

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

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The panic attack, fast becoming the leitmotif of a panicky age, is surprisingly common. In fact, almost every therapist has a client who suffers from panic attacks. This surge of anxiety comes on suddenly, peaks within a few minutes, and fades within half an hour. Sufferers report faintness, dizziness, sweating, numbness, tingling, nausea, stomach pain, shortness of breath, heart palpitations, chest pain, flushes, chills, and feeling smothered. They may experience a fear of dying, a fear of going crazy, or a fear doing something out of control. Sometimes panic attacks seem to come out of the blue, but they may also emerge in the face of a feared situation (American Psychiatric Association, 2000).

### Until recently, treatments have focused on three options.

These treatments have been used both separately and in conjunction. And while they've been successful for some clients, many others have not found them viable (Bourne, 2005).

**Relaxation training.** Clients were taught to do deep muscle relaxation and abdominal breathing exercises on a daily basis. With practice, these kinds of centering exercises could be done during the onset of a panic attack. The theory was that these exercises would reduce the physical symptoms of panic. When clients attempted to use this approach in the real world, many found it almost impossible. Not only is it hard to "relax" when panicking, but the deep breathing itself has a tendency to increase the flow of adrenaline through the body, thus increasing

the attack's duration and intensity.

**Desensitization.** With this approach, clients were repeatedly exposed to the feared situations or physical symptoms in an attempt to lessen the levels of panic experienced. One of the key difficulties with this approach was the unpredictability of panic attacks. For certain individuals, the stimuli would be known and could thus be re-created. For others, panic attacks seemed to come almost at random.

**Existential-humanistic.** This treatment focuses on attaching meaning and significance to the client's anxiety. By understanding the root causes, the clients felt less shame and less like they were being acted upon by forces outside their control. With this self-knowledge, clients were more empowered and felt more comfortable during panic attacks. While this approach certainly has value, some clients have great difficulty maintaining an intellectualized mindset at the very moment their biological processes are out of control.

### State-of-the-art treatment focuses on acceptance, not avoidance.

Paradoxically, recent learning and clinical practice suggests that it is more successful to aid clients in learning how to accept and tolerate the symptoms of panic, not eliminate them (Martin, 2002). Let's take a look at the building blocks of this approach.

**Don't fight panic.** Fighting panic head-on only increases it, because conflict boosts the body's "danger!" reaction. Instead, teach clients to tolerate the symptoms by

imagining themselves floating or surfing the wave of the body reactions. (Bourne, 2005) Some different techniques are possible:

Dissociative behaviors such as counting help take the mind off the headlong flight into fear and move it towards a cool equilibrium.

Noticing and remarking on the symptoms without interpreting them as a disaster can also be useful. ("Oh, there's my hand kind of shaking because adrenaline is releasing into my large muscles. And my heart's racing for the same reason.")

Humor can be surprisingly effective. Martin reports success with having a client shrug off panic with a glib "big deal orange peel." Humor engages the analytical aspect of the mind, thus yielding perspective.

It's also useful to remind clients that the adrenaline will flush through their systems in 15 to 30 minutes.

**Decatastrophize.** A person in the midst of a panic attack interprets incoming data in the worst possible way. A method of countering this is teaching clients to decatastrophize the unusual or uncomfortable body sensations (Bourne, 2005). For example, instead of "I can't breathe, I'm suffocating!" the same feeling can be contextualized as "This is uncomfortable, but not dangerous." It's also good to address overprobable-izing. Instead of "It must be a heart attack!" it's more accurate to say "I have a very, very small chance of having a heart attack."

# ☯Communicating From The Heart ☯

## 5 Tips for Couples By Jodi Perelman, MFT

Relationships can be a source of joy, pleasure and personal growth. At times, they can also be a source of confusion, disagreement and misunderstanding. One of the keys to developing a flexible and flourishing relationship is the commitment to practice heart-centered communication with a willing partner.

The following tips help explain heart-centered communication and offer practical suggestions for bringing this further into your relationship.

It is important to remember that it can really help to have an open and playful attitude when trying out new relationship practices.

**1. The foundation for effective, heart-centered communication is the commitment to take full responsibility for your feelings and learning to communicate them in an honest, vulnerable way.**

This is a big one. If you can get this tip, you're really on your way. I personally read this one over and over again as a helpful reminder for my own relationship.

The key pieces here are: A) you're making the commitment despite any challenges or difficulties; B) to completely own the truth of your feelings, even if it is painful or unpopular; C) learning (which means you don't have to do it perfectly) to talk about your feelings without blaming, attacking or withdrawing from your partner; D) with the willingness to share the tender parts of yourself.

Here's an example: You ask your partner to pick up the dry cleaning because you have a very long day at work, and you need the clothes for a presentation. Your partner forgets because she was busy doing something else. You feel the flame of anger light up inside you. What's your next move?

You could say: "What's the matter with you? I ask you to do one thing for me and you forget. I can never count on you!"

And the response from your partner?:

"Maybe if you were home more, I wouldn't have forgotten. You never tell me anything!" And so on and so forth — you're off to the races.

When practicing heart-centered communication, you can approach this problem in a different way. Before confronting your partner, stop and think about what's really bothering you. Are you angry? Resentful? Worried about the next day? Where in your body do you have this feeling? Does it remind you of anything?

It's very similar to practicing mindfulness: You're taking stock of your experience, noticing what you actually feel, and beginning to make some sense of it. The conversation about what's bothering you actually starts with you, before you even take it to your partner.

Of course, this can be hard to do. But you're learning. You don't need to have it all figured out or be perfectly calm while talking things through. But you are making a commitment to be responsible for own feelings and talking about them honestly.

So, in the scenario above, how could it go differently?

You could say: "I'm angry that you didn't get my clothes today. I was counting on your help and I feel let down, like I'm not important to you."

And your partner? "I'm so sorry that you feel let down. But I'm really glad that you're telling me about it."

"You are? I thought you would hate it."

"No, but I want you to know that you're important to me."

"You're important to me too."

Now that's a better conversation! It may not run this smoothly all the time (in fact, it probably won't, especially in the beginning), but it's a different way of communicating about the same problem, and with a better result.

When our partner comes to us with a problem and we see that she is taking responsibility for her own feelings and reactions, it becomes much easier to take responsibility for our own.

For Tip #1 to work effectively over time, it really helps to include Tip #2.

**2. Practice heart-centered communication with a partner or friend who has similar capacities and intentions.**

This is important. See if the following scenario sounds familiar: You're trying hard to communicate in an open, honest way with a friend, co-worker or family member — and it just doesn't seem to be working. You feel like you're up against the wall. No matter how many times you try to talk, you're just not getting anywhere.

It makes a huge difference to engage in this kind of communication with a partner who is also interested and committed to it. Otherwise you may wind up feeling like you're shoveling water out of a sinking boat. If you wonder whether this is the case in your relationship, it may help to take some time to think and reflect, or talk with a trusted friend or advisor who can offer their perspective too.

**3. Nurture fondness and admiration. Share your appreciation for your partner's special qualities.**

I encourage couples in my practice to try appreciation practices. Here's one example: Sit together with your partner and take a minute to think about something he has done for you that makes you happy. Or something you've seen him do for other people.

Or think about a special quality of his that you admire — maybe it's his generosity, hard work or talent for singing silly songs in the kitchen.

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# ∞ "Gut Feelings" ∞

## The Mind-Body Connection in Psychotherapy

By Katie Cofer, MFT

“I feel it in my gut.” Or: “Just thinking about him gives me butterflies in my stomach!” Or, everyone’s favorite: “She’s a pain in the... [Insert your favorite body part].”

We all use these or similar expressions without thinking much about their meaning. But vernacular sayings are often based on deeper intuitive wisdom that our conscious minds may have forgotten. And these sayings point to a truth long professed by Eastern philosophies and gaining increasing importance in modern Western psychology and psychotherapy: Mind, emotions and body are inextricably linked.

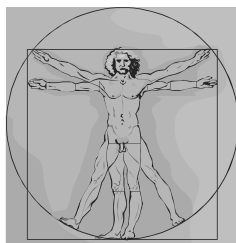
### Top-Down and Bottom-Up

You can easily experience the truth of this for yourself. Take a moment to focus your attention inward: Draw your awareness away from your surroundings and bring it to your body, your breath, and your emotional state. Notice how you are feeling in this moment. Now, take a deep breath and then let it go in a slow exhalation. As you exhale, allow your upper body to collapse a little. Drop your shoulders, sink your chest, and let your head fall forward just a bit. Sit for a few moments in this slumped position (you’ll probably notice that your breathing has become shallower). Now check in: Aren’t you feeling just a bit more lethargic, foggy, depressed?

And now, take a deep inhalation, filling your lungs full of air and expanding your chest all the way down to your belly. As you do so, straighten your spine, open your chest, and lift your head high. Continue for a few moments to breathe deeply and to lift and expand your torso. Don’t you feel more energized, clear, positive?

Traditionally the focus in psychotherapy has been on telling one’s story, on insight and understanding, with cognition being used to regulate affect and sensation – the so-called “top-down” approach. The newer somatic or body psychotherapies – with much empirical support from research in neuroscience and trauma theory, as has

been reported in other articles here in *Bridge* – approach change from the opposite direction: They focus on body sensation and movement to access the mind from the body, from the “bottom up”, holding that meaning and understanding emerge from new sensations and experiences rather than the other way around. Both types of therapy concur in the importance of reaching a client’s affect, or emotion, to produce therapeutic change. But body psychotherapy makes use of the body for a faster access route to the client’s emotional experience than talk therapy alone can provide.



### Mind/Body for Therapists

This may conjure up images of cathartic release through bone-crunching body manipulations or wild gyrations. While it is true that both touch and movement have their place in the arsenal of body psychotherapists, many of these practitioners use interventions that are equally powerful but much gentler.

Two Mind/Body concepts that are useful in therapy are *mindfulness* and *embodiment*. Mindfulness – talked about at length in past issues of *Bridge* – is focused, non-judgmental attention on some aspect of our present-moment experience, such as breathing, walking, eating, or, quite simply, the body. This “body awareness” is a useful tool for therapists, to monitor and regulate their own responses, to teach clients how to handle their own emotion regulation, and for exploring the connection between body sensations, thoughts and emotion. “Embodiment” refers to the state of integration of mind and body, of being truly present in the body with all of one’s awareness, and the state of heightened presence and vitality that comes with it.

Body-oriented counselor Barbara Goodrich-Dunn describes the intertwining of mind and body in therapy as follows: “In a sense, all psychotherapy is body psychotherapy. Words affect the brains, the nervous system, the circulation, and the biochemistry of the people we work with, just as body psychotherapy influences and changes their ideas and concepts.”

In their therapy work body psychotherapists closely track subtle physical shifts in clients to get clues about, and find access routes to, underlying emotions and beliefs. Ron Kurtz, originator of the body-centered Hakomi Method, talks about working at the “mind-body interface”. “Sometimes we work by focusing attention on bodily experience and ask for meaning or belief. Sometimes we focus attention on belief or meaning and study the [bodily] experiences evoked.” (Kurtz, p. 31)

Some body therapists go one step further and use breath, touch or movement in a more directive way, to help clients to relax, to evoke experiences, or simply to help clients become more embodied.

### Mind/Body for Everyone

There are many ways people can use this knowledge even without a therapist. For instance, the Body Scan, which is part of Jon Kabat-Zinn’s highly acclaimed Mindfulness-Based Stress Reduction program, is an easy relaxation exercise that enhances body awareness and reduces stress. It is best done lying down, but in a pinch you can do it anywhere, from your office to the dentist’s chair.

First, get comfortable sitting or lying down on your back. Start by focusing on your breathing for a few breath cycles. Once you feel centered, turn your attention to your feet. Focus mindfully on any sensations you notice there. Be completely present with your feet, and after a few moments, on an exhalation, imagine that your breath is flowing from your lungs down your body into your feet.

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# “Gut Feelings”

## *The Mind Body Connection in Psychotherapy*

*Continued from page 3*

After a few breaths, turn your attention to your lower legs. Repeat the process of focusing on sensations, being present, and then directing your breath to that area of your body. Before moving on, remember to exhale into the body part you have been focusing on. Throughout this process, simply observe what is there without judging or trying to change anything. Continue, without rushing, all the way up your legs – knees, thighs, pelvis, hips, buttocks, then moving into your torso, back, arms and hands, and on into your face, throat, neck, and skull. If you don't have much time, you can focus on larger areas such as the entire leg, torso, back, arms... The beauty of this practice is that it works equally well as a thirty-minute mind-body meditation and as a three-minute interlude for calming down or re-energizing throughout the course of the day.

Or, if you find yourself agitated or in the throes of intense emotion, try this: Direct your attention inward and identify the body sensations that go along with the emotion you are experiencing. Focus on these sensa-

tions, and when thoughts and feelings arise – as they undoubtedly will – gently bring your awareness back to the sensations and the breath, again and again. Often when we allow ourselves to just be present with emotions by experiencing them as sensations and energy, they start to shift.

This mindfulness practice really enters the realm of meditation, the calming and healing effects of which are well documented. To cultivate this integrative awareness there is nothing better than body-mind practices such as Tai Chi, Qi Gong, or yoga, whose very name means “union”.

### Integration

In the end, mind-body psychotherapy is about achieving wholeness. Mind-body experts from neuroscientists to Eastern spiritual masters agree that the integration of a multitude of physical, mental and emotional structures or “bodies” is, in the words of yoga master B.K.S. Iyengar, “the foundation for wholeness, inner peace, and ultimate freedom.” Or, as Barbara Goodrich-Dunn puts it: “While verbal and body psychotherapy approach the body-mind

from opposite ends, they meet in the center of the person.”

So don't disregard those gut feelings: Focus on the butterflies in your stomach and they will disperse; and heed the message of that pain in the... ∞

### Sources and Resources

- Barbara Goodrich-Dunn: Therapy in 3D. In: Psychotherapy Networker, July/August 2004.
- B.K.S. Iyengar: Light on Life.
- Jon Kabat-Zinn: Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness.
- Ron Kurtz: The Hakomi Method.

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## Communicating From The Heart

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It can be ordinary or extraordinary, mundane or exalted. Just something that you admire or appreciate. And then looking directly at your partner, tell him about this special thing you've noticed. Then take turns, one of you giving and one of you receiving. You'll be amazed at what can happen.

And as we know from research on marriage, it's important to have positive interactions such as these in order to outweigh the impact of negative interactions.

**4. When you meet your partner's feelings (anger, fear, joy, shame, etc.) with an accepting presence, you offer a profound opportunity for healing.**

Often we harbor the fear that something about us is unacceptable. This is especially true when it comes to difficult feelings — the feelings that overwhelm us or scare us. Sometimes we do things to ward off these

feelings (such as denial, blame or numbing out) which can then cause us more difficulties.

Relationships are an amazing vehicle for growth in this area: When we're brave enough to share our difficult feelings in a self-responsible way with our partner, and our partner meets us with an accepting and loving presence, something inside us has the opportunity to change and heal. Something that felt unacceptable or unspeakable can now be held, talked about, and even loved. In heart-centered relationships, we get the opportunity to do this over and over again.

And the giving flows both ways — it can be extremely fulfilling to give as well as receive this kind of experience.

**5. Hold the intention for great awareness, great healing and great love.**

Here we're talking about the spirit with which you approach your relationship and the endeavor of heart-centered

communicating. When we get caught in a spiral of disagreement and misunderstanding, things can really feel hopeless. It's important to think back to when the process has been working for you — and remember that growth and change are possible. When you're having a difficult moment, this intention can support you in making more effective choices. And when things are going well, this intention can be a comfort and an inspiration for taking it further than you thought possible.

I'm very interested in hearing how these tips work for you and any additions or questions you may have. ∞

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# ∞ Mirror, Mirror ∞

## An Introduction to Appreciating our Bodies

By Samantha Zylstra, MFT

How many times have you ever said or felt, “I just don’t feel comfortable in my own skin?” Many people today struggle to be content with their bodies, in other words, they wrestle, usually internally, with a negative body image. Thomas Cash reported in 1996, that 56% of women and 43% of men in America were overall dissatisfied with their bodies, other sources report as high as 95% of women. Regardless of the percentage, negative body image is prevalent, leaving much of our society in living in the private pain of loathing their bodies. Whether it is disliking one aspect of one’s body or being unable to look at oneself in the mirror, body dissatisfaction may lead to emotional distress, low self-esteem, dieting, anxiety, depression, and in extreme cases eating disorders. In the next few paragraphs I will describe body image and initial ways of developing a healthier body image. This is intended as a brief introduction, for more information please refer to the resources listed below or contact Samantha.

Body image is, “our perception, imagination, emotions, and physical sensations of and about our bodies. It is not static, but ever changing, sensitive to changes in mood, environment, and physical experience.” (Judy Lightstone) A healthy body image provides internal freedom, comfort and peace. People with a positive body image are able to care for themselves, express themselves and find confidence in their own skin. On the flip side, negative body image is not something only people with eating disorders struggle to overcome. Many people, men and women, look in the mirror and aren’t pleased with aspects of what they see. Whether it is due to an eating disorder, chronic pain or illness, birth defects, physical deformities or overall dissatisfaction, these thoughts and self judgments often lead to shame and anxiety. Due to the distressing repercussions of these thoughts it is important to know ways to improve body image.

Improving body image means changing

the way that one thinks about their body, not losing weight or paying for plastic surgery. It begins by striving to respect and care for your body as well as gaining perspective about what is true about your body. Bodies come in all shapes and sizes therefore, a healthy body image comes in all shapes and sizes.



### A Beginning

1. Take a family inventory. Spend some time looking at old family photos, find your body shape. It is likely Great – Grandma Jean had beautiful full hips too. Use this as a jumping off point, to begin to accept what is genetically possible for you.
2. Write down memories you have of your body throughout the years. Was there ever a time when you liked your body? Do you remember when you decided some body parts were not okay? What influenced the change in your body image? How can you use this insight to begin developing a healthier image today?
3. Examine your values and beliefs. What do you value about beauty? What do you believe beauty achieves? Are these beliefs and values what you desire? Do your feelings about your own body fit your desired values?
4. Write down the negative thoughts you have about your body. Examine these thoughts. Are they based in truth or are they representative of the media, what your Mom told you about being beautiful or your own perfectionist tendencies? Next to those negative thoughts, write the truth you are discovering. Practice replacing those negative thoughts with the truth.
5. Apologize to the parts of your body that you find insufferable. Recognize how these parts of your body have made

aspects of your life possible. For example, for many years I struggled to appreciate my thighs, they were not what I believed to be beautiful. Once I examined this thought, I realized that it was my thighs that made my love of athletics possible, without them I wouldn’t enjoy life in the same way. This realization appreciate my thighs as they are and learn to really like all of me.

6. Pick an activity you wouldn’t usually do because of your body and do it. Set yourself up for success, so start small, go into it knowing you will enjoy it regardless of your body, then work up to more challenging activities.
7. Examine your eating, exercise and sleeping habits. Eating healthy, moderate exercise and getting adequate sleep do improve self-esteem, stress and energy levels. If you aren’t sure what healthy eating or moderate exercise look like seek additional help from a nutritionist or your general practitioner.
8. If your body image seems to be preventing you from living the life you would like to live, seek professional help. You do not need to endure the pain of negative body image, there is help available.

My hope is that this article will begin a path of ending the comparison discomfort in one’s own skin and beginning a path towards body acceptance and health.∞

### Resources

- [www.samanthazylstra.com/articles.html](http://www.samanthazylstra.com/articles.html)
- [www.4women.gov/bodyimage](http://www.4women.gov/bodyimage)
- [www.nationaleatingdisorders.org](http://www.nationaleatingdisorders.org)
- [www.loveyourbody.nowfoundation.org](http://www.loveyourbody.nowfoundation.org)
- [www.body-images.com](http://www.body-images.com)
- [www.thebodypositive.com](http://www.thebodypositive.com)

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# Surfing On Fear

Continued From Page 1

Here are a few ways to work with clients on developing counterstatements to their unhelpful thoughts.

- No one has ever died from a panic attack.
- My body is giving me signals that are not useful at the moment.
- These feelings are just the modern-day versions of my ancestors' fight-or-flight responses that I don't need now.

**Habituate.** One way to reduce the intensity and duration of physical symptoms is by exposure (Martin, 2002). This is habituation. It's important for clients to stay with the uncomfortable feelings, because quickly fleeing the scene reinforces the idea that they're in a dangerous situation. Ideally, the client should wait for the adrenaline to subside somewhat before getting off the elevator or leaving the crowded area or otherwise ending the exposure.

By experiencing the symptoms of panic over and over again, the sensations become more familiar, the client's self-interventions (like decatastrophizing) become more habitual, and the panicking about the panic attack itself recedes.

## A real-world example.

One of my clients, whom I'll call Deborah, first came to me because she was experiencing severe panic attacks whenever she entered an elevator. At the time we first met, she had been avoiding elevators for five years.

I approached this with the existential-humanistic method, and we spent several months seeking an understanding of the etiology of her problem. The more we talked, the more Deborah became consumed with figuring why she was afraid of elevators now, when she had not been afraid previously. The more time passed, the more her fear kept growing.

Realizing that we were going in the wrong direction, I began to research this topic, looking for other possible approaches. As I was reading about the habituation model, I realized that as we spent time talking every week, her apprehension was growing because the

act of avoidance increases fear.

Taking a new tack, we began to plan for her exposure to elevators. In my office, we developed a series of rebuttals to her fears, then we rehearsed how her first few exposures would go. For example, Deborah would enter the elevator, begin to feel panicky, rebut the catastrophic thoughts, and remain on the elevator until the fear began to subside.

For her first time on an elevator, we chose one with glass on all sides, because that was the kind she felt most comfortable in. I went with her, to provide a stabilizing, trusted presence, and to talk her through the steps we had planned together. The first exposure was a success.

For Deborah's second exposure, we spoke via cell phone while she was on the elevator. The third time, she went with a friend. By gradually dialing down the support, she arrived at a point where she could ride the fully-enclosed elevators in her office building alone.

As we went through these steps, I noticed that it was important to be vigilant about Deborah beginning to slide back into avoidance behavior. By noticing and correcting her course, I've been able to help her maintain her gains and stay on a successful trajectory.∞

## Panic Attacks: Just the Facts

- About 5% of the population suffers panic attacks complicated by agoraphobia (the avoidance of feared situations)
- People tend to have their first panic attack in their late teens or early twenties
- Panic attacks are caused by a combination of heredity and situational factors like major life changes.
- Clients suffering panic attacks typically have a mother, father or other close relative who experienced panic attacks.
- The onset of the first panic attack often follows six months or more of elevated stress.
- Heavy drinking episodes often trigger panic attacks.

Of course, clients should be evaluated by their physician to rule out any medical causes of panic.

## Common Panic Attack Triggers

- Crossing bridges
- Driving on freeways
- Driving alone, especially driving alone far from home
- Traveling through tunnels (BART's Transbay Tube is a frequent trigger)
- Riding in elevators, especially underground parking garage elevators
- Being in high places
- Flying in planes
- Being in a crowd
- Inability to find exits in movie theaters, malls, or large stores
- Going to a dentist's or doctor's office
- Sight of needles, blood, or injections
- Being in small spaces
- Sitting in a hair stylist's chair
- Using public transportation
- Eating in restaurants, eating in front of others
- Being alone, especially being too far from a safe person or home

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- Martin, Jeffery R., PhD, *Anxiety Disorders Treatment: State of the Art Exposure Based Cognitive and Behavioral Interventions*, Institute for Psychotherapy Integration, 2002.

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# Professional Focus



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**Gayle Paul, M.A., MFT (#37825)** is a licensed psychotherapist in private practice since 1996. Her therapy practice, located in San Francisco, treats individuals, couples, families, and teens. Her areas of treatment expertise include anxiety, stress, panic attacks and phobias, depression, substance abuse, eating disorders and body image. She has advanced training in the treatment of anxiety disorders and panic attacks; harm reduction for the treatment of substance abuse and addictions; and psychopharmacology. Gayle's therapeutic approach draws heavily from psychodynamic psychology and

cognitive psychology so that clients move towards change through insight as well as practical application. She sees her role as collaborating with the client to meet them where they are and build on the strengths they have.

Gayle has appeared on KRON-TV and in publications such as Teen Vogue and California Therapist. She has published articles on harm reduction for the adolescent population and gender bending issues in couples therapy. She may be reached at, **415-412-9674**, **gaylepaul@comcast.net** and **www.gaylepaul.org**.

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Jodi welcomes people who are working with relationship issues, anxiety, trauma and loss,

and alcohol and drug use, among other areas. She uses contemporary innovations in her field, as well as time-tested therapeutic approaches.

For more information, you are welcome to contact Jodi at 415-435-7559 or **www.jodiperelman.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 trained in the Hakomi Method, an experiential, mindfulness-based and body-centered psychotherapy approach. She is also a practitioner of 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 **415-826-2951**, or **www.katiecofer.com**

**Samantha Zylstra, M.S., MFT (#44677)** 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. She runs art therapy groups for people who struggle with issues of food and body image. She has worked extensively with individuals and families struggling with the devastating experience of an eating disorder. Eating disorders are treatable, please don't hesitate to call if you or someone you know needs help.

For more information regarding her therapeutic approach or groups please call **415-585-3132** or visit **www.samanthazylstra.com**



◆ Katie Cofer

◆ Jodi Perelman

◆ Gayle Paul

◆ Samantha Zylstra

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