

A Process-oriented approach to Panic Attacks

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Abstract

Panic attacks are terrifying experiences that disrupt the flow of everyday life. The application of Process Work to panic attacks emphasizes the role of awareness and addresses 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 panic attacks. This presentation is based Lily Vassiliou's doctoral research and her subsequent clinical experience. The research involved a multiple case-study of the work of Dr. Arnold Mindell – the founder of Process Work – with the researcher and five other people who have experienced unexpected panic attacks, from which the approach was abstracted and delineated in nine steps (phases of the work) that describe broad directions and methods composing the therapeutic interaction observed across the six cases.

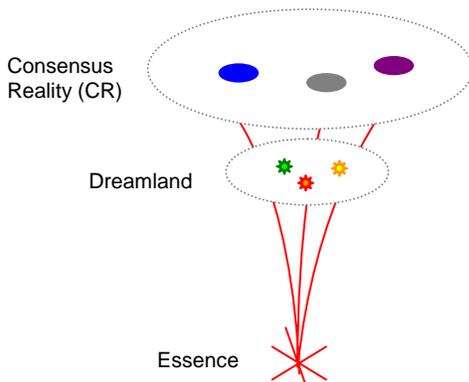
A central hypothesis, brought to the foreground by the explication of the approach is that embedded within the experience of a panic attack is a needed direction for a person's life (aspects of a person's nature marginalized by the person's identity), which can be revealed by the unfolding of the dreamlike aspects of a panic attack. Implied in this central hypothesis is the hypothesis that aligning oneself with the needed direction (i.e. becoming aware of the marginalized aspects of one's nature, opening up to them, and continually and consistently 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). These hypotheses imply a mind-body connection – an interaction between one's awareness and one's body, between awareness and matter. The above formulated hypotheses warrant investigation in future research.

Process-oriented Psychology (Process Work)

Process-oriented Psychology (or Process Work) is an evolving, interdisciplinary approach supporting individuals, relationships and organizations to discover themselves. It was developed in the 1970's in Zurich, Switzerland by Dr. Arnold Mindell and his colleagues, and has its roots in Taoism, quantum physics, Jungian psychology and Indigenous thinking.

The approach is in essence an awareness practice. 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. Process workers use various forms of awareness to 'track (through multiple levels of reality) psychological and physical processes (be it their own, an individual's a couple's or a group's) that illuminate and possibly resolve inner, relationship, team, and world issues' (Mindell & Mindell, 2002).

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 1, these levels of reality are: 'consensus reality' (CR) – 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, 2004a, p. 17); 'dreamland' – a dreamlike reality that is experienced as perception of 'fantasies,

Figure 1: Levels of Reality

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, 2004a, 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 article to explicate the several notable theoretical parallels that Mindell makes between the arising or unfolding of subliminal awareness into dreamlike experiences and everyday reality, and the Australian aboriginal concept of '*Dreamtime* as the root and essential power from which everything else comes' (Mindell, 2000a, p. 8). Briefly they include 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 events 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). In other words, 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) arises 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, developing, over time, an identity that is centered on one's awareness rather than particular experiences of oneself.

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.

Disturbances and Problems in the Process Work Paradigm

As stated above, the sense of being disturbed is considered in the Process Work paradigm as a consequence of the marginalization of the autonomous self-reflecting process. When our identity is centered on our ordinary sense of ourselves (the sense of ourselves as a body located in time and space) aspects of our experience (including, oftentimes, perception itself of the autonomous self-reflecting process) get marginalized by this identity and the belief systems around which it is built. Those aspects of our experience manifest in the realm of concrete reality as problems. That is, marginalized experience appears in the realm of consensus reality as a disturbance. Hence, problems are understood in the Process Work paradigm as carriers of information that is vital for one's larger sense of well being, and thus, purposeful, meaningful and potentially useful.

Panic Attacks

Panic attacks, in this light, are understood in the Process Work paradigm as a severe disruption of the flow of one's everyday life, yet simultaneously a manifestation of marginalized experiences of oneself and a potential doorway to experiencing multiple dimensions of one's experience.

For our everyday selves, panic attacks are terrifying experiences. Most people can somewhat relate to the experience of panic for, phenomenologically, it appears to be identical to the experience of fear. Fear is considered by theorists (Izard, 1992; Ekman, 1992) to be 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's (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 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, post-traumatic 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.

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 emerged in the United States as the standard of care (American Psychiatric Association, 1998; Beamish, Granello, & Belcastro, 2002). 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.

In my view, the approaches that have currently emerged as the standards of care are important and very much needed, as they address an aspect of people's experience. Biomedical approaches researching the neurobiology of panic, attempting to develop anti-panic drugs, and cognitive behavioral approaches focusing on controlling or eliminating the symptoms offer ways to address a person's needs in consensus reality, such as the need to deal with the disruption of her⁴ everyday life in a relatively short period of time, the need to regain a sense of control, the need to gain some distance from the experience, etc. However, these approaches 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.

Process Work's Perspective on Panic Attacks

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) (DiCarlo, 1996; Radin, 1997).

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.

Levels of Reality

Panic Attacks in Relation to Levels of Reality

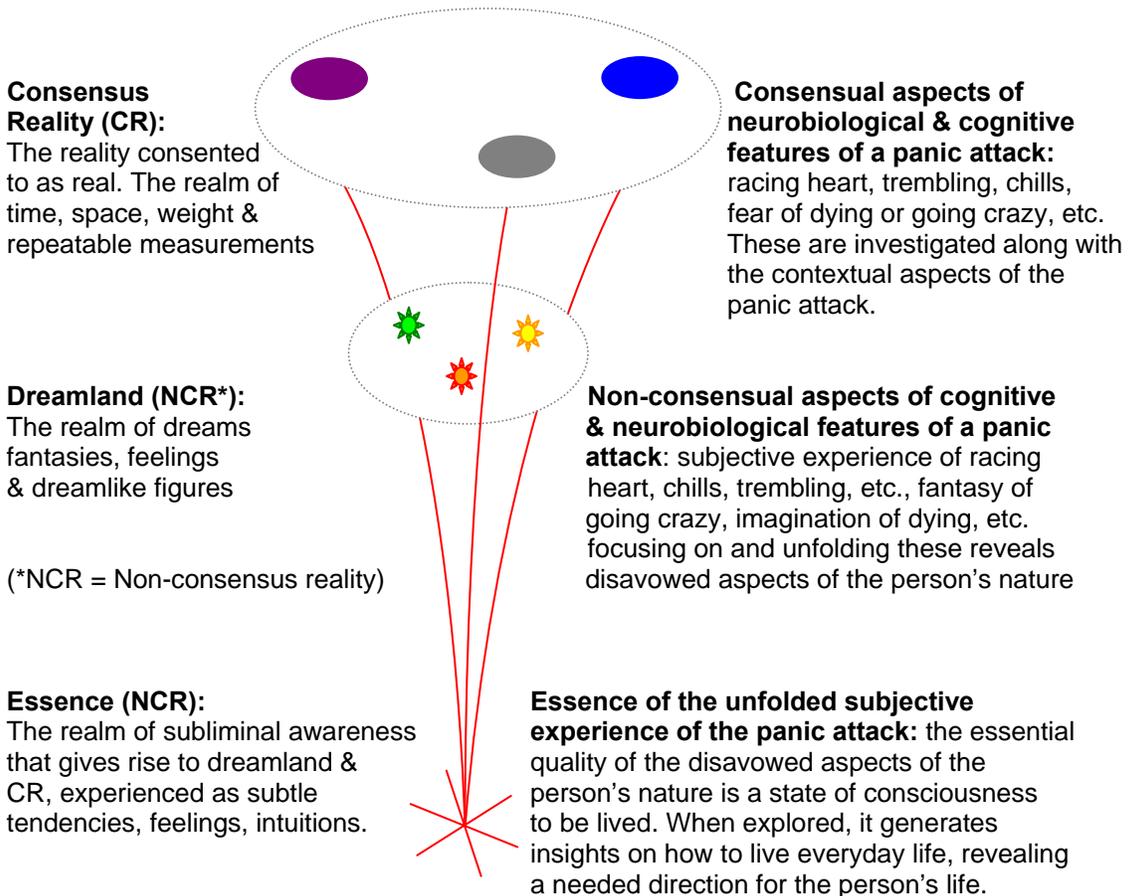


Figure 2: Panic Attacks in Relation to Levels of Reality

As depicted in Figure 2⁵, 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 she 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 – what Mindell refers to as ‘consensus reality’ (CR) (Mindell, 2000b, p. 25).

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 – what Mindell refers to as ‘non-consensus reality’ (NCR) (Mindell, 2000b, p. 25).

When explored, the non-consensual aspects of a person's experience of a panic attack reveal entry points to the dreamlike dimensions of reality and the process underlying panic. Entering these dreamlike dimensions and closely tracking the momentary flow of experience (the intended and unintended signals of the person) as it generates itself can reveal meaning and insights and lead to a sense of co-creating one's everyday life.

Steps in a Process-oriented Approach to Panic Attacks

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 with the viewpoint of the one focusing awareness on the various aspects of experience. In this way the awareness facilitator helps 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.

In my dissertation⁶ (Vassiliou, 2005) 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 of the work). 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, these steps involve investigating a person's experience in the realms of consensus reality, dreamland and essence. 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 his 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.

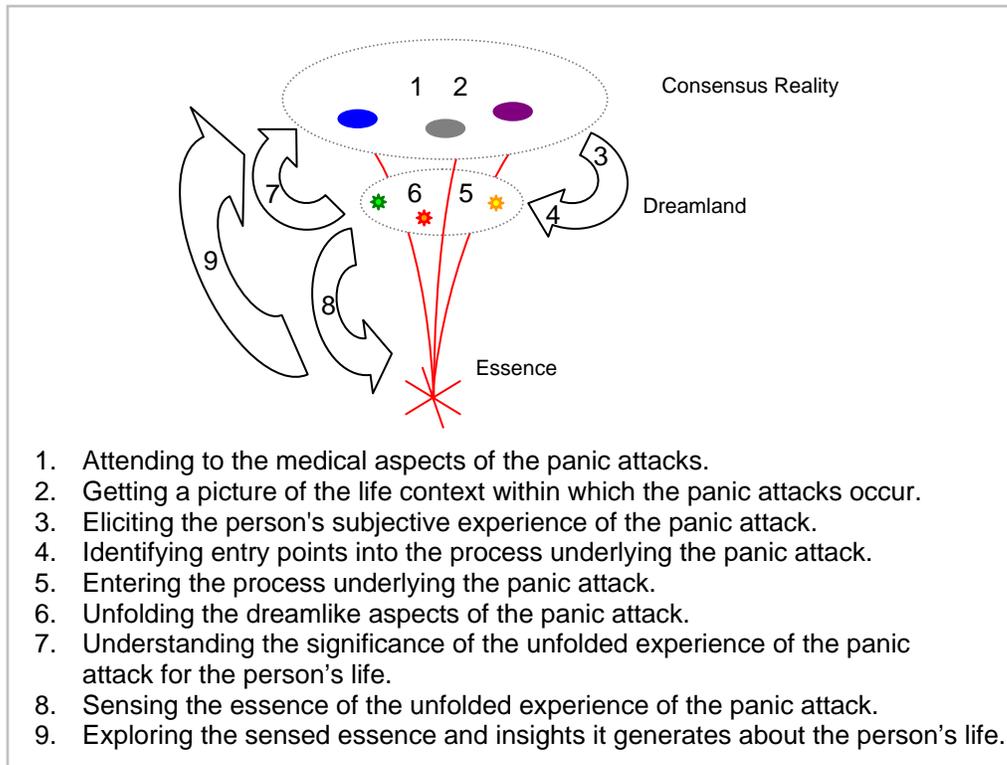


Figure 3: Steps in Working with Panic Attacks Relative to Perceptual Realms

Figure 3 gives the reader a visual image of the nine steps outlined⁷ 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.

Case Study

A. Investigation of the Consensual Aspects of the Panic Attacks

This⁸ is the case of a woman in her mid 30's who grew up in a culture where survival was based on community life, and thus, where the beliefs, values and social roles that prevailed protected and promoted community life rather than individuality. For example, one needed to put the other ahead of one's self, fulfilling the other person's needs before one's own; a woman's social role was to be a wife and mother, taking care of her home, her spouse and her children; a man's social role was to be a husband and father, providing for his family, and protecting it from outside dangers.

Her **first panic attack** occurred when she was 21 years old, a year after she had given birth to her son. At the time she was living with her husband and child in the house of her in-laws. She had gotten married a year earlier in an attempt to get away from her family who lived adhering to the traditional values of their culture, which she experienced as restrictive. She had been hoping that they would get a chance to live together as a couple for a few years before having a child but she got pregnant a few months after her marriage.

The medical doctor who treated her for her first panic attack told her there was nothing wrong with her physically and that she needed to change her life – move out of the house of her in-laws. The couple moved to their own home but the marriage was difficult; neither knew how to resolve relationship difficulties. A year later civil war broke out in their country and they moved to another city for greater safety. The country went into an economic recession. She felt she needed to start working to add to their income but her husband was against it, feeling it was his role to provide for his family. He preferred her to stay at home and care for their son who was two years old at the time. She started her own business without his support. The business went well and they moved to a bigger house. She moved her work to their house turning a room into her home-office and started to settle down. Panic attacks re-occurred.

Five years later she moved to the United States with her husband and seven year old son. She was desperate to get out of her country feeling that the traditional beliefs and values that prevailed in that culture were killing her. Six years later she separated from her husband, and her thirteen year old son went to live with his father. The interview with Mindell occurred a few months after her divorce.

Pattern in the occurrence of panic attacks: The woman said during the interview that she had noticed that she had not had any panic attacks during the previous months whilst she was in the midst of all these changes, and that she was expecting they might start again now that things in her life were starting to settle down again. According to her description, she never experiences panic attacks when her life was in motion and she is going through changes but always later when she began to settle down.

Medical aspects: The panic attacks were occurring every few months. The doctor who was seeing her had prescribed anti-anxiety medication, which she took whenever she felt the need to do so.

B. Investigation of the Non-consensual Aspects of the Panic Attacks (Unfolding of the Person's Subjective Experience of the Panic Attacks)

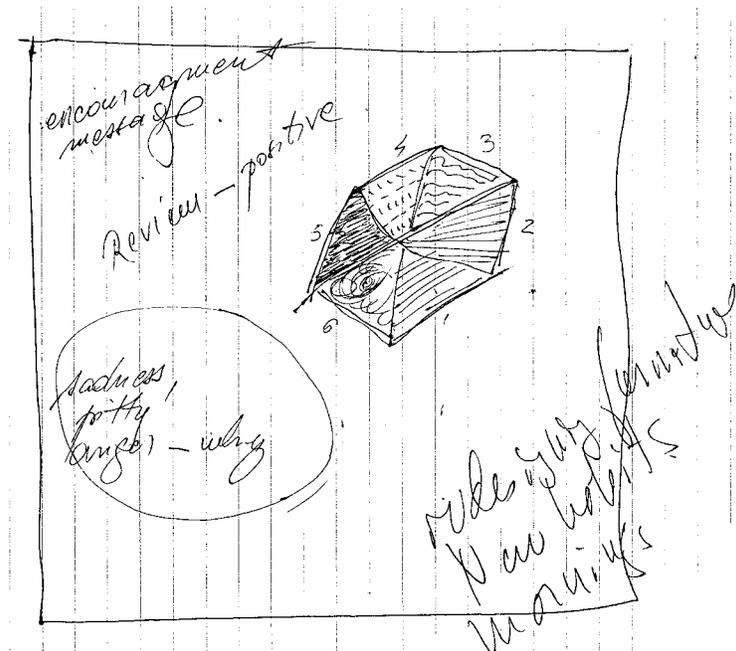
Description of panic attack: The woman described the panic attacks as a chest pain and a fast heart palpitation, while making a fist moving toward and away from her chest. She described the very first sensation as a sense of being very hyper, while moving her hands rapidly back and forth in front of her chest.

Unfolding of the subjective experience of the panic attack: The process had already begun to unfold organically through the rapid hand motions the woman made while talking about the sensation of being hyper. The awareness facilitator helped her to join this unfolding of her experience of the panic attacks by going back into the rapid hand motions and amplifying them. When the awareness facilitator mirrored her motions she saw someone telling people to leave her alone. This revealed a conflict (reflected both within herself and in the outer world) between something wanting to relax, take it easy, settle down and lead a 'normal' life, and something else reacting against being put in a box – an excited, frustrated, angry energy.

Going further into the interaction between these two experiences the awareness facilitator supported the more marginalized experience of wanting to lead a life following herself rather than prescribed ways of being. He encouraged the woman to use this excited, frustrated and angry energy they found unfolding her subjective experience of the panic attack to stand for herself

against the inner voices and the people in her life who turn against her (hate her, criticize her, make her feel guilty) for following her individual life path.

In an attempt to explore things further the awareness facilitator asked the woman to sketch spontaneously whatever came to her on a piece of a paper on which he had drawn a box.



The woman drew a cube separated in six triangular sections, each of which was filled with different types of lines – straight lines, horizontal, diagonal, and wavy lines, dots and dashes, more condensed lines and circular wavy lines. The drawing included messages of encouragement and positive reinforcement of her self. She saw her drawing as an image of the various states she goes through. The awareness facilitator commented on the diversity of basic rhythms of the woman's nature, which resonated with her, and described her as someone who makes many sudden creative transitions in her life.

They then proceeded to unfold the rhythm sketched in the last box, which the woman had described as a hurricane, and which the awareness facilitator perceived as the most distant from the woman's awareness. The awareness facilitator asked the woman to describe verbally a hurricane and then imagine what kind of a character she would be if she were more like a hurricane. She described the hurricane as a wind that comes in, stirs things up and leaves, and herself interacting as a hurricane as someone who would enter spaces and rearrange them to make them her own. The awareness facilitator supported her in making all situations in life her own, pointing out the way in which she had done so at the very beginning of the interview when she re-arranged the sitting arrangements in his practice room by moving the chair she was going to sit on from the corner to the centre of the room.

C. Developing Fluidity

The woman is highly creative in nature. Her deeper direction in life is connected with constantly creating and re-creating her life. Her basic nature does not fit in a box, though she also has a very organized mind. Her upbringing and education tell her that who she is, her basic nature, is wrong. The long-term work would entail a dialogue, conducted in a structured way so as to satisfy the need of the more structured aspect of the woman's nature, between a conventional 'mother' and a highly creative 'daughter,' in the presence of a loving and supporting figure, which also appeared in the woman's drawing. The development of such a dialogue could bring these two aspects of the woman's nature closer together giving her the inner support to develop the fluidity to live her life creatively, i.e. as it is recreated anew each moment by her creative nature, being open to all her different rhythms.

D. Multiple Viewpoints on the Definition of the Problem

Thinking about problems that disrupt the flow of our everyday life as purposeful, meaningful and potentially useful carriers of information 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.

In the case of the woman above one can say that from the viewpoint of her everyday reality, in which she experiences herself located in time and space, and with a particular identity (she should settle down and lead a normal life, act in certain ways and not others, etc.) panic attacks are a problem. They disrupt her ability to function in everyday life and shred the sense of security that she derives from holding on to her perception of herself and the world around her.

From the viewpoint of a dreamlike reality (i.e. the viewpoint of the unfolded dreamlike background of her panic attacks), in which she experiences herself as a creative force that incessantly recreates her life, the problem is her consensus reality perception that marginalizes and restricts the expression of this aspect of herself.

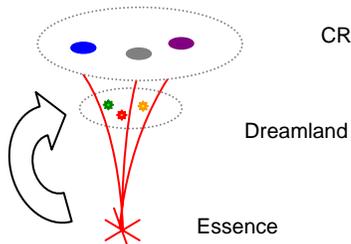
From the perspective she gains when she is aware of various dimensions of her experience, the problem is identification centered around any one particular aspect of her experience rather than around awareness itself, which allows her to be aware and flow with all aspects of her experience. From here, life is a mystery that can be joined and disturbances an awakening to the mystery.

The Hypothesis Implied in the Explication of the Approach

Central Hypothesis

A central hypothesis that emerges in the explication of the approach and the analysis of the case study above 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 (nature).

Teleological Perspective of the Central Hypothesis



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

Figure 7: Arising of Needed Direction

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).

Causal Perspective of the Central Hypothesis

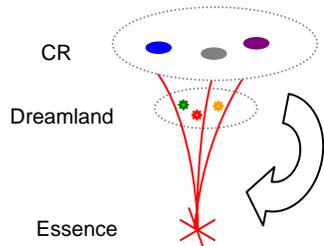


Figure 8: Unfolding of Panic Attack

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 have forgotten who I am (my nature).

Hypothesis Implied In the Central Hypothesis

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 (Stahl, 2000).

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 psychology (Mindell, 2004b; Rossi,

2002; Van Praag et al., 2002). The above formulated hypotheses warrant investigation in future research.

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.

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 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 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 yet also investigate the dreamlike 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. Pick up the essence of the energy that is disturbing you, shape-shift and let it re-create your life.

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 also 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.

Social Implications of the PW Paradigm's worldview

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.

Conclusions

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, introducing a non-pathological way of viewing experience. Such a perspective acknowledges and 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.

From the perspective of the Process Work paradigm, there are causal aspects to panic, possibly connected to biological factors, social issues and family issues. Yet there is also a non-causal aspect to it, possibly connected to a general process: that of returning to the source of oneself, connecting to something essential - one's roots, nature, or deeper direction in life.

Cognitive behavioral therapies, pharmacotherapy and combination treatments – the current standards of care for panic disorder – are potentially very useful in addressing a person's consensus reality need for relief from the disturbance, yet addressing solely this dimension of experience further marginalizes the dreamlike dimensions and the perspectives these carry, possibly leading to an intensification of the disturbance, due to the information embedded in it 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.

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⁴ Throughout the document I interchange the use of female and male pronouns rather than using both for easier reading.

⁵ This diagram is my adaptation, to the issue of panic attacks, of Mindell's diagram titled 'Reality Comes from Dreaming,' in Mindell, Arnold (2000): 'Dreaming while awake: Techniques for 24-hour lucid dreaming', Charlottesville, VA: Hampton Roads.p 15).

⁶ The research involved a multiple case-study of the work of Dr. Arnold Mindell with the researcher and five other people who have experienced unexpected panic attacks, from which the approach was abstracted and delineated.

⁷ For a detailed description of entering and tracking the process underlying panic and an illustration in the work of Dr Arnold Mindell see the author's dissertation (Vassiliou, 2005)

⁸ This is one of the six case-studies presented in author's dissertation. Full transcript of the work can be found in the appendix (see case number 4).

⁹ 1st edition in 1988 - bible of anxiety disorders!

¹⁰ American Mental Health Counselors Association, US