nods emphatically]

P: and pretend again for a while that all my ideas are the world that I'm living in.

AF: Sure. You go back to being a normal guy. But you've got a gift, kind of, like a teaching, a teacher sort of thing in there [points to the drawing]

P: [Raises his eyebrows]

AF: that says Poof!

P: Um hum.

AF: and that we are *just* awareness. It's interesting, today I've been working with people who are just *right* near death so I'm actually right in the mood for teaching about that, myself.

P: Um hum, um hum.

AF: that's all you have then, and it makes people happy to know *that*. They have their awareness and they'll go with it, wherever.

P: [Nods]

AF: You're knowing that now. You have an early dosage of this spiritual thing.

P: Yeah but then why the *terror* sometimes?

AF: Well, because you're normal!

P: [Laughs]

AF: You're resisting it. You're like a normal human being. It has to come on... [if he completed his sentence I think he would have said something like "forcefully, to "kill" so to speak your attachment to what you perceive as the "real" world so it can make space in you to perceive and be aware of this other reality simultaneously too] Like you've done what you need to do to live in this world, you have to adapt, you did all this and that you gotta do and more and are doing it but this other thing doesn't want to be forgotten.

P: [Nods]

AF: That has to *knock* you out almost to get to you.

P: Sure.

AF: Well, *has* till now

P: Yeah

AF: I don't know that that will always be the case. That's not the case at all.

P: Yeah. I spend a lot of time exploring that, at least getting close to that. Although I think there is a sort of intensity to it that I remember experiencing once when I was really *trying* to do something, you know, loosen up something, and it was *very* terrifying. This was since I've been having panic attacks. In many ways I feel like I just have to go back there, you know, and I am really afraid to.

AF: Oh, are you? You don't seem to be. I grab you [repeats the motion of grabbing his knee that he was doing before when he was playing the panic creator] and tell you to do it and you seem almost at home to me.

P: Yeah, sure, I guess that makes sense too, but I don't know, maybe I am afraid to. I don't know... Maybe...

AF: Little dosages of it is what I... Ah! Now comes the therapist in me! He just woke up!

P: [Nods] Yeah!

AF: I was just enjoying playing with you before but now my mind is working a little bit. I don't know if it's going to be worth anything but it's working. If I were you, [turns from P and lowers his head so that his chin is closer to his chest] well, I am you a little bit but if I really were you [looks at P] I would

take three minutes a day and do this, and just say awareness is all I am, and let go of the other stuff just for a moment.

P: I think I walk around like that [laughs]

AF: I'll bet you do!

P: more than three minutes a day. It's kind of an obsession.

AF: Oh really?

P: Oh sure but I mean the *idea* might be the obsession...

AF: not the experience.

P: not the experience.

AF: You're not experiencing it quite. It *has* to obsess you and possess you...

P: When I was in college I was a philosophy major

AF: [Turns his head in front and smiles] Ts...! [Sighs]

P: and now the *fact* of some of these experiences

AF: [Nods]

P: are really just unraveling everything.

AF: [Smiles] Philosophy major! What else? That's great!

P: Sometimes it seems like there is this realization that to go all the way, so to speak, into that kind of experience or realization is to... it would destroy this world that I've spend my whole life, like waking up from a dream. It's like I've gotten close enough to that and I'm like, "I don't know if I want to wake up yet."

AF: Yeah [acceptance in the tone of his voice]

P: I mean that's going to happen sooner or later, right?

AF: Right!

P: I won't be able to avoid it.

AF: I like that attitude. That's right.

P: But then I'm kind of lost because it seems like for so long that's all I thought was worthwhile.

AF: No kidding

P: In a way I think I made a desert out of a decade of my life because I just was not interested in any of the forms, you know.

AF: Ah! You're coming out now! I thought that that was there! Oh, I see! Oh really?!

P: Well I don't know, maybe it was all worthwhile.

AF: Well, the two worlds *together* is more fun

P: [Nods]

AF: As you said so beautifully, I think, you said that there is this nothingness and that things just arise out of it and fall back into it. I don't know, I live a lot of my day working with people with that in mind. It makes it easier.

P: Sure

AF: It makes me actually more relaxed, the closer I am to that.

P: Yeah, me too but, I mean, it makes interfacing with a lot of people in the world really difficult you know, because it's just like, this is all meaningless. This is completely meaningless.

AF: [To R with a big smile] A spiritual seeker! Lily! [To P] I'm sorry! I just had to say that!

P: [Smiles]

AF: In the background is a spiritual seeker! That's like amazing! You were just saying that it's hard to interact with people because they're not where you are most of the time.

P: Yeah, sure, or they might be some of the time but like the concepts and sort of things that people take so seriously, "this is the ground of our world," you know, but it's just arbitrary to me

AF: I know. You're talking to the right person about that. I'm totally with you. Wonderful! Yeah, that is probably why you also like massage...

P: Sure yeah, yeah, it's a very

AF: You help people to space out

P: Um hum

AF: and feel things that they are shy about otherwise or something.

P: Yeah, I mean I don't know how to put it really but you're really just working with the stuff that is there. I mean I guess you always are, how can you not be?

AF: Mm..... how wonderful...

P: It's not conceptual. Maybe that's what I like about massage. There's certainly a lot of abstractions going on but you don't have to have them.

AF: [Going back and forth between P and R] I have to relate this to Lily because this is like ...You could say, and it's really true John is somebody who has had or has some panic phenomena but you can *hardly* differentiate that from the deepest part of his... he's a sort of spiritual character. That's the way he is. Other people look at that as a problem. I look at that as a gift that he's shy about and working on, and it will take him the next 80 or 100 years

P: [Laughs]

AF: to play with and forget and remember!

P: Or longer! [laughs]

AF: Or longer

P: Maybe many lifetimes [laughs]

AF: You are really...!

P: [Laughs]

AF: I'm with you all the way there! Well we have another 5 minutes or so together to talk about anything, or ask questions, or go further together. What would be good for any of us here?

P: Well if I can exploit the whole time

AF: Yeah, exploit it, please...

P: Well I suppose now my whole view is integrating this sort of thing.

AF: [Nods] That's right!

P: In many ways these experiences *are* the meaning of my life...

AF: Ah... I'm so glad to hear that. That's wonderful.

P: Um...

AF: Yeah, integrating them.

P: but they have almost *no* integration.

AF: I understand they come on as a panic. So, integrating them. Good. Where is the place you integrate them least? Let's start there. Imagine yourself during

the day when you are totally as far away from what we are talking about as a human being....

P: I don't know if I can think of a time during the day but maybe explaining my motivations to somebody...

AF: Right. To a normal mainstream sort of character

P: Right you know or a...

AF: Like Mr business man or something

P: Right... because I mean I feel very closely connected to those experiences then simple because they're not part of... there's something that makes me feel close to it even though it's a frustrating kind of thing, "this is where I'm coming from," but there's just no reflection out there. There doesn't seem to be the language

AF: but I find your language is totally...

P: You might already have some of that...

AF: I feel the same way. I mean, just about everybody I know, well, a lot of people have some interests in that...

P: Yeah. I guess I don't mean that I'm actually frustrated by talking by people...I mean

AF: You are!

P: I mean I am but it has often very rewarding too.

AF: If I were you, I'm going to recommend something, that when you talk with people that you actually *make* this a little tiny bit of a focus. Just say, "You know, I'm really interested in going very deep to the area where there's sometimes almost no form..." Now, some of your clients won't be interested in this, it's too dangerous for them or whatever but that's how to make a really good relationship with somebody...

P: Well, but then I'll come at it from the point too, you know, I suppose I use the word / all the time but I don't really believe it points to anything, you know,. There's nothing in my experience that that actually points to. I mean in my direct experience, you know, it's just pointing off like into the back closet, you know, where the nothing really is.

AF: I understand.

P: I try to approach people with that kind of idea too, maybe it's just a different way towards the same kind of... it's still pointing at this sort of intrinsic awareness idea...

AF: That's the basic thing, I think. That's the only thing I *know*. In recent times, for example, I've been exploring the middle of the night.

P: Um hum

AF: I'll get up, take a pee sometimes, but just get up, for a minute, and just explore what's happening to me, and I am *amazed* that what I notice is awareness

P: [Nods]

AF: even in the most primal stages of unconsciousness it's just wonderful.

P: Um hum

AF: And I just sit with that and I watch things get created. I thought you were just talking to me about that. It's about Dreaming. The Australian aboriginal people use the word Dreaming to refer to that. But talking to these people about it a little bit. Do you have somebody you're close to?

P: Sure, well, I don't know exactly what you mean

AF: Nobody who's more intimate?

P: Well, I don't have a partner.

AF: This is how to find somebody close to you

P: [Nods]

AF: by talking about this stuff. I think this is the most intimate thing to talk about.

P: Sure , yeah. I think I have *dreams* of somebody who like already understands this.

AF: Yeah! Oh, definitely. Not everybody does but you can talk about it a little to people that you know. Say, "I'm interested in this really deep place where there's just awareness." Play with it a little bit. That's how to integrate it; *with* relationships.

P: Yeah, it doesn't seem to be *any* part of the world to me, much less (?) It seems like a real dichotomy.

AF: I know

P: or it's been that way for a while. You know?

AF: I think I do. That's what makes me write so many books because I'm frustrated by that fact. So talking to people about it... What do you think Lily when you hear us talking?

R: [To P] You said something about a desert and I was wondering, did you mean that for a while you were really just being in this state of being more connected with the world that has no form, rather than being in this world?

P: Yeah right. So my being here was neglected you might say...

R: So, how to bring the two together...

AF: He *is* there, has been there but he likes also being a normal person, but not *only*. Being just a normal person is depressing! *That's* what depression is all about. If you have to be normal all the time...

P: Hm!

AF: I would be depressed

P: Some part of me is afraid of becoming, you know, just some homeless crazy person [laughs]

AF: [Laughs]

P: because I realize, you know, I realize that some other part of my mind could just be completely fine with it! [Laughs] You know, like "Oh yeah! Why not?! What difference does it make?"

AF: Maybe that's tied up with being adopted too. I had never thought about that. The homeless may be part of the spiritual thing that's behind all of that.

P: Yeah, like maybe in a way I feel homeless already. You know, I feel like, if I don't do at least some stuff in the world, like get a job [laughs]

AF: [Smiles] You'll just be hanging out with the essence of all things all the time...

P: Yeah right and I wouldn't do much to take care of myself.

AF: Right. So the going along is Ok, but then bring in the pieces bitwise of this, thinking about it, giving yourself a couple of moments to relax now and then...

P: Or maybe my fear of being homeless is grounded in this culture you know.

AF: I don't think you're going to be homeless

P: No, no. I'm probably not going to become homeless but maybe if I had these ideas and conceptions somewhere else it'd be normal....

AF: If you were in India

P: In Tibet

AF: people would say you were a guru

P: people would say, "Ah, yeah, well of course..." [laughs]

AF: People that we work with sometimes up in Canada, First Nations People, always talk like that, the kids talk like that: "Did you not see god today" and the other one says "No!" "Just look out there in the water." "I look but there's nothing there!" "Can't you feel it?" "Oh, there it is again...nature." You could be one of the Haida people.

P: The Haida people

AF: Have you been there?

P: No

AF: You live there somehow

P: Right.

AF: Yeah, you'd fit in.

P: [Laughs] Maybe I should do that!

AF: Have you been living in Portland all this time?

P: No. I've been living here 5 or 6 years

AF: Where are you coming from?

P: (City of US)

AF: How did you get here?

P: I had a friend that I went to graduate school with and she was teaching at a University and I just came to visit once and I was sort of driving around.

AF: You came to the right spot

P: Yeah, it doesn't seem... Well, it's just the West coast, you can say that!

AF: I like your attitude.

R: What made you ask about his parents, whether he knew his parents?

P: Oh, yeah! You'd said you were going to bring that up.

AF: Yeah! I forget now the exact words that you used, but you described something

R: The experience of the panic attack

AF: in such a way that it sounded to me like people that I've worked with who didn't know their parents. But it's deeper. I think the parent thing is important but it's not the really big thing. The big thing is that there is something that came before the parents were even here, before the problems that as a child arrived. That's more interesting!

P: But I even have, and this might just be paranoia, you know if I think about being adopted...or if you think about your life in absolute terms then it sort of becomes a religious kind of thing, context, you know. Then I can think, this like well this is just the way that it had to happen, you know!

AF: Yeah!

P: This is all the way it had to happen but then I think well maybe I'm just broken and messed up maybe because I'm adopted and something like that, and this whole idea of spirituality to me is just an apology. You know, in a way, like well I know I haven't really accomplished anything but here it's because I've been doing this other really important thing

AF: That's OK to think that way. That's the normal way of thinking and the medical way of thinking and the normal psychological way of thinking...

P: And I don't actually (believe that?) [laughs]

AF: and I would support it if I really thought it but I don't.

P: No I don't actually either.

AF: No. This is much more interesting. You can think that way too, I'm the way I am because I was beaten up so many times when I was a child, etc, etc, etc, but... [makes a grimace frowning]

P: [Nods in agreement] Yeah...

AF: It makes sense but it's not enough... [Smiles]

APPENDIX I: POSSIBLE UTILIZATION OF ENTRY POINTS

In the table below, I suggest ways that an awareness facilitator could utilize the various entry points not utilized by Mindell in these six cases studies. These suggestions arise from my prior knowledge of the Process Work paradigm and experience as an awareness facilitator, and are presented in the spirit of illustrating a way of thinking.

Entry Points Observed in Cases 1-6	Possible Utilization of Entry Points
The sense of terror coming upon her expressed in the verbal signal of the sound "hhoooo," and the nonverbal signals of the downward motion of a hand and thumping of a foot. (Case1)	The AF could ask her to make the movement and accompanying sound using her awareness to notice and follow her inner experiences. That is, her movement tendencies, body sensations and any sounds, visions, thoughts or feelings that might emerge.
The sense of not knowing what one is afraid of. (Cases 1, 6)	The AF could ask the person to imagine the worst that could occur.
The sense of lack of oxygen. (Cases 2, 5, 6)	The AF could ask the person to imagine what would deplete the oxygen in a room or to stand and look at him self not being able to breathe and imagine what is suffocating him.
The physical sensation of the rapid heartbeat. (Case 3, 4)	The AF could ask the person to show in movement the rhythm of the heartbeat.
The sense of being attacked without warning (Case 6)	The AF could ask the person to imagine what would attack her.

Table 4: Possible Utilization of Entry Points Not Utilized in Cases 1-6