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INSIDE THIS ISSUE:

∞ Mindfulness in Psychotherapy ∞

By Kate Northcott, MFT

Mindfulness is "paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally." (Jon Kabat Zinn)

Before you read this article, try one or all of these three things:

~Mindfulness of Acceptance~

1. Close your eyes, take a pleasant, deep breath, turn your attention inside of yourself and gently notice all that's there: bodily sensations, thoughts, feelings, pushing nothing away, clinging to nothing. Take your time.

~Mindfulness of the Breath~

2. Take a moment to notice how you're feeling. Stretch a bit. Take a seat facing a blank wall. Make sure that you're seated with an erect spine, comfortably balanced. Keep your eyes open, with a softened gaze, focusing on a spot in front of you. Bring your attention to your breath. Keep your attention focused on your breath. As you notice your attention moving to other things -- thoughts, feelings, bodily sensations -- bring your attention back to your breath. To more easily do this, count each breath up to the number 10 and begin again at the number 1. When your attention wanders, bring your attention back to the number 1 breath. Do this for five or more minutes. Take time, when you're finished, to notice any difference in the way you're feeling now, as compared to how you were feeling when you started.

~Mindfulness of Sensation~

3. Close your eyes. Have a friend place a small, unknown object in your open hand. Let your breath settle. Bring your attention to the object. Let your fingers explore this object. As your sense of touch experiences the object, notice your thoughts, feelings and bodily sensations. Notice what touching this object evokes in you. Bring your attention back to the object. Let your fingers soak in its texture, temperature, size, and shape. Gently do this again and again. When you are ready, open your eyes. Take a moment to reflect on what you've observed.

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∞ Anxiety and Eating Disorders ∞

By Samantha Zylstra, MFT Intern

Image. It is Friday morning, you are late to work, traffic is flowing and if you just drive slightly over the speed limit you might make it on time. **Suddenly** you see flashing lights in your rearview mirror, your pulse accelerates, you begin to perspire and the internal alarm, "Ugh, I got caught," sounds in your head. Now, imagine having the same anxious response remembering the number of calories that were in your breakfast.

Every human being is equipped with a biological component that creates internal anxiety. It is our internal alarm feeling that allows us to know we need to pay attention to something in our surroundings. Sometimes this alarm system becomes too powerful and fails to register appropriate levels of anxiety for the initial trigger. People who struggle with eating disorders tend to register high levels of anxiety around calories, food and body image.

In the past few years several studies have been done that indicate that people with eating disorders are more likely to have a co-existing anxiety disorder. This article is an overview of notable symptoms of eating disorders when an anxiety disorder is also present. Part two, to be published in the fall edition of Bridge, will include diagnosis and treatment options for dual diagnosis clients with anxiety and eating disorders.

What is an Eating Disorder?

Eating disorders indicate a serious disturbance in eating behavior, including extreme reduction of food intake or severe overeating, coupled with feelings of distress or extreme concern about body shape or weight. (NIMH, 2001) The two formal psychiatrically diagnosable eating disorders are anorexia nervosa and bulimia nervosa. Binge-eating disorder has been suggested but has not been approved as a formal diagnosis. Females are more likely to be diagnosed with an eating disorder. Only five to fifteen percent of all people diagnosed with anorexia or bulimia are male.

Anorexia Nervosa occurs in about 0.5 to 3.7 percent of females.(NIMH 2001) The notable symptoms to be aware of include:

- Resistance to maintain body weight at or above a minimal normal weight for age and height.
- Intense fear of gaining weight or becoming fat, even though underweight.
- Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.
- Infrequent or absent menstrual periods (only in females who have reached puberty).

People who suffer with anorexia tend to see themselves as overweight even though they are extremely thin. Eating becomes an obsession for them. They may also develop compulsive compensatory behaviors to manage their fear of becoming fat. These characteristics look very similar to that of an anxiety disorder.

Bulimia Nervosa (BN) occurs in approximately 1.1 to 4.2 percent of

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Anxiety and Eating Disorders

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females in the population. (NIMH 2001) The symptoms associated with BN include:

- Recurrent episodes of binge eating, characterized by eating an excessive amount of food within a short period of time and with a sense of lack of control over eating during the episode.
- Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting or misuse of laxatives, diuretics, enemas, or other medications; fasting or excessive exercise.
- Self-critique is inappropriately influenced by body shape and weight.

People with BN usually weigh within the normal range for their age and height. However, these people often fear gaining weight and have strong desires to lose weight as well as feel intensely dissatisfied with their bodies. Most of the behavior is done in secrecy.

Binge eating disorder (BED) looks very similar to Bulimia Nervosa except without the compensatory purging behavior. Due to the non-purging behavior, many individuals with BED are overweight. Please note, not all people struggling with BED are overweight, therefore being above normal weight is not a requirement to meet a BED diagnosis.

The obsessive feelings about food weight and body image and compulsive behaviors to manage those feelings are the aspects of an eating disorder that seem to closely mirror that of an anxiety disorder. Due to this, many researchers have begun to look at the connection between eating disorders and anxiety disorders.

Anxiety Disorders

People who suffer with eating disorders have a higher prevalence of a diagnosable anxiety disorder. A study recently conducted at the University of Pittsburgh through the Price Foundation found that 42% of individuals with an eating disorder also had an anxiety disorder. This is substantially higher than the average community where 4.7% to 17.7% is expected. The anxiety disorders most diagnosed with AN, BN or BED are obsessive-compulsive disorder, social phobia, specific phobia and generalized anxiety disorder.

Anxiety is generally defined as, "a mood state characterized by marked negative affect and somatic symptoms of tension in which a person apprehensively anticipates future danger or misfortune." (Durand & Barlow, 1997) There are many disorders that fall under this category but I will focus on the top four related to eating disorders.

Obsessive Compulsive Disorder is explained as having unwanted, persistent, intrusive thoughts that require repetitive actions to suppress them. **Social Phobia** is a long-lasting irrational fear of social or performance situations that are so extreme the person will go to great lengths to avoid these situations. **Specific phobias** are irrational fears of specific objects or situations that interfere with everyday functioning. **Generalized Anxiety Disorder** is characterized by intense, uncontrollable, unfocused, chronic, and continuous worry that is distressing and unproductive, accompanied by physical symptoms of tenseness, irritability, and restlessness.

Common Symptoms

When treating someone with an active eating disorder the main anxiety symptoms you may see are harm avoidance, perfectionism, obsessionality, exactness and order. Researchers are investigating the reason why these two disorders tend to go hand in hand. Interestingly, the Price study found that in most cases the anxiety disorders preceded the eating disorder. This finding begs the question of whether the eating disorder actually is a self-coping tool to manage the anxiety. If so, only treating the eating disorder is a detriment to the client as it leaves them without any resources to cope with their anxiety. For this reason, when co-morbidity exists between anxiety and ED it is extremely important for a positive outcome of therapy to treat both the anxiety and the eating disorder together.

In conclusion, there is evidence that individuals suffering with an eating disorder are much more likely than the average population to also have an anxiety disorder. For this reason, it is important to be aware of the symptoms of both disorders. Coming in the fall edition of **Bridge,** I will explain diagnosis of and treatment options for managing anxiety coupled with an eating disorder.∞

Resources:

- Dr. Edward Cumella (2005). Anxiety and Eating Disorders: An Introduction.
- Durand & Barlow. (1997)
- Kimberly Pulse, (2005). Comorbidity of Anxiety Disorders and Eating Disorders.

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∞ Stress: How it Affects us and What We Can Do ∞

By Katie Cofer

This is part one of a two part series.

Stress: It's the buzzword of the day, and the malady of our time. Run a quick web search and you will be rewarded with 326,000,000 results: job stress, marital stress, social stress, family stress, environmental stress, traumatic stress, the list goes on… The basic definition of stress is an experience that we perceive as life-threatening, uncontrollable, or unpredictable, that appears to exceed our capacity to cope.

> It is not so much the stressor itself as how we perceive it, and then deal with it, that determines to what degree we experience stress.

What is so stressful about life in the 21st century is the rapid pace of change and the sheer volume of new situations, challenges, technologies to learn about and deal with – the way smaller stresses seem to pile up until they feel uncontrollable and unmanageable. Yet at the same time, there's nothing new about stress, either. From wars to plagues to battling the proverbial saber-toothed tiger, our ancestors had their challenges to cope with. We also hear that a little bit of stress is not such a bad thing. One person's stress, in fact, may be another person's stimulus. We often need the pressure of a deadline in order to perform; and what about the "good" stresses of going on a trip, getting married, or having a baby?

We often see stress as an outside force – one we feel powerless over. One of the first researchers on stress in the 1950s, Dr. Hans Selye, termed such external life events stressors. It's when a person experiences them as exceeding his or her resources and ability to cope that they can trigger a whole complex of involuntary physiological, cognitive, emotional, and behavioral changes that Selye called the stress response. This is the stress that tightens our shoulders, grips our innards, and makes us yell at our spouse. But it is not so

much the stressor itself as how we perceive it, and then deal with it, that determines to what degree we experience stress.

The Stress Response

Still, it's also true that there is a biological basis for stress. The stressors we respond to may be imaginary or real, but the physiological response they trigger in our organism, that is, the stress response, has everything to do with the fight-or-flight reaction that has been built into the biology of living creatures since the days of the dinosaurs. The moment we perceive a threat, an exquisitely intricate mechanism kicks in that encompasses the entire organism and mobilizes us for instant action: either fighting to protect ourselves, or running to escape. The brain instantly sends out messages to the glandular, endocrine, and nervous systems to release a flood of hormones – of which the so-called "stress hormones", adrenaline and cortisol, are probably the best known – throughout the body. These chemicals produce a number of physiological changes that prepare the body for action:

Our nervous systems are not equipped for handling the chronic stress of life in the 21st century.

- Our senses become more acute.
- Sensations of pain are dulled.
- The metabolism speeds up. The heart pumps more blood to the muscles, to enable rapid movement.
- The lungs take in more oxygen, which may be needed for running.
- The pancreas releases sugar and insulin into the blood, to boost the immediate energy supply. With so much of our vital energy being diverted to other muscles and organ systems, our digestive system shuts down.
- Blood vessels constrict, to reduce bleeding, and this makes our hairs stand on end.
- We break out into a sweat, which makes the skin slippery to facilitate escape.

The Two Types of Stress

All of these physiological responses are geared to optimizing our physical performance when under attack. And this mechanism functions extremely well for responding to situations – think saber-toothed tiger – where our survival is at stake. These are usually intense, but brief in duration. Stress researchers call this Type 1 stress: The threat is immediate and identifiable, and it can generally be resolved in a short period of time. Type 1 stress, and our body's response to it, usually do not overly tax our organism. It's true that an enormous amount of physical energy is mobilized for dealing with the crisis situation. But once the energy has been expended and the emergency is over, our body, brain, and internal systems can calm down, recuperate, and return to normal.

Effects of Chronic Stress

The problem is, our body gears up like this even when the danger we perceive is not a direct threat to our survival. When we start to feel overwhelmed because of an accumulation of smaller stresses, we have the same physiological response as when we are under attack. This type of stress – called Type 2 stress – is chronic, long-term, and not easily identifiable; but its cumulative effects on the organism can be very serious. Examples of this kind of stress are ongoing work or relationship problems, chronic or acute illness within the family, financial pressures, or, especially, combinations of these and other stressful situations. Because of the recurring nature of the stressors, the body keeps gearing up to meet the continual challenges and often doesn't have the opportunity to return to its normal state before another stressful situation occurs, triggering the physiological changes of the stress response all over again. The wear and tear of this ceaseless activation, known as hyperarousal, can lead to serious health problems. These can start out with simple tiredness or headaches. But the very mechanisms that help the body to defend itself with Type 1 stress start to break it down when the stress response is never-ending. For example:

- The increased muscle tension can lead to chronic headaches and back pain.
- The increased heart rate can result in irregular or rapid heartbeat, or heart disease.
- Activity in the intestines can result in chronic gastrointestinal problems such as ulcers.
- Increased brain activity and hypervigilance can lead to anxiety, racing thoughts, attention problems, or depression.
- Prolonged presence of the stress hormones in the organism can start to wear on the organs.
- And all of these effects can compromise the immune system, creating greater susceptibility to infections and illnesses, from colds all the way to cancer.

The Perpetual Stress Response

These effects of chronic stress on body and brain are the starting point for what psychotherapist Richard O'Connor calls the Perpetual Stress Response. In his view, our nervous systems are simply not equipped for handling the chronic stress of life in the 21st century. When the fight-or-flight response, as he says, "gets stuck in the 'on' position", the damage to our bodies and brains described above further affects our mental and emotional functioning, creating a self-reinforcing cycle of anxiety and depression, addiction, nonspecific illness (such as chronic fatigue or fibromyalgia), dysfunctional relationships, or empty, dissatisfying lives – truly the maladies of our century.

The good news is that we now know much more about how brain and body impact each other. We know that there are ways of soothing the nervous system, and that this can alter brain chemistry and in effect create new patterns of emotional, mental, and behavioral response.

Managing Stress: A Mind/Body Approach

Since stress has a comprehensive effect on mind, body, emotions, and behaviors, stress management methods also need to address all of these areas. An ideal approach would integrate all of these areas into an integrative Mind/Body approach.

The foundation of any Mind/Body approach to stress management is soothing the nervous system to counteract the chronic physiological hyperarousal produced by the stress response. Many stress specialists consider mindfulness the core stress management technique. Deep breathing, body awareness and active relaxation, exercise and nutrition are other essential skills that act on the nervous system from the "bottom up," through the channel of the body. More cognitive, "top-down" techniques of regulating emotions and thoughts can be a helpful adjunct to the body-based methods. These practices can work together to gradually retool the brain.

In Part Two of this series, we will take a closer look at the many approaches and skills known to be effective in helping us to break out of the destructive cycle of perpetual stress.∞

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www.stressinstitute.com

www.stress.org

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- Richard O'Connor, Ph.D. (2005). Undoing Perpetual Stress.

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Mindfulness in Psychotherapy

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Each of these experiences emphasize observation and description in the present moment, important mindfulness skills.

Each of these experiences is similar to meditation but can simply be called a mindfulness practice. Mindfulness practice involves studying the moment, as each moment comes, and accepting what is there, with a curious, nonjudgmental stance. Most important to psychotherapy, each of these experiences can expand awareness and shift mood.

> *Mindfulness practice involves studying the moment as each moment comes and accepting what is there.*

Mindfulness is a trendy word right now, in our society and culture at large, and in the culture of psychotherapy. People interpret the word "mindful" in various ways:

1. Paying attention, doing things thoughtfully, not "mindlessly."
2. Noticing what's going on in a way that keeps things safe and/or productive.
3. Letting thoughts and emotions pass by, with the intention of calming oneself.
4. Noticing thoughts and emotions, with the intention of noticing what's there.

Each of these definitions, along with a myriad of other descriptions of mindfulness, implies an increased sense of awareness. Psychotherapy, in all of its forms and practices, is a mindfulness practice. Psychotherapy requires awareness. Most clients seek psychotherapy because there is something in their life that they want to change. It is difficult to achieve beneficial change without focus and awareness. (Sometimes simply becoming more aware is a beneficial change in itself!)

Zen Buddhism teaches that the awakened mind is intimate with all things. Intimacy, another frequent goal of the psychotherapy client, requires not being detached or separate from what is happening right now, in this moment, but rather being ready for the direct experience of life as it happens. Intimacy also requires that a human being be prepared for the inevitable changing moment. No resistance, no clinging. This, too, is mindfulness.

Direct mindfulness skills, inspired by Western and Eastern meditative and contemplative practices, have become a routine part of many psychotherapists' repertoire of interventions. Therapists are drawn to mindfulness for clinical, scientific, theoretical and personal reasons. (Many psychotherapy clients also want a therapist who understands their meditation practice.) Mindfulness addresses a core issue for clients and therapists alike – that human beings wish to avoid the inevitable discomforts of life but that in avoiding, suffer more. Many of the symptoms treated in psychotherapy – depression, anxiety, phobias, compulsions – have a link to *striving* for the future or *clinging* to the past, at the expense of the present moment. Mindfulness-based psychotherapists and theoreticians use the point of view that, while pain in life cannot be avoided, awareness of the present moment can lead to the alleviation of unneeded suffering. How?

Increased awareness of the present moment helps us to:

° notice what is really happening, rather than interpreting an internal or external event.

° notice that everything changes, even pain.

° appreciate what is actually available to us that is not painful.

° stay with a painful thought or emotion so that we can study it and notice how it changes. These are but a few examples of the benefits of mindful noticing.

Psychotherapy values insight, either insight about what has been hidden or is unconscious and/or about current behaviors. Both kinds of insight require taking a step back and observing or pausing in the midst of experience, in order to observe. Insight also requires radical acceptance. One cannot see the territory accurately without first truly accepting where one is standing and studying what's there. Stepping back, observing, pausing and radical acceptance are important concepts in mindfulness.

Brain imaging technology has revolutionized psychotherapy. Emotional and behavioral brain response can now be measured and studied. For instance, MRIs indicate that when people are angry, depressed, anxious, or otherwise emotionally distressed, the most active sites in the brain converge in the amygdala, part of the limbic system, and the right prefrontal cortex. This area of the brain creates the hypervigilance typical of people under stress. When people feel positive feelings and feel energized, both sites are quieter and activity in the left prefrontal cortex is heightened.

The ratio of activity in the right and left prefrontal cortexes can predict daily moods. The more the ratio tilts to the right, the more unhappy or distressed a person tends to be, while when activity shifts to the left, happiness and enthusiasm rises. Most people have a balance of activity in the middle. A lucky few are most often on the left, and people with clinical depression or anxiety disorders show more activity on the right. Well-known studies of Tibetan monks, who, of course, practice significant mindfulness meditation, have indicated that monks' brains tilt to the left. This shift in our understanding of how human beings function has made the study of the universal and ancient concept of mindfulness more concrete.

Richard Davidson and Jon Kabat Zinn have studied the effects of teaching mindfulness to people in stressful jobs and situations, using brain imaging to verify the effects of mindfulness practice. The highly stressed people studied by Davidson and Kabat Zinn started with a brain set point to the right. After mindfulness training, the average ratio of brain activity among the group tipped to the left. Simultaneously, their moods improved, they reported feeling more energized and less anxious. It was also found their immune systems improved, as gauged by the amount of flu antibodies in their blood after receiving a flu shot. These studies of stress reduction and immune strengthening through mindfulness have been enormously influential not only in psychotherapy and medicine but in our daily lives. Mindfulness-based techniques are now being used in many settings to manage health and productivity, in order to counter the effects of stress that typically divert energy from individuals' cognitive, immune, digestive, and reproductive systems. The huge popularity of yoga is a wonderful example of the proliferation of mindfulness-based practice in our culture.

Another exciting study has shown that changes in the brain after mindfulness-based cognitive therapy of obsessive-compulsive disorder are similar to

changes in the brain found with psychoactive medication.

These stories of brain change are stories of "neuroplasticity" – the brain is flexible! One can say that the mind can shape the brain. Obviously, this kind of research, along with other neuroplasticity studies, suggests that we may be able to change the brain through mindfulness practice, and that the individual has an opportunity to better control behaviors and emotions by increasing mindful awareness of brain activity. Several new approaches in psychotherapy use behaviorally focused psychoeducational techniques that are mindfulness based. When a human being mindfully behaves in a new way, the brain shifts, allowing more management of emotions. (This article will be followed by articles about two of these approaches – DBT and MBCBT (Mindfulness-Based Cognitive Behavioral Treatment for Depression)).

Dan Siegel, M.D., author of *The Developing Mind: Toward a Neurobiology of Interpersonal Experience,* has studied how attachment experiences influence emotions and behavior. His latest work (see Bibliography following this article) explores an interpersonal neurobiological view of how awareness in the present moment can promote well-being through the creation of integrated states of brain activation. With the practice of mindful awareness, the neural plasticity of the brain allows an integrated state of brain firing, called "neural synchrony." Siegel suggests that mindfulness practice is a practice of intra-personal attunement and can compensate for the deficiencies in inter-personal attunement with early attachment trauma.

What are the benefits of mindfulness practice to psychotherapists themselves as they sit with clients? To cultivate a non-judgmental stance, essential to the work of psychotherapy, it's helpful to remember that the therapist's brain is no different from the client's brain. Minds and brains of all people operate in the same way. Therapists use mindfulness to regulate and notice, just like clients can. This is acceptance and non-judgment. In this way, mindfulness is extremely helpful in managing counter-transference.

When a therapist is sitting with a client's intense emotions, such as shame, anger, fear or grief, it is most helpful to maintain an open, compassionate, and accepting attitude. If either the therapist or the client turns away from unpleasant experience with anxiety, fear or distaste, the ability to understand the problem is likely to be compromised. The regulation and acceptance skills of mindfulness practice can support the therapist in this challenging, essential work.

Clearly, clients and therapists alike can and do benefit enormously from personal mindfulness practice and mindfulness-based skills taught in the psychotherapy office. Psychotherapy is ancient work, founded in spiritual practice and shamanism. It makes sense that the age-old focusing techniques referred to as mindfulness are being studied and applied by scientists and therapists.

Mindfulness in psychotherapy (and stress reduction) has been beautifully written about, in many ways, by many people. Here is a very short and incomplete **Bibliography** of well-known texts to refer to: ● Barch, Tara, *Radical Acceptance* ● Brantley, Jeffrey, *Calming Your Anxious Mind, How Mindfulness and Compassion Can Free You From Anxiety, Fear and Panic* ● Germer, Siegel, Fulton, *Mindfulness in Psychotherapy* ● Kabat-Zinn, *Full Catastrophe Living, Coming to Our Senses, Wherever You Go, There You Are* ● Lewis, Zmini, Lannon, *A General Theory of Love* ● Linehan, Marsha, *Cognitive-Behavioral Treatment of Borderline Personality* ● Santorelli, Saki, *Heal Thy Self: Lessons on Mindfulness in Medicine* ● Segal, Williams, Teasdale, *Mindfulness-Based Cognitive Therapy for Depression* ● Siegel, Dan, *The Mindful Brain in Psychotherapy: How Neural Plasticity and Mirror Neurons Contribute to Emotional Well-Being.*∞

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∞ Successful Communication in Relationships ∞

There is no Magic Wand

By Kirsten Krohn

"We fight about the same things!"

Do you often find yourself saying: "When we talk, our conversations just seem to go around in circles and nothing ever gets resolved." Do you feel disappointed in your relationship and desire better communication? Do not worry, you are not alone and there is help.

Although there is no magic wand, there are skills that will help you to increase your ability to hear and be heard by your partner.

Improving Communication

When people think about improving their relationship, they often think about using communication skills. One of the most basic and fundamental skills is reflective listening, also referred to as active listening or paraphrasing. This is a particularly useful skill in several situations:

- As a way to thoroughly understand a problem before attempting to solve it. When both partners use this technique it allows each person to be completely clear about how s/he sees the situation. The listener is able to get a better understanding of what the speaker thinks and feels without becoming defensive or trying to attack their partner.
- When discussing a heated or touchy subject, reflective listening can slow down the conversation and help to avoid an argument. Using this skill can interrupt an unsuccessful pattern and help the couple see the issue in a new light.
- As a tool to increase mutual understanding, when couples realize understanding is not the same as agreeing and they are able to move to a place of greater harmony.

What Is Reflective Listening?

1. Only one person speaks at a time.
2. The listener pays attention to what the speaker says and to any underlying feelings the speaker might be having.

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Successful Communication in Relationships

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3. When the speaker is done, the listener reflects the main ideas the speaker expressed in a non-judgmental way. The reflection can also include feelings the listener thinks the speaker was feeling.
4. The speaker can then clarify anything the listener said or the two change roles.

Example

Jim and Mary fight regularly about household chores. Listen to how reflective listening changes the argument.

Mary: I'm really tired of doing all of the housework around here. Could you please help me by cleaning up the kitchen after dinner?

Jim: You would like me to clean the kitchen after dinner and you feel tired and that you're doing all of the housework.

(Note: He didn't respond defensively, "I do a lot of the work around here. You don't appreciate anything I do." Nor did he attack her, "Cleaning the kitchen is your job. Just because you're tired don't try to shove your work off on me and try to make me feel like I'm not doing enough." He also did not say that he would clean the kitchen. He is just showing, for now, that he understands her request.)

Mary: Well maybe I'm not doing all of the housework, but it feels like I'm doing more than my fair share. We both have jobs outside the home and I thought we agreed to share the housework.

Jim: So you don't think you're doing all of the housework, I might be doing something here and there (said with a smile), but since we both work and we agreed to share the chores you don't feel like I'm always doing my share.

(Use of humor is fine and even helpful if it is sincere, not sarcastic, and both partners are comfortable with it.)

Mary: Exactly!!

Mary and Jim have taken the first steps into greater understanding.

Reflective listening is not intended to be a problem-solving tool by itself. It can be a first step that allows the partners to each fully understand the problem. In this case, Jim might just agree to clean the kitchen. Or, he could try to find out if there are other things that are contributing to Mary feeling tired, and overwhelmed. If this is a repetitive argument, he might take his turn as speaker and say that he does do his share of the housework or that he is tired at night after work and could help Mary in other ways but not by cleaning the kitchen in the evening. Whatever happens next, reflective listening has been used effectively if both partners feel heard and understood and the discussion has not turned into an argument.

Realizing understanding is not the same as agreeing helps couples move to a place of greater harmony.

When Reflective Listening is not Effective

The most common reason reflective listening does not work is that people do not use it. There are many reasons why people go to a seminar, learn the skill and then do not apply it. It requires self-awareness and self-discipline to use something new and many people do not put in the time and effort to practice the new skill. Just like learning anything new, it often feels uncomfortable or awkward. For example, this winter I learned to snowboard and I kept changing my stance from left foot forward to right foot forward, and back again. Because learning a new sport was so awkward, I thought it must be the stance that was the problem. It was actually that I was new to snowboarding and I required instruction and practice to increase my comfort and confidence.

Not only do you need to practice but you need to use the skill correctly. Whether it is a positive or a negative response, verbal or nonverbal, the listener's role is just to reflect until s/he is the speaker. A lot of self-monitoring is necessary to resist the urge to respond rather than reflect. The listener also needs to focus on understanding the speaker, not formulating a response. The time spent formulating a response is a distraction from truly listening and trying to understand.

It is also important for the speaker to communicate directly about the issue rather than use the exercise as an occasion to attack the listener. It is helpful to differentiate between a criticism and a complaint. A complaint about a specific behavior or situation is much more effective than a criticism of the person. The speaker should try to avoid criticisms.

How to Use Reflective Listening Successfully

The best way to begin reflective listening is to schedule practice times. Preferably once a week, schedule a time to discuss a conflict or problem and intentionally use reflective listening. The more you practice it, the more natural it will become and the more it will feel like your own style. Be patient! No skill is a magic wand and it may take awhile to feel that using it is having a positive effect. Try to evaluate yourself and check that you are doing your part according to the guidelines.

Aside from regularly scheduled practice, you might want to try to incorporate the skill in your regular life. There are several ways to do this. One is to ask your partner to use the skill because you want to discuss a touchy subject or try to resolve a problem. Another is to suggest using it if you are not feeling heard or understood by your partner. While it is preferable for both people to use the skill together, any person can decide to take the listener role even without telling their partner. If you notice that a conversation is getting heated or that you are feeling defensive, you can put yourself in the role of listener and try to get a better understanding of where your partner is coming from. After you have understood your partner better, you can mention that you were using reflective listening and ask your partner to take the listener role. Even if your partner did not agree, you would have defused a potential argument and you would have a better understanding of your partner. Of course, it is a problem if only one person is ever willing to use the skill, but leading by example is often successful. If not, you might want to ask your partner to go to counseling with you.

Any skill is only effective if it is used often and continually honed. It is possible to learn this skill just by reading. For more specific feedback and fine-tuning you might want to attend a workshop or even work with a counselor until you and your partner are comfortable using the skill. If it does not seem to be working for you, be sure to review these common problems and helpful hints.

Helpful Hints and Common Problems:

- The speaker should try to keep statements short. The listener will lose the point if the speaker says too much at once.
- To avoid criticisms use statements that start with I, "I want…" "I feel…"
- After the listener has reflected back the main points, the speaker continues until s/he is done with that topic.
- Stick to one topic at a time. Write it down if you have a tendency to get off track.
- Remember that reflecting back what a person said is not the same as agreeing with them.
- Any reflection of unstated feelings is just a guess.
- If the guess is incorrect it is helpful for the speaker to correct it. It is not a reason to get mad.
- The goal of reflective listening is for the listener to understand and for the speaker to feel understood.

When used correctly reflective listening can diffuse arguments.

Kirsten Krohn, MFT works with couples to help them improve communication and problem solving skills. She can be reached at 415-646-0789.

Professional Focus

Kate Northcott, M.A., M.F.A., M.F.T., (#38738), is a psychotherapist in private practice and Clinical Director of New Perspectives Center for Counseling. Her practice, *Mindfulness Therapy Associates,* was founded in 2003, with three other psychotherapists. *Mindfulness Therapy Associates* specializes in mindfulness-based psychotherapies, coaching and stress-reduction, including DBT, MBCBT, Hakomi and Ecopsychology. Kate also specializes in working with couples from an emotion and skills-based perspective. She is an intensively trained DBT therapist and DBT Skills Training Group leader.

Kate will offer **Mindfulness Based Group Treatment for Depression and Anxiety** beginning Monday, October 2, from 6-8pm, for 8 sessions. The group approach is based on the innovative work of Kabat-Zinn, Segal, Williams, Teasdale (MBCBT) and also utilizes components of Linehan's DBT. Mindfulness based cognitive treatment has been clinically proven to bolster recovery from depression and to prevent relapse. Please contact Kate at 415-249-9277 or at **kate@mindfulnesstherapy.org** for more information about the group and about DBT treatment.

Picture taken by KarinaMarieDiaz.com

Kirsten Krohn, MFT (#41953) is a Marriage and Family Therapist whose work focuses on helping couples to grow in their relationships. She offers pre-marital counseling and couples counseling to improve communication, problem solving and goal setting. She has offices in the Laurel Village neighborhood of San Francisco and in Daly City. Kirsten believes in Growing Through Change. Change happens in your life: moving in together; marriage; a move; or the birth of a baby. In order to adapt to the new circumstances you are required to change. Sometimes people change in healthy and adaptive ways and other times in unhealthy ways. Change does not guarantee growth, but it is an opportunity to learn more about yourself and to change in effective ways. Kirsten works with clients to use change as an opportunity to grow in their lives and their relationships. For more information or to schedule an appointment you can reach Kirsten at 415-646-0789 or **www.kkmft.com**

Katie Cofer, MFT (#35856) is a Licensed Marriage and Family Therapist in private practice in San Francisco. Her work is based on a fundamental belief in the interconnectedness of mind, body, heart and spirit. She integrates relational talk therapy with somatic, transpersonal, and expressive arts approaches. She is also trained in EMDR, a powerful technique that facilitates the clearing of traumatic memories and emotional stuck points. Through these processes of self-discovery and healing clients may feel more connected with their core self and regain access to their innate vitality and creativity. Some of Katie's areas of expertise include trauma, depression, anxiety, phobias, unresolved grief, blocks to creativity, and cross-cultural issues. Katie also works with children and adolescents and is fluent in Spanish and German. She can be reached at 414-826-2951 or **katiecofer@sbcglobal.net**.

Samantha Zylstra, MFT Intern (#46427) has a private practice in San Francisco. She provides services for couples, adults, and children who desire healing in their lives. Samantha believes therapy is an opportunity for personal growth and lasting positive change.

Samantha's approach to therapy is informed by her desire to meet each client where they are at; creating space for them to strengthen their core self. Her role, as she sees it, is to listen deeply and responding empathetically to help facilitate opportunities for insight and client directed choices for change.

Samantha has a certificate of specialization in the treatment of eating disorders. Her next group, **Loving Your Body**, developing a healthy body image by empowering yourself through the use of expressive arts therapy will begin on Monday, October 4. The group runs from 6:30pm to 8:00pm and lasts for 10 weeks.

For more information regarding her therapeutic approach or groups please call 415-585-3132 or visit **www.samanthazylstra.com** Samantha is under the supervision of Lori E. Opal, MFT #35754.

♦ Katie Cofer ♦ Kirsten Krohn ♦ Kate Northcott ♦ Samantha Zylstra

Bridge
Connecting Bay Area Professionals
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From the Editors:

We have had an amazing response to our journal. Thank you to all of our readers for your enthusiasm and support. Our mission is to provide useful information from the psychotherapy field to fellow therapists and practitioners in other helping professions. Our choice of material so far has been guided by our specialties and interests but we are open to your ideas. Please feel free to email us your thoughts, comments and ideas at **bridgeinfo@hotmail.com**

Sincerely,

Katie Cofer, Samantha Zylstra, Kate Northcott, and Kirsten Krohn

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Bridge is a quarterly journal designed to provide Bay Area helping professionals with up-to-date articles and resources to help us help others.

Please contact us at **bridgeinfo@hotmail.com** or

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