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FAST SOCIETY: THREE CASES OF PANIC ATTACK

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Abstract
All aspects of our life are ruled by the concept of „fast society” - from fast food to „fast (on-line) relationships” and, in turn, to „fast therapy”. Clients and counsellors alike are in a rush to find a quick way to solve the problem. This approach to „panic attack” problems could sometimes lead to a dead end. What is more, this dynamic of the therapeutic process could increase the client's confusion and let the sensation of fear unexplained. The following paper puts forward three case studies, where the „not-knowing” position of the therapists unlocks the situation, helping the clients become aware of the elements from context that are connected to their fear. The meanings behind the attacks are revealed in the conversational field when the therapist stops their search for explanations and becomes patient enough to be curios and invite the client to explore detailed stories of their daily life.

Keywords: counselling, panic-attack, „not-knowing” position, dialogic approach, stories of daily life.

Resumé
Tous les aspects de nos vies sont régis par le concept de « société en vitesse » - de fast-food, aux « relations rapides (en ligne) » et, se référant au thème proposé, à la « thérapie rapide ». Les clients et les conseillers sont pressés de trouver un moyen rapide de résoudre eux-mêmes les problèmes. Cette approche dans le cas de symptômes de « crise de panique » pourrait parfois conduire à un blocage. De plus, cette dynamique du processus thérapeutique pourrait augmenter la confusion du client et laisser le sentiment de peur inexpliqué. L'article ci-dessous présente trois études de cas, dans lesquelles la position « ignorante » (not-knowing) assumée par les thérapeutes déverrouille l'interaction thérapeutique, aidant les clients à prendre conscience des éléments du contexte liés à leur peur. Les significations derrière les attaques de panique sont révélées dans le domaine conversationnel lorsque le thérapeute arrête sa recherche d'explications et devient assez patient pour être curieux et inviter le client à explorer des histoires détaillées de sa vie quotidienne.

Mots clés : concilier, attaque de panique, „not-knowing” position, approche dialogique, histoires de la vie quotidienne.

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Rezumat
Toate aspectele vieții noastre sunt guvernate de conceptul de „societate în viteză”, de la fast-food la „relații rapide (on-line)” și, referindu-ne la tema propusă, la „terapie în viteză”. Clienții și consilierii deopotrivă se grăbesc să găsească o modalitate rapidă de a rezolva problemele. Această abordare, în cazul simptomelor de „atac de panică” ar putea duce uneori la blocaj. Mai mult, această dinamică a procesului terapeutic ar putea crește confuzia clientului și ar putea amplifica senzația de frică inexplicabilă. Lucrarea de mai jos prezintă trei studii de caz, în care, poziția „celui care nu știe” (not-knowing position) asumată de terapeuți, deblochează interacțiunea terapeutică, ajutând clienții să devină conștienți de elementele din context care sunt legate de frica lor. Semnificațiile din spatele atacurilor de panică sunt dezvăluite în spațiul conversațional atunci când terapeutul își oprește tendința de căutarea explicațiilor și devine suficient de răbdător pentru a fi curios și pentru a invita clientul să exploreze povești detaliate din viața lor de zi cu zi.

Cuvinte cheie: consiliere, atac de panică, „not-knowing” position, abordarea dialogică, istorisiri din viața de zi cu zi.

Introduction

It is quite common for a psychotherapist to encounter clients profoundly unnerved by inexplicable panic states. Amongst the often described experiences can be found: the racing or pounding of the heart, sweating, shaking, or trembling, shortness of breath or the feeling of being smothered, the feeling of choking, chest pains or discomfort, chills or hot flashes, nausea, an upset stomach etc. These states are very strong and inexplicable. The client rarely finds any mean to justify this, leaving them with the question: *„what is happening with me?”*

During the evaluation interview, the therapist looks for any elements from the context that would justify the reactions. It is not an unusual occurrence for both therapist and client to get stuck at this stage of the interview.

With each proposition the therapist makes, regarding the cause of the panic states, the client fails to find anything relevant and invalidates the therapist's hypothesis.

Due to this hindrance, the therapist may be prone to abandon exploring the overall context of the occurrence, eventually simply finding the concrete factors in the environment that trigger the client's states. As such, the context-driven approach to the intervention is lost, the therapist only following a path led by general aspects.

In order to surpass this barrier, I will further develop a mixed theory, connected with both the modern view and the postmodern approach. An adventure that has been tried before (Bertrando and Lini, 2021). Thus, I am to combine the experiential approach - *high emotions are defenses that bock the experience of primary emotions triggered by perceived context* (Satir, 2010; Johnson, 2004) - with the dialogical approach - *people’s problems are directly connected with dead-end dialogue* (Seikkula and Trimble, 2005; Seikkula, 2008).

Thus, I have created a simple strategy to aid both therapist and client connect emotional states with concrete elements of the immediate context. The strategy is simple but requires a lot of work with the therapist's attitudes. The

proposed basis is for the therapist to assume the attitude of „not knowing" (Anderson and Goolishian 1992, Anderson and Gehart, 2007, Rober 2005), in order to help the client eliminate their defences, and further get in touch with the primary emotions sparked by the context.

The article will present the theoretical context, the description of the technique and three base cases, through which the therapeutic value of such an intervention is presented.

The theoretical construct currently proposed is a challenge between seemingly diametrically opposed perspectives: the cognitive versus the emotional perspective; modern objectives achieved through postmodern strategies.

The content

I will try to briefly present the theoretical foundation of the intervention strategy presented in this article. First, I will describe the intrapsychic process of a panic attack. This description will be based on the cognitive and experiential perspective.

Second, I will present the process of the dialogue between therapist and client, insisting on the barriers that may arise. This description will be based on the dialogical approach.

How a panic attack occurs:

In order to describe the intrapsychic mechanism through which panic attacks manifest themselves, we are to start with the process of coping with everyday events. In this model we have combined the cognitive theories of coping strategies proposed by both Lazarius and Folkman (1985) and Lazarius (1991) with the experiential humanistic perspective (Johnson, 2004; Johnson, *et al.,* 2005)

Thus, Lazarius (1991) states that in any situation people first evaluate the context that they find themselves in ("primary appraisal"), followed by their possibilities to deal with the said situation ("secondary appraisal"). According to this assessment, the human body together with the mind will become active (stress). Further, an action appears as a response to stress, the coping mechanism. Lazarius and Folkman (1985) distinguish between two different types of coping: problem-focused and emotion-focused. Weiten and Lloyd, (2006) distinctly separate a third category of coping, focused on re-evaluating the situation - appraisal-focused.

Problem-focused strategies are directed at analyzing, solving, or, if that is not possible, altering the problem that is causing the disruption. These would mainly include the strategies for accepting the confrontation with the stressor, arising when the individual evaluates the contextual circumstances. Circumstances that are now viewed as being prone to change.

Emotion-focused strategies are centred around the person, aiming to balance their emotional response, which is developed in relationship with the problem. This category of coping is more likely to occur when the individual assesses the situation as being impossible to be changed. It may seem as if nothing can be done

to change threatening, challenging or harmful environmental conditions. These processes can lead to self-deception and distortion of reality, which are categorized by Lazarus as unconscious defense mechanisms.

Appraisal-focused strategies bring forward changes in the way the individual thinks. For example, they tend to either enter a state of denial or even start distancing themselves from the problem. People are able to change their view of a certain problem by modifying their goals and values. For instance, seeing humorous aspects in a certain situation that is not, in fact, amusing.

The theory presented above has been combined with a series of aspects from the experiential humanistic perspective. The concept of stress will be replaced by emotional activation. These emotions are inherently connected to the person's needs. Thus, upon evaluating their personal and exterior possibilities, the individual perceives certain needs as being fulfilled or not. When the needs are perceived as fulfilled, positive emotions are generated, while when they are not negative emotions emerge.

In the experiential humanistic perspective, the focus is on the perception of emotions as a vector of human action, the main energy that sets human beings in motion. In Latin „emovere” means movement (Johnson, 2004). Unfortunately, during our lifetime we gradually learn that negative emotions are damaging. We tend to avoid them, to block them. Beyond the individual, the denial of impulses and suppressing feelings are the causes for problems arising in the family (Nichols and Schwartz 2005).

Drawing a parallel to the experiential approach, it can be said that the emotion-focused coping strategy are the equivalent of defence mechanisms, that shelter the individual from negative emotions. Part of thesis defences can appear as the exacerbation of certain emotions, also known as secondary or instrumental emotions Johnson (2005). The consequence is self-alienation.

The goals of the experiential approach are to help the person become aware, experience and identify their emotions, while using their energy to act on satisfying the needs behind said emotions. This self-exploration will bring forward, to the conscious level, the personal view about oneself and others, which is, in turn, connected to these emotions, as well as their associated needs.

If one was to give an instance of a theoretical construct that combines cognitive and experiential humanistic aspects, a telling example might unfold as such: *Fear and other emotional responses are always provoked by a situation.* The emotion is a response to a perceived context. We appraise the situation as not sufficiently fulfilling for our needs. The arising frustration instinctively generates negative emotions with the scope of guiding the individual towards meeting their needs. Consequently, upon fulfilling our needs, positive emotions are generated. Thus, we are driven towards repeating this strategy in future scenarios when we find ourselves with our needs unsatisfied.

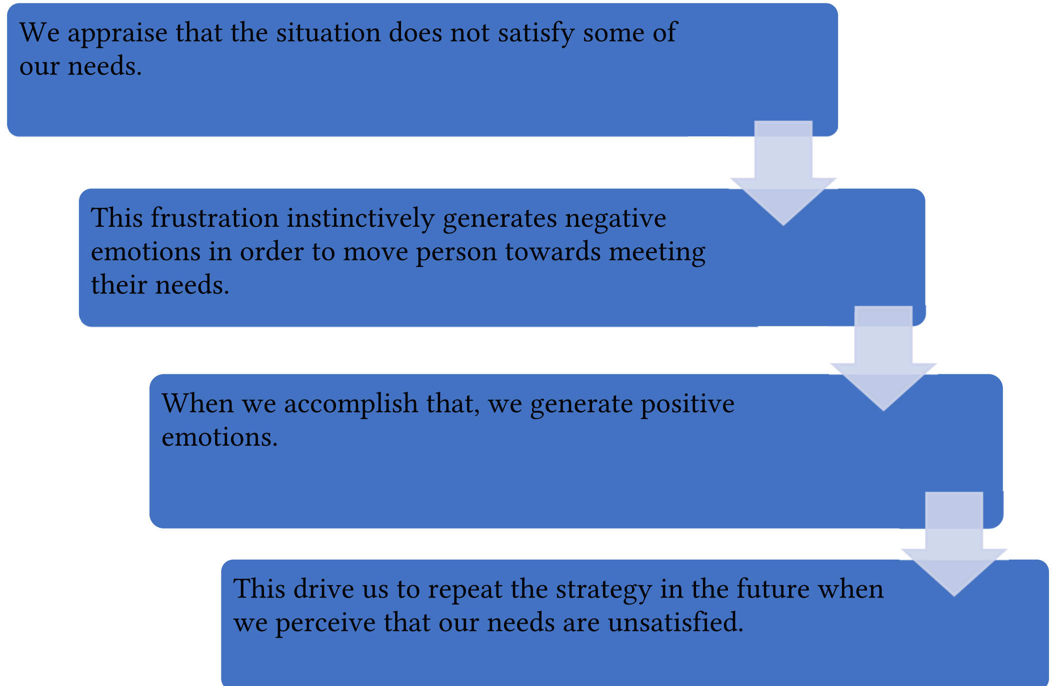

Figure 1. The stages of needs and positive emotions

In some situation our emotion cannot relate to something from the living context as anxiety, depression, panic attack. Looking from the perspective of the theories presented above, it can be said that people use defence strategies to block their perception, emotion and needs. These defence strategies are simply temporary solutions, seeing as they soothe us for the time being, while also distancing us from what is happening inside. Thus, unconscious, the perception of unsatisfied needs persists, endlessly generating negative emotions that aim to aid in fulfilling our needs. It becomes a continuous process of energization that is not consciously regulated, does not reach its finality. This leaves the individual to experience inexplicable states such as anxiety, depression, panic attacks, impulsivity, etc.

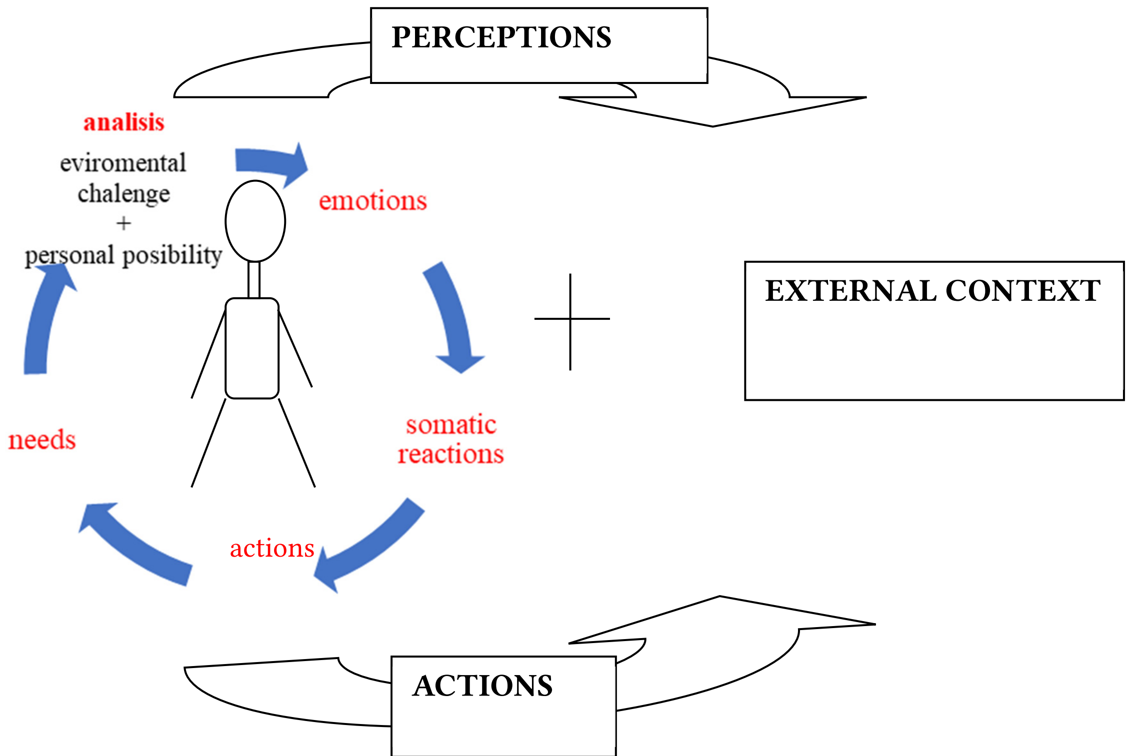

Figure 2. The circle of perception-actions

How the dysfunctions occur

One theory on panic attacks associates them with the blocking of emotions aroused by the perception of a certain concrete situation. The individual's emotional response will appear, maybe more intense, in another context, with no apparent connection. That sets off the vicious circle of anxiety, during which people are scared by the intensity of their emotional state, which appears „without any explanation". Amongst the main thoughts that occur can be found: What is happening with me? Am I losing my control? Something is wrong with me.

Intervention goal

The intervention goal is to help the client connect the emotions with the situations that they are linked to. This aids the client on more than one level. First, the client regains the predictability of their life. Second, the client starts applying the functional pattern of responding to the context.

Virginia Satir states that „fear is always fear of something in the future. I have noticed that if the person who is afraid of something confronts that something in the present, then the fear disappears" (Satir, 2010, p. 40).

Humanistic therapy (client-centred therapy, gestalt therapy, and existential therapy) is focused on people's capacities to make rational choices, to reach their potential, and to take responsibility for their own actions. It helps people understand what is happening with them and focus on the present by making new, more functional choices Bonevski and Naumovska (2020).

Problems that may appear in this intervention

Considering the process described above, it can be hypothesized that people who experience panic attacks have difficulty in identifying the elements of the context they perceive as threatening, to which they respond with intense fear. Not allowing themselves to tackle these perceived threats causes the intensity of the fear. Consequently, they will encounter difficulties in identifying the stressors during therapy conversation. They are rather likely to conclude that there is no justification for this panic.

Turning to the therapist, barriers may arise due to the tendency to be efficient, to quickly solve the tensions exposed by the client, and, especially, to identify the causes and propose the solutions. The therapist is preoccupied with formulating and validating hypotheses. This can lead to a certain difficulty in listening to the client, in giving them space to explore their inner states. This prevents the client from identifying their beliefs about both themselves and others, through which they could highlight the needs they perceive as unmet, and the associated emotions. This may lead the client to be tight, being more reluctant to give authentic responses that are suitable for environmental challenges.

When looking at the social context, we are rushed by daily culture to resolve the problems very fast. We have no time to explore. We need to go forward to the next thing in our life. All aspects that surround us are ruled by the concept of „fast society" - from fast food to „fast (on-line) relationships" and, in turn, to „fast therapy". Clients and therapists alike are in a rush to find a quick way to solve the problem. This hasty approach to panic attacks may sometimes lead to a dead-end. What is more, this dynamic of the therapeutic process could increase the client's confusion, letting the fear sensations unexplained.

For example, a dialogue of this kind may appear between therapist and client:

The **therapist's** statements could be: *Your reactions have a concrete explanation. What was happening to you during that time? An important event has awakened this fear.*

Many times, **the client** responds: *Nothing. Everything was working well back then. I can't explain it and that's what scares me.*

Therapist: *Maybe your fear is connected to this…….*

Client: No. Because ….

Dead end conversation

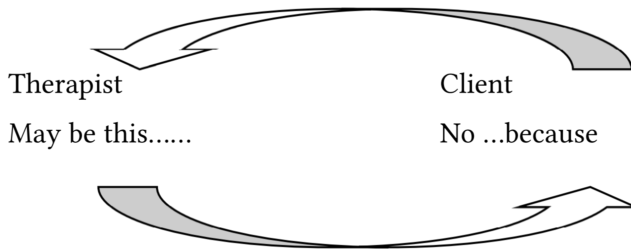

Figure 3. Dead end conversation

Using the not-knowing position and „Stories of the daily life" technique

As a response to this barrier in conversation, as described above, we propose a strategy from the dialogic approach Seikkula and Trimble, (2005). This presumes that the problems are related to barriers in dead end dialogues or monologues, that manifest either at intrapsychic level or in conversations with others. If we go about the issue from this perspective, it can be said that the panic attack is the consequence of the closed dialogue or monologue in which the client is trapped. On the other hand, the possible vicious circle described above in the dialogue between client and therapist may be based on the barrier that comes with dead-end dialogue.

Change occurs when the therapist facilitates a conversational space specific to open dialogue. In order to do this, it is of great importance for the specialist to work with his own attitudes, such as tolerance to uncertainty and `the not-knowing` position (Anderson and Gehart, 2007, Rober 2005).

Next, we present some milestones to aid the specialist in accompanying the client on their self-exploration journey, while contacting the problematic aspects of their life:

1. Signals that tell us that we are stuck in a dead-end dialogue and how to get unstuck (Nedelcu 2015):

What I perceive about the client:

- *The client tries to persuade me, does not agree with me*
- *Is interested in and is talking of topics I believe are not related to the therapy*
- *Does not proceed with the topics I propose, is not partaking in the therapy*
- *Repeatedly comes up with ideas they previously stated*
- *Withdraws, is tense*
- *Is unhappy/does not see the purpose of the discussion*
- *The clients are blocked in closed dialogue*

Deblocking actions initiated by the therapist for themselves

- *I put aside my ideas, my perspective, and I shift towards understanding and hearing the client*
- *I put aside the goals I set for the therapy and try being just curious*
- *I try trusting the „open dialogue" and share the responsibility of the therapy with it (putting up with the unknown)*
- *I suggest another framework for our talk*

Signals that tell we are in an open dialogue

- *I am curious about what the other is saying and try to understand*
- *There are suddenly new perspectives for me regarding the topic and I am willing to explore them*
- *I feel that the client and I are connected*
- *I don't need to control the ending of the discussion anymore; I trust the dialogue and share the weight of the therapy with it*
- *The client is listening to what I say and is responding*
- *The client finds new perspectives and is willing to explore them*

2. Using the not-knowing position

We enter in the dialogic state. We do not try to validate some hypothesis, we don't hurry to understand, but we are curious. We stimulate the client to recover the memory, to explore what was happening with or to them around the panic attack event. We can look at their schedule during the day of the event, or the day before, or even the day after etc. I trust the conversation and start" living moments" in dialogical exchanges Shotter and Katz (1999).

3. „Stories of the daily life" technique

Technique requires the therapist to invite the client to describe in great detail a day in which the problem behavior appeared. It is essential for the therapist to adopt the „not-knowing position„ and to support the client in describing the respective day without looking for anything significant.

Data and methods

This article puts forward aspects of three cases with people who were experiencing panic attacks. These cases occurred during session taking place between 2019-2021 as part of my private practice.

The qualitative research design of phenomenology was used Hancock (2002). The research method that has been used is that of a case study based on observational analysis (Muntele - Hendres and Diac, 2022). The goal is to present observational evidence related to the experience of using the „not-knowing" position, as well as the „Stories of the daily life" technique, to help clients eliminate defences and face environmental challenges in cases of panic attacks.

The Research question arises:” *What are the concrete methods of helping the client transition from the state of failing to link fear to any concrete event, to the moment of environmental challenges, that explain dysfunctional states, coming to the surface?”*

The paper aims to analyze the phenomenon from a qualitative perspective.

Three cases of Panic Atacks

Case 1

Maria, 44 years old, married for 20 years, with two children (14 and, respectively, 16 years old). Together with her husband she runs a construction business.

Through therapy she aimed to create a personal development program. Her main goal was to clear up the relationship she had with her mother, who died a long time ago. During the first five sessions the discussion was rather open, balanced, even cheerful and well placed. At the sixth one she came to the session and said:

“On Monday I had a panic attack. It was awful”.........I have no explanation for what has happened. ...“What is happening to me?”

Exploring the panic event

Monday evening, around 8 o'clock P.M. she was at home with her husband and with her two adolescent sons. They were watching a cartoon movie named Vayana (Moana). During movie she starts checking her agenda for the next day. In that moment panic attack symptoms appeared. With her husband’s help, after a while, she manages to relax.

She said: „*Everything was well during the weekend/ day. I am not expecting anything bad for the following days....... My relationships with my husband and children are very well. What is happening with me?””*

I began to explore with her the possible stressors that appeared inside the family relationships, at work or in other aspects of her life. The more I was searching for answers in this direction, the more Maria said that she was going through a good period of her life and nothing new and/or problematic happened. I realized that I had entered in a dead-end dialogue (see fig 3).

Key point from the day (not-knowing position)

When I noticed that I am stuck in a dead-end dialogue with the client I take a step back. I invited the client to describe that day in detail without looking for anything specific. We started with the moment when she woke up, what she had for breakfast, how she interacted with her children and husband, when she left the house etc. Fifteen minutes into the discussion, a significant event is described during her lunch. She had attended a **funeral of a former friend of her mother's**. It was a 60-year-old lady who died of breast cancer. My client declared that during the funeral she had been balanced, unaffected.

I asked the client how she felt then when she was talking about this event. What were the thoughts that came to her mind? What would she have wanted to happen then? The client began to decrease the rhythm of speech and to say that she was feeling sorrow and that memories of her mother's death came to mind. We began to explore more in that direction.

Connection with her life

In that moment it occurred to me that she had entered the therapy process with the desire to resolve some issues regarding the episode of her mother's death, which had happened when she has 16 years old. **Her mother had breast cancer**. My client had helped her mother in her last few months. After the funeral she had recovered very quick and had started to take care of her father and older sister (who was 18 at the time).

Around the time of this episode, it appeared that her father was suspected of prostate cancer. (This information was revealed during session number 7).

Triggers of panic attack

During the conversation she revealed that when she stopped looking at the movie, the scene that was playing was that of the death of the main character's grandmother. That was when the grandmother had transformed into a stingray and guided the main character's boat out to sea.

Context connected with panic

□ Active mourning process connected with her mother's death.

□ Fear of losing her father who was suspected of cancer.

Consciously connecting with these feelings helped her balance herself emotionally and make her panic attacks disappear. This process involved: accessing the emotions and perceptions related to these situations, becoming aware of the needs behind these perceptions and emotions, and manifesting the behaviors to satisfy these needs.

Case 2.

Giulia, 38 years old. Higher education. She divorced 3 years ago. She had a stable relationship for the past 9 months.

Her goals in therapy were to decide to give up her second job; to be able to relax; to take more care of herself.

After the fourth session she quit the second job. During the last 4 sessions she made some steps towards integrating a more unstressful perspective on life.

At the eighth session she came to therapy and said: *„On Monday night I had a panic attack. It was awful" ....."What is happening with me?.. It came out of the blue."*

Exploring the panic event

Monday to Tuesday, at about one o'clock in the morning, she was sleeping in bed with her partner, when she suddenly woke up with a feeling of suffocation, her heart was beating fast, she was feeling very scared, she was shaking, she did not know what was going on. Her partner woke up and came by her side trying to calm her down. The unpleasant state she found herself in lasted for about three quarters of an hour. She hardly calmed down. She didn't know what was going on. During the day everything had been fine, and she had had a wonderful weekend. She was getting along well with her boyfriend with whom she had been living with for three months. In the weeks before the incident she has been enjoying her free time, after she had quit her second job. Professionally, she had good results and was appreciated. She had no reason to be stressed. She didn't understand. What had happened to her?

When I started exploring possible connections with the workplace, or with the financial aspects, the client told me that everything was ok. She said her condition had no apparent explanation. We had entered a dead-end dialogue (see fig 3).

Key point from the days around the crisis (not-knowing position)

I invited the client to describe the day of the incident in detail without looking for anything specific. After she had described Monday, I invited her to explore her weekend. At one point she told me that on Saturday she had been with her boyfriend to the mall. They went to the movie: „A bad moms Christmas". She then brings forward her relationship with her mother who had passed away. She said it had been strange to make the connection with the relationship with her mother during the film. I asked her what her mother would think of her at that point. She said that her mother would not agree with the relationship she was in now. She showed a feeling of discomfort and said that she did not want to be influenced by her mother in her decision about choosing her partner.

Before the movie, when they had walked by a jewellery store, he told her they should change their leather bracelets, that they each offered at the beginning of the relationship, with some rings. The reason given was that the leather bracelets had worn out. He did not specify any other meaning of the rings. When he asked to go to the jewellery, she felt a little embarrassed, but it was not clear to her why. She quickly went over that bit.

At this point in the story, the client recalled that on Monday, when they returned from work at about five o'clock, the boyfriend told her that on Friday he would have the money to buy rings. After a short break, the client asked me ' Was all this why I was feeling so bad on Monday night? Up until now I wasn't paying attention to these issues. Now that I am talking about it, I realize that I am unsure about the future of the relationship.

Connection with her life

Her mother was a strict woman. They had had a tense relationship, however Giulia used to admire` her a lot (she is a doctor just like her mother). Her mother usually suggested that no man should be allowed to rule her life.

The mother died 5 years before the incident. In the context of her mother's death, she had married a person who she had divorced after 2 years. Since then, she had been trying to find the right relationship.

She had been together with the current partner for 9 months and felt very good. They had moved in together 3 months before the incident.

Triggers of panic attack

Monday, at 5 a clock, her boyfriend told her that they would have money to buy the rings next Friday.

Context connected with panic

□ Active unconscious conflict with her mother.

□ Fear to engage in a long-term couple relationship.

Consciously connecting with these feelings helped her balance herself emotionally and make her panic attacks disappear. This process involved: accessing the emotions and perceptions related to these situations, becoming aware of the needs behind these perceptions and emotions, and manifesting the behaviors to satisfy these needs.

Case 3

Ramona is 26 years old. She lives with her father. Her mother died 6 years prior. For the previous 2 years she had been experiencing numerous psychosomatic symptoms: irritable colon, gastric imbalance, stomach pain, constipation, allergies.

She had come to therapy sent by doctors to work on her emotional state. At the fourth session she described an episode, on Sunday evening, with stomach aches and panic. She said: *„What is happening with me? This state appeared without any explanation. Maybe I have a somatic problem, although I've been to the doctors before, and they said it's caused by stress. Now I'm not stressed about anything."*

Exploring the panic event

Everything had been well over the weekend/during the day. She had woken up relaxed at nine o'clock, at twelve she had met with some friends, in the evening she had cleaned the house, had taken a bath and right after that the states of tremors, restlessness, stomach pain, and panic appeared. They had lasted for about an hour. She made herself a cup of tea and tried to calm down. She didn't understand what had happened. Nothing bad was expected to happen in the following days.

I tried to ask her about stressful moments at work or with her family. Something that had happened before the weekend or after. For every question her answers were the same: everything was fine, she saw no issues (see fig 3).

Key point from the day (not-knowing position)

We started to explore what she had done during the day. We discovered that she had woken up late. She had had her usual morning ritual. At lunch time she had met some of her friends to celebrate her birthday, which had been during that week. In the evening she had cleaned the house and she „spoiled" herself with one long bath. Around 10 PM her somatic problem appeared. She stayed in that state long into the night. Nothing unusual appeared to have occurred during that day.

On Saturday she said that she went shopping and met some friends.

Friday evening, she went out in the city. She stayed until 4 o'clock in the morning. She remembered that she had been involved in a intimate conversation with a friend about negative things that had happened to her and how she then told the story of her mother's death. At this point in the story the client slowed down and said that she was feeling a little sad. She didn't understand what was going on because she had gotten over her mother's death. I asked her if she had talked about these states with her family members. She said that over the weekend she had not met up with anyone from the family, neither with her sister nor her father. She said that her sister was with her husband and her child. The father, with whom she lived, went away from Friday night till Sunday evening at a 40th-day wake of a good family friend. Ramona remembered with nostalgia the moments from her childhood when she had stayed with that family friend. She expressed sadness and said that sometimes she was afraid of something happening to her father.

Connection with her life

Her mother died 6 years before the event because of breast cancer. She had been deeply affected. The family did not speak quite often about that.

I found out that her father had gone on Friday night to another city for the 40th-day ceremony of his friend's death. The respective friend of her father's use to be an important person for the client during her childhood. At the same time, she was also afraid of losing her father. After her mother's death she had stayed with him to lend a hand, as well as help him get through his wife's death. At the time of the session the client was neither involved in any romantic relationship, nor did she pursue any, since she felt that her dad needed her.

Triggers of panic attack

The thought of her father's trip to the 40th day requiem of his friend, combined with the worries that her father might die.

Context connected with panic and stomach ache

□ Active mourning process connected to her mother's death.

□ Fear of losing her father.

□ Focus on her body to prevent her death.

Consciously connecting with these feelings helped her balance herself emotionally and make her panic attacks disappear. This process involved: accessing the emotions and perceptions related to these situations, becoming aware of the needs behind these perceptions and emotions, and manifesting the behaviours to satisfy these needs.

After 4 additional sessions, the client said that when she felt uncomfortable state in her body or restlessness, she would stop a little and review what had happened before and during those symptoms. Every time she would identify aspects of which she was previously unaware of. That is when her feelings of discomfort start to diminish. She said it was a useful tool she was going to continue to use.

Conclusions

The meanings behind the reactions are revealed in the conversational field when therapists stop to find explanations and become patient enough to be curios and invite the client to explore detailed stories of their daily life. This can be achieved by assuming the not-knowing position, by facilitating open dialogue, by inviting the client to present in detail the story of the day when the problematic states arise.

In this therapeutic context, the client manages to eliminate defenses alone and achieve a high degree of self-awareness. They succeed in contacting the challenges of the outside world and with the perception of oneself. They manage to allow themselves to live the emotions and to provide an authentic response.

The primary axioma states: ***fear and other emotional responses are always provoked by a situation.*** Emotion is a response to a perceived context. There is no inner state that does not have a correspondent in the outside world. Unexplained states are a consequence of dysfunctional adaptation strategies.

When the therapeutic framework helps the client to consciously make the connection with the challenge in the environment, stress relief occurs. The client regains control of their life, going back to their usual self. This is possible when the client and the therapist enter the trance of open dialogue. They are in the present. They listen and answer the statements that appear without looking for solutions and hidden meanings. They let themselves be caught up in the conversation, and the conversation brings out significant aspects for them.

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