**Schmidt, Leonard, J. & Warner, Brooke (Eds.) (2002).**

**PANIC: Origins, Insight, and Treatment. Berkley, CA: North Atlantic Books.**

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This book is an edited anthology of chapters that aims at addressing the emotion of panic in its many manifestations. The book's purported purpose is to conduct an interdisciplinary investigation into this complex emotion in its various guises. The contributors have been drawn from various disciplines: art, poetry, literature, cinema, music, anthropology, body-work, biology, sex therapy, psychiatry, and psychology.

By way of definitions, *anxiety* clinically and colloquially refers to states of uneasiness, tension and distress associated with apprehension, worry, and dread. *Panic* on the other hand refers to extremely intense anxiety states associated with feelings of helplessness, terror, and doom. At the outset, the editors provide an accurate definition of a *panic attack* as "a discrete period in which there is a sudden onset of intense apprehension, fearfulness, or terror, often associated with feelings of impending doom. During these attacks, symptoms such as shortness of breath, palpitations, chest pain or discomfort, choking or smothering sensations, and fear of "going crazy" or losing control, are present."

The four DSM-IV criteria for *panic disorder* are (1) recurrent and unexpected panic attacks wherein (2) at least one of the attacks has been followed by a month or more of persistent worry and concern about having another attack, or about the life fall-out of having an attack, and where the attacks are (3) not due to ingesting a drug or having a physical medical condition, and (4) not accounted for by another mental disorder. The chapters the editors have culled together do not really address *panic disorder* as defined by the DSM-IV. What they do address are panic and panic-like states of varying etiologies in varying contexts, such as panic states related to medical conditions (e.g., thyroid disease), posttraumatic stress reactions, sleep disorders, sexual dysfunction, social alienation, and so forth.

The two editors, a psychiatry professor (Schmidt), and a professional health and psychology editor (Warner) took on an ambitious project; to weave together a more encompassing and richer understanding of panic. In some ways they succeeded and in some ways they did not. Because of the broad scope of this book, and the uneven quality, accuracy, and clinical relevance of the chapters (some chapters are confusing), I shall

limit my comments to a few selected chapters that are relevant to hypnosis.

The editors wisely organized the chapters into three major sections: (1) Origins; (2) Insight; and (3) Treatment. However, each section is glaring in its incompleteness. There appears to be no definitive organizing principle within each section, and many of the chapters lack a clear guiding framework.

In Part One, Origins, the editors begin by providing a useful table summarizing culture bound "panic-like" syndromes. This is followed by the first chapter by Ussishkin, a historian, on "historical instances of panic" in which he points out that historical context defines labels and determines explanations for phenomena such as panic. He wisely raises the question whether the widespread use of the label *panic* as an explanatory term for human behavior is useful. Perhaps the label, "panic" is overused in our society in a way that is similar to the overuse of the term "addiction" (Zarren & Eimer, 2002).

Chapter 2 by Renggli, a zoologist and psychoanalyst, traces the roots of panic to prenatal and perinatal trauma, positing that the deepest imprinting on a human being's personality occurs in the mother's womb. In summary, the basic points are that the pregnant mother's moods influence the intra-uterine environment, that labor entails a big adrenaline dump, and thus, the birth experience is akin to a panic attack. This theory is in line with some very productive work in the hypnosis field by such luminaries as David Cheek (1994) and Dabney Ewin (1994). As pointed out by Ewin (1994, p. 175), "trauma releases epinephrine, and epinephrine fixes memory . . . implicit memory can be accessed in hypnosis, recovering *details* of a trauma not available in explicit memory . . . Hypnosis can be used to recover actual events as far back as birth". Unfortunately, this approach is not addressed, explored or developed either in this chapter or anywhere else in this book.

The third chapter by Levine, the developer of "Somatic Experiencing Therapy" is very worthwhile to hypnosis clinicians. He posits that anxiety arises from the failure to complete motor acts and that our only really core fear is our fear of being unable to cope. This position reminds this reviewer of the personality psychologist George Kelly's (1955) reasonable postulate that anxiety is the result of being caught with one's personal constructs down, inoperable, or inapplicable. Levine asserts that anxiety can be depotentiated by sequentially restoring the latent and aborted fight/flight and other active defensive responses triggered when escape or fight was thwarted the first time. This he points out can uncouple the acute, frozen-in-time freezing response from recurrent fear reactivation.

This in theory is akin to doing analytical hypnotherapy, as well as EMDR therapy (Shapiro, 1995) and regressing the patient back to the first, last and worst experiences with the problem. However, there is no mention of hypnosis in this chapter. Somatic Experiencing Therapy is a narrative, conversational approach that involves exploring images and memories with a special focus on bodily sensations. Levine talks about the "somatic bridge". This idea (or technique?) is also used in analytical hypnotherapy, as is the Watkins's "affect bridge" (Watkins & Watkins, 1997). However, nowhere in this chapter or in any of the other chapters is there any reference to clinical hypnosis.

In Part Two, Insight, the editors' selection of chapters will be disappointing to clinicians looking for ideas to apply in their practices. The chapter on "Understanding Panic in Sexuality", which involved the interview of a psychotherapist/body worker specializing in sexual problems is especially disappointing. This is an area that I had hoped would be explored more thoroughly in terms of the psychoanalytic and psychodynamic underpinnings of sexual conflicts and expressed panic symptoms, but such was not forthcoming. Rather, the focus of the chapter was on body and breath work and the identification and release (and change) of chronic, dysfunctional muscle holding patterns.

Where this volume especially falls short is in discussing well researched and clinically promising avenues for preventing or short-circuiting panic states in the first place. This reviewer got the sense that some of the book's contributors essentially glorified the existential phenomenology of a sufferer's recurrent panic states. Some of the contributors, being non-clinicians, confuse different clinical diagnostic terms (e.g., panic, anxiety, hysteria, obsessions) and over-apply the term panic. Some of the contributors, claiming to have experienced single event or recurrent panic states themselves, make the error of overgeneralizing from their own subjective experiences.

The fact is that panic results when a threat-induced *fight or flight response* turns into a *freeze* response. This may be a one-time experience, or it may recur. The more it recurs, the more conditioning or imprinting occurs, thus making this high anxiety, helpless state seem to assume a life of its own (i.e, becoming controlled by the unconscious)(Zarren & Eimer, 2002).

Hypnotic techniques are useful tools in the psychological treatment of panic sufferers. Hypnosis facilitates communication with the unconscious or subconscious mind (Zarren & Eimer, 2002). This can make

it possible to introduce information to the unconscious through direct suggestion to change fixed beliefs that have been coupled with feelings of being helpless, restrained, terrified, and terrorized, to more flexible beliefs associated with feelings of being in charge, capable, strong, and courageous. Hypnotic techniques can facilitate cognitive and emotional reframing of dysfunctional meanings and labels associated with panic, learning effective coping strategies, and the analysis and resolution of root psychological conflicts causing and maintaining the panic symptoms.

While the literature is replete with books, treatment manuals, and articles on cognitive behavioral therapy for panic disorder (Dattilio & Salas-Auvert, 2000; Mellinger & Lynn, 2003), and on clinical hypnosis for trauma (Brown, Scheflin, & Hammond, 1998), little has been written on clinical applications of hypnosis for recurrent panic states and panic disorder. This is another glaring omission from this book.

In Part Three, Treatment, the editors included a chapter on pharmacological management of anxiety and panic, two chapters on body-work and bioenergetic analysis approaches, a chapter on panic and anxiety in relation to sleep disorders, a chapter on sexual manifestations of panic, a chapter on herbal therapy, and a chapter on homeopathic treatment. In addition to leaving out hypnosis, the editors and authors omitted making any references to the growing body of promising clinical work on energy psychology approaches to the rapid treatment of panic states (Gallo, 1999; Phillips, 2000). However, the two chapters on bioenergetic analysis (one by Resneck-Sannes, the second by Robbins) provide worthwhile information for the hypnosis clinician and are fairly well focused.

The Resneck-Sannes chapter focuses on the goal of helping the panic disordered patient identify something palpable and threatening as the source of his or her fear and attendant fight/flight reactions. These threatening events, issues, memories, or inner conflicts are typically out of the patient's awareness (i.e., unconscious) until the therapist helps the patient become conscious of what they are. The patient needs to be helped to face the facts as it were. She emphasizes the point that panic reactions are to be heeded as signals from the body that something is wrong and that these signals of danger or threat mustn't be overridden. Panic is defined as a blocked fight/flight response that leaves the body in a heightened state of arousal. The main strategy is to work with the patient in identifying the threat in an atmosphere of safety and to support the discharge of the fight/flight reaction.

The Robbins chapter also takes a bioenergetic approach. The focus is on the "role of the directly observable"; guiding the patient to becoming more sensorily aware of what his or her body is doing before, at the outset of, during, and after an attack. This information is then used as a starting point for exploring what comes up cognitively. For example, some patients are taught to pay attention to shifts in their breathing patterns associated with the onset or start of their panic symptoms. Such physiological shifts or changes are aptly labeled "body starters". The bioenergetic therapist according to Robbins also may guide the patient to change the physical expression of these body starters.

Real world survival post-9/11 demands that we all develop a survival-oriented mindset backed by the necessary coping strategies (e.g., threat awareness, evaluating, judging, deciding, responding, avoiding, confronting, fighting, fleeing). These skills must be employed selectively and appropriately in the face of lingering uncertainty and tough, threatening, or critical circumstances so that we effectively respond and don't freeze (Eimer & Torem, 2003; Rauch, 1998; Siddle, 1995).

According to police psychologist Roger Solomon (1995), when the fight or flight response is triggered in a critical incident, survivors quickly pass through four phases that can be summarized as: (1) *Welcome to Hell!* (2) *Oh Sh - - -!* (3) *Survive!* (4) *React! Do something!* When all four phases are passed through, the survivor's reactions are not blocked, and appropriate post critical incident debriefing is conducted, the emergence of PTSD and attendant panic states can often be prevented.

In summary, I found this book to be a bit more confusing than enlightening. If it provides a roadmap of the territory of panic, this map seems to lead more into a state of muddlement than into a state of greater clarity. In my opinion, this book does not live up to its promise; "Don't panic – Help is on the way!". The book could have been organized better and the chapters designed to be more consistent. However, as discussed above, there is useful information in these pages for the hypnosis clinician. Furthermore, there is much within these pages to think about.

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