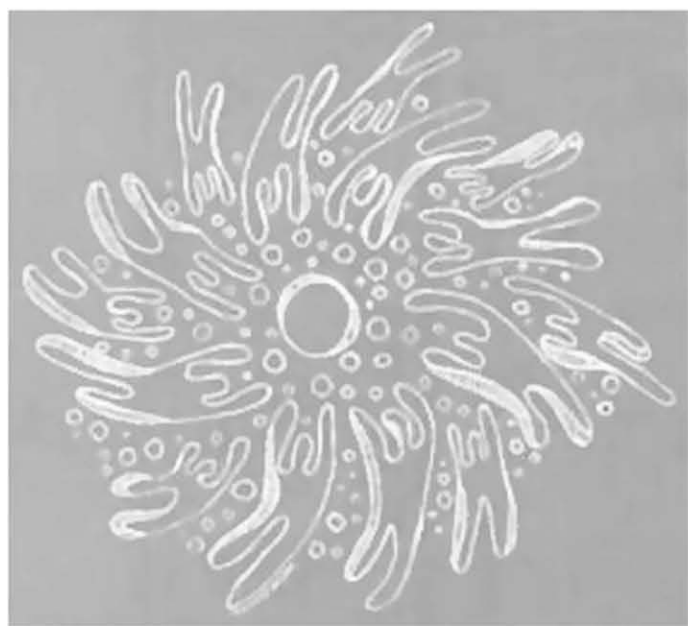


# Walking in Two Worlds



the relational self  
in theory,  
practice, and  
community

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# *Self-Relations, Hypnosis, and Transpersonal Approaches in the Treatment of Panic Attacks*

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In this chapter I will describe an integrated method in the treatment of panic attacks that utilizes hypnosis, transpersonal experiences and the application of Self-Relations philosophy. My study of SR work has opened for me practices of deeper, mindful listening and a greater curiosity about the un-lived potentials in the clients who come to me for help. I have also experienced a felt sense of a "shared field of consciousness," a space that opens between my clients and myself that invites the emergence of previously hidden emotions and life experiences. At the same time, people present with serious symptoms that are interfering with their life, that need active amelioration and relief. This is most certainly true of panic attacks. The study of SR work has lent itself to a pragmatic and useful approach in understanding and treating these symptoms, as well as using the symptoms as meaningful communication from within that must be listened to. In this chapter I will present how I have used these understandings and practices to create an integrated approach that combines several modalities of working. The initial work generally focuses on symptom reduction through hypnotic, psychoeducational, cognitive-behavioral and transpersonal methods. The latter part of the work involves more application of SR work and experiences, in order to access and work with the underlying communication that the symptoms are bringing. However, any division of these ways of

working is organizational in nature, as they are intrinsically woven together in the course of any given session. I will describe the presentation of a hypothetical client, based on a composite of people I have treated, who presents with the common psychological aftermaths of a panic attack. I will then describe her treatment. Although this client is fictional and as such, the temptations of oversimplification abound, I have in fact seen all the responses that I will describe in the very real setting of my office. It is my hope that this presentation will serve not only a theoretical function but also a practical and useful one.

## **The Experience of a Panic Attack**

The experience of a panic attack, especially for the first time, can be terrifying. Named after the mythological creature Pan, who was half goat, half man, the name captures the descriptions of people's encounters with Pan. This creature, which can be seen as representing instinctual energy without the complement of a cognitive self, sported a lower body, which included a perpetually aroused erection. Pan apparently enjoyed jumping out suddenly in front of unsuspecting strollers and letting out a blood-curling scream. The response, one of panic, was the sudden release of adrenaline, creating a state of hyperarousal in the body, the desire to scream, fight or flee, an experience of terror and a sense of impending

death or at least doom. This response of panic makes sense if you have been suddenly surprised by Pan, almost run over by a bus, or tapped on the shoulder by a bear. However, if you are sitting on your sofa at home, out of an understandable context, the experience of terror is quite confusing.

In the aftermath of a panic attack, a person's relationship to themselves, others and the world often alters, as it can with many a sudden traumatic event. The thinking mind, and the sense of identity or self that is generated out of it, referred to in SR terminology as the 'cognitive self,' is often left confused and frightened, waiting fearfully for another attack to happen. The physical body and nervous system may be in a state of uncomfortable hyperarousal and vigilance. The connection to the "somatic self," a felt center in the body, through which 'the river of life' moves, bringing with it strongly felt currents in the form of emotions, archetypal energies, creative processes, and intuitive knowing, becomes disrupted as well. When the cognitive and somatic aspects of the self get disconnected, a split between thinking and feeling process occurs. When feelings, intuitions and desires begin arising within the somatic self, they can become disowned as meaningful experiences and viewed as 'not me' experiences, ones to get rid of, and show up as unwanted symptoms. The symptoms are viewed not as reflecting an important communication from the inside but rather as foreign, unwanted attacks from the outside. They are not connected to a deeper felt sense of self. The repair of this split and the return to a life enhancing self-relationship is at the core of the SR approach in the treatment of panic attacks.

The disruption in the self-relationship leads to anxiety, loss of self-confidence and confusion, especially regarding the sense of personal identity. This can show up in ideas, such as "I'm not who I thought I was, who am I?" and existential questions about life in general. There is often an increased dependency on others, and a withdrawal from interacting with the world that may eventually result in agoraphobia.

The goal of an SR approach is to restore the breaks and contractions in these fields of relatedness, and restore participation in the flow of life. It not only seeks to es-

tablish a supportive and nurturing intrapersonal relationship (that is, the way a person relates to themselves), but also to bring into awareness and utilize the clients' unique strengths, competencies, energy and creativity that may have been kept outside of conscious awareness. In fact, it may have been precisely the repression or suppression of these vital parts of the self that led to the panic attack in the first place. In the latter stages of a successful treatment, the awareness of the client expands to include understanding the origins of the panic and the importance of the symptom as a wake up call from the unconscious mind, or we could also say, the somatic self. What was once perceived as an 'attack' coming from outside of the self, becomes seen as an important and vital communication, albeit in an uncomfortable form, from the somatic self.

### **Composite Example of a Presenting Client**

Allison is a 29-year-old, single woman who presents herself for treatment after having had a frightening experience about three weeks previously. Allison had been driving her car home from work, when she began to feel lightheaded and dizzy. She feared that she would pass out, and felt a rising sense of panic. Her heart began to race uncontrollably; she became short of breath, and she feared that she was either having a heart attack or a stroke. She managed to pull the car over to the side of the road and sat there convinced that she was going to die at any moment. Her hands were gripping the steering wheel so tightly that it was hard to release them from the wheel. Her thoughts were racing so fast, that for an instant she thought she was losing her mind. She called 911 on her cellular phone and was taken to an emergency room. There she had a medical workup, and was told that there was nothing medically wrong with her, and that it was probably an anxiety attack.

Allison could not believe that anxiety could make her feel so bad and became convinced that she had an undiagnosed illness. She was too frightened to drive after the incident, fearing that she would have another attack and would lose control of her car and die. She continued to feel shaky, slept poorly and stayed home from work for a week. During the week she visited a neurologist and a cardiologist, continuing to fear that she was

ill. She requested that her sister accompany her, as she had recently broken up with her boyfriend of two years and was frightened of going out alone. Her workups continued to be normal.

Allison had always prided herself on her independence, her ability to organize herself and to be in control of the events her life, and in keeping a rational state of mind. Her self-confidence and belief in herself began to plummet and she felt humiliated about her difficulties being alone during this period. She secretly feared that she was having a 'nervous breakdown' and began to question the assumptions that she had about who she was and what her life was about. Finally at the urging of friends she agreed to a psychiatric consultation.

The stages of Allison's treatment can be seen as follows. They are not in strict sequence and are interconnected in most sessions. As the reader can see, I have titled these stages to capture the flavor of each one.

### **Get Rid of It, Doc**

At my first meeting with Allison, after she told me her story, she had one basic question and one basic request. The question was, "Be honest with me, am I losing my mind?" and the request was, "Will you please get rid of this thing, because I can't live with it." As Stephen Gilligan has pointed out in his supervisions, clients present to us as if we are 'hired guns' whose job it is to get rid of those experiences and parts of a person considered 'not me.' Panic attacks are sensed as 'an attack' on the self coming from outside of the self and, as such, need to be done away with. If one accepts this frame of reference, one is done for, mostly because panic attacks do come back from time to time, and to try to 'get rid of them' is an invitation for frustration and a sense of helplessness. The panic is also coming for a reason, and if ignored or not understood to some degree, the fear and confusion generated will be hard to let go of. I chose instead to reframe the problem for Allison, and stated that I did not consider the panic attack a problem. This certainly got her attention. I suggested that the panic attack was a few minutes of extremely uncomfortable fear, bodily discomfort and confusion but that the real problem has been its aftermath, her confusion regarding what happened, her response to it, and

her fear of it recurring. I told her that I believed that I could help her with these things.

### **You're Not Who You "Think" You Are, Another Case of Mistaken Identity**

I went on to reassure her that the conclusions that her mind had reached after the panic attack, which made her fear she had either a fatal illness and was going to die, or that she was simply going crazy, were merely the conclusions her mind had drawn. These ideas, in fact, were part and parcel of the phenomenon of panic attacks. As Allison had always prided herself on holding things together with her mind, approaching her experiences primarily through a cognitive frame of reference, it was of the utmost importance that she be restored to her cognitive center as soon as possible. This would result in a reduction of her symptoms and in being able to begin to create a better relationship with her somatic self. As I talked to her, I began to match my breathing pattern to hers, speak in a softer voice, keeping gentle eye contact with her, nonverbally inviting her to begin to let go of some of the uncomfortable anticipatory anxiety and hypervigilance that she had been carrying. I asked her if she would like to know more about just what these 'attacks' were.

After nodding in the affirmative, I asked her to sit back and become more comfortable. I then said something to this effect: "A million years ago as our brains were evolving, an alarm switch was installed to help us survive sudden threats to our well being. This was very useful if a tiger was stalking us. When the alarm goes off, a site in our brain stem, the locus ceruleus, sends out the signals for our body to release a torrent of adrenaline to help us either flee or occasionally fight. When the adrenaline hits, we hyperventilate, our hearts beat fast, our muscles tense, we feel like screaming and running and our brains give us the message that unless we do something fast, we are going to die at any moment. This is all well and good if you need to get out of the way of a bus that is about to run you over. This is understandable and, when you are safe, the reaction subsides. But if you are in your own car, with no clear danger apparent, and the alarm goes off, it can get pretty confusing and terrifying. Now, I don't know why your



alarm went off. It could have been the result of accumulation of stressful circumstances in your outer or inner life. It may be that your inner mind and body needed to bring your attention to something important. It could be an accumulation of physical and emotional tension that discharged itself in this disagreeable fashion. Whatever it is, you now will have an opportunity to get to know yourself better, in a deeper fashion. And now that you know that you are not medically or emotionally sick, your nervous system can continue to calm itself down over the course of the next few days and weeks."

In this first intervention, the symptom gets re-framed, not as an enemy to be conquered, but as a messenger from the internal territory, that has her best interest in mind. As Gilligan often points out, the emergence of a symptom can signal that one is "up to something big." An important event is taking place that cannot be ignored or gotten rid of. Curiosity (and hopefully compassion) get evoked and the cognitive self now has a better understanding with which to organize. Suggestions are seeded for a journey of discovery and for the cooperation of mind and body.

Following this first intervention we discussed meeting regularly for a period of time. The issue of medication was discussed as well. Allison was ambivalent about using anything, both out of fear of side effects and a feeling that using any pharmaceutical would be proof that there was something "wrong" with her and a threat to her sense of mastery and autonomy. On the other hand, her symptoms were making it hard for her to function, she slept poorly, and she had a sense of being out of control of her body and mind. I made it clear to her that I was not strongly advising her one way or the other, but merely pointing out all the options with their advantages and disadvantages. We agreed that she would have a prescription of minor tranquilizers that she could use as needed, to either help her sleep during this difficult period or to have a greater sense of control of her escalated anxiety state.

During the next few sessions with my hypothetical client, I continued to help her form a greater awareness of her body: the way muscular tensions were being held, ways of releasing muscular tension, and how these muscular patterns were connected to the fearful thoughts her mind was thinking. I pointed out to her that a large part

of her problem was that she actually believed that the statements her mind was telling her about herself and the world were true, as opposed to thoughts and feelings that were merely passing through her mind and body at this point in time. Just because she thought something about herself did not make it true. She then drew global conclusions about herself based on these thoughts and feelings. Another case of mistaken identity! These negative attacks on her self based on this mistaken sense of identity, can be referred to in Self-Relations talk as being taken over by 'aliens,' the alienating voices and forces that jumped in to negatively define her when she retreated and became disconnected from her core strengths, energy, and experience.

### **Hypnosis**

Hypnosis was quite useful during this phase, as well as a specific mindfulness meditation, known as 'the sky' meditation. Hypnosis served several functions. It reduced her focus on the frightening thoughts that were continually going through her conscious mind. It also began to shift her physically out of the fight or flight response of her autonomic nervous system, which was chronically over-activated and responsible for her physical symptoms, and put her into the deep relaxation response of her autonomic nervous system. This indeed came as a relief.

In the trance state, suggestions were given for her to automatically notice when muscles were tightening or when she was getting anxious. Suggestions were given around centering into her breath, dropping into a physical felt center and coming out of whatever fearful thought was driving her anxiety and into an awareness of the present moment wherever she was. She could then be aware of whether there was anything that she needed to do at that present moment. Ego strengthening work was done as well, including activating memories of mastery, self-sufficiency, competence and feelings that she had had regarding herself during other, more positive, periods of her life. She was taught to do a brief self-induction through focus on her breath, and check in with herself during the course of the day. She began to feel calmer and more capable of self-regulating her state, which brought with it a reduction in her fears, her anticipatory anxiety and her reliance and dependence on others.

### Transpersonal Experience

In the sky meditation, Allison was invited to begin imagining that her consciousness was as large and wide as the sky. She was invited to watch whatever passed through it, the same way she could watch birds, clouds, storms and airplanes pass through the sky. They all just pass through, they are not the sky. The sky remains unchanged, unharmed by even the fiercest storm. She was invited to develop a witness that just watched the thoughts and feelings pass through without the need to attach herself to their content, identify with them or react to them. She could observe them in their process. It was in the sky meditation that Allison was introduced to the transpersonal ideas that pointed to a part of her that was untouched by any of her traumas, which were occurring on a psychological and physical level. This other dimension of experience, which can be spoken of as a spiritual dimension, was very comforting to her, as it touched a place inside that had not had a name or sponsorship before. When in this expanded state of awareness, she was able to look at what was happening with a certain amount of detachment and compassion for herself while holding a larger perspective on her life.

### The Illusion of Being Alone

When Allison presented for treatment, one of her most distressing experiences was of feeling alone, vulnerable, separate, disconnected and frightened. As a result of those feelings, she needed someone to be with her, in order for her to feel safe, or for her to be in a seemingly safe place such as her home. This is one of the psychological consequences of the trauma of a panic attack. In the light of SR understandings, it can be seen as a person becoming fearful of, and then disconnected from the vital and creative flow of experience and energy in the somatic self. When this happens, the internal and external worlds become frightening and unfriendly. When a disconnection or dissociation happens within the self, one also cuts off access to areas of inner strength, energy, resources, creativity, and feelings of well being. Self-confidence is lost and there is a sense of being unable to rely on oneself to meet the challenges of everyday life without panic. The world feels menacing, overwhelming and unmanageable.

Trance inductions with Allison, given the back-

ground of these circumstances, focused on helping her activate and experience being connected and supported at all times, from both within and without. It is here that one focuses on the transpersonal elements of life. Transpersonal refers to the elements of our beingness that extend beyond the personal, that interconnect us with nature, history, ancestors, archetypal energy and the flow of life that in fact occurs outside of our heads. These are the larger forces that move within us and through us that have not been created by our ego minds, but that in fact go beyond who we think we are. We may be aware of these forces at births and deaths or while gazing into a night sky in the summer and feeling the presence of the great mystery of life moving us along in ways which we cannot intellectually understand but none the less feel. At these moments we may spontaneously make powerful decisions to make changes in our life or feel ourselves supported by a force that goes beyond our individual, separate selves. From the transpersonal perspective, we are all part of a greater flow of life that can never be cognitively understood, only lived. When one feels an interconnection with all of life, and when one holds a transpersonal connection in consciousness then it becomes clear that we are never alone, and in fact can never be alone. We begin to experience that a larger matrix always supports us.

These experiences fall into the realm of the spiritual aspects of life, which by nature are generally hidden from our everyday consciousness. In our daily lives we largely live in the ego mind, which tends to fragment life into seemingly more manageable pieces but loses connection to the inseparable, dynamic, unity of life. Trance induction was geared to help activate a transpersonal experience. Some elements of that induction are as follows, the italics convey words that are specifically spoken in a more accentuated fashion in order to highlight them to the listening mind.

"Allison, I would like you to drop your *attention* into your chest and begin to become aware of your *breath*. The *sensations* of breathing. And every time that you take a breath in, you are breathing in oxygen, and that oxygen is going to every single one of billions of cells in your body, bringing them life. And every time that you breathe out, you are *letting go* of carbon dioxide. *Taking* in what you *need* and *letting go* of what you *no longer*

need. And when you breath out carbon dioxide it goes into the atmosphere and is in turn breathed in by the trees. And the trees breath out oxygen which we in turn breathe in.

"And I would like you to notice the way you are *supported* by the chair. There is nothing that you have to do, except to *accept* the support of the chair. And the chair in turn is supported by the floor. And the floor is supported by the walls of the building. And the walls are supported by the foundation of the building, which is in turn supported by the earth. And in the same way, there are *hidden forces*, that have been out of your awareness, within you, *supporting you*. Forces within your inner self, inner mind and those forces are connected to the larger intelligence that flows through all of life.

"And there are *forces around you and within you* that have always been there, supporting you, and will always be there, whether you are aware of them or not. And when you are able to *experience* experiencing this, a part of your mind can know that you are really *never alone*, unsupported. It is merely an illusion. And every time that you take a *breath*, you can be aware on some level that you are being held in the *larger matrix of life*."

### **Don't Kill the Messenger, Listen to Her**

Therapy with my hypothetical client had so far been largely focused on a stabilization phase, helping her calm down, reconnect with her body, reduce the mind-body-spirit split, build a sense of self-esteem and self-sufficiency, and reduce the fears of a recurrence of panic attacks. What remained was to deepen the self-exploration of what her body was trying to communicate to her in the form of her panic attacks. In this stage, as in all the others, the multidimensional aspect of symptoms must be kept in mind. That is to say, that we are influenced by our biology, psychology, deep emotional self, family, culture, conditioning and a myriad of unknown factors. Some panic attacks are caused by drinking six cups of coffee a day, creating an over stimulation of the nervous system by caffeine. In others it is the accumulation of tension from lack of sleep, lack of exercise, poor diet, and a genetic predisposition to anxiety. In others it is connected to psychological conflict or the suppression of anger. At this point, some basic sorting

needs to be done to determine who needs deeper psychological work.

### **Psychotherapy**

There are as many useful modalities to use in this phase of treatment as there are types of psychotherapy. With my fictional client I used a mixture of just plain talking about her life and hypnotic methods of exploration. SR philosophy and technique are particularly helpful in this phase in bringing out parts of the self that are denied expression and helps to foster an understanding and sponsorship of these aspects of the client.

In our work, it became clear to both of us that more was going on in Allison's emotional life than she had been consciously aware of. She began to acknowledge the hurt and anger that she had been denying that resulted from her recent breakup. Following the breakup, she had resolved not to "fall apart" but be a "strong and rational" woman by plunging into her work, staying active and "not feeling sorry for herself" and just keep on moving. This is what she had seen her mother do, following her parents' divorce when she was eight years old. It had seemed to work well for her in her life. During a hypnotic exploration Allison became aware of feeling "strange" and uncomfortable sensations in her chest. Moving her attention into that area intensified the feeling. When asked whether this was in fact an old feeling that she had in earlier times she spontaneously had a visceral memory of being eight years old, shortly after her father had left the home. She remembered crying and her mother telling her to be strong. She remembered feeling that she had to protect her mother from any more upset and she forced herself to "be strong." In that session she was able to open her heart to the sadness and fear of that child and to feel that it was not only alright to feel the hurt and anger that she had been denying, both then and now, but that it was absolutely necessary. This was a very important experience for Allison, as at that moment she pledged to herself that she would be there for her own self, in a supportive, non-critical way. She found that instead of fighting off feelings of self-pity, she felt a sense of self-compassion and self-acceptance.

Allison was also able to openly acknowledge her

fear of turning 30 and not being in a committed relationship leading to the creation of a family. In this phase, her underlying beliefs about herself and the world were explored, and most importantly the nature of her relationship to her own self. Childhood issues and memories that led to her beliefs were worked with. During this phase of her therapy much time was spent in quiet listening and in identifying feelings and sensations that were moving under the surface, representing parts of her experience that had been kept out of awareness. She began to develop a greater understanding and appreciation of herself. When therapy ended approximately a year later she was able to look back on her panic attack as a unwelcome but necessary "gift" from her unconscious self which opened up the door to greater self care and knowledge.

My studies with Stephen Gilligan and the SR community have enriched both my personal life and my work. When working with clients in this way several things began to happen. I began to sit with clients with curiosity and expectancy that they were 'up to something big.' I would, as taught in the supervisions, ask myself contemplative questions such as "What was this person like at the moment of their birth?" Contemplative questions that essentially asked "What is the essence of this person that is being held out of their conscious

awareness?" While holding these questions I observe clients closely, looking for currents moving under the surface, ones that they themselves may not have been consciously aware of, and then help facilitate their emergence through focused attention and body awareness. When this happens successfully, what comes to the surface are somatically held energies of tenderness, fierceness and playfulness that can be used in their lives.

The spiritual dimensions of SR work have been helpful and meaningful. This dimension involves the experience of being held in a larger 'field of consciousness,' that of life itself. This larger field holds within it an underlying intelligence and intuitive knowing that is available to us, when we are not blocking it out. When we are open to listening on that level, we know intuitively more than we are consciously aware of knowing. There is a feeling of aliveness and an appreciation of our uniqueness that goes with being in this flow. The connection to this aspect of life is often illusive. It seems to be more in the domain of the 'somatic' self that gets so easily shut out, feared and misunderstood in our attachment to the 'cognitive' self. SR work has been helpful to me and the people I work with in opening up these vital and precious moments in life. These moments serve as landmarks and sources of illumination in moving toward a healthier and happier life.