

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

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Conscious Initiation into Motherhood

Pregnancy & Loss

by Lori Opal, MFT

It is winter and the earth in its infinite wisdom so clearly reminds us that life and death are inseparable. Outside rain is falling and the trees are moving into their time of dormancy, so many plants dying back, and the light recedes making us more aware of the darkness and the unending circle of life.

As a therapist I am impassioned about helping to bring to awareness those things frequently left unspoken. Often clients share with me their life stories which have been waiting so, so very patiently, and which can only be spoken when there is a deep well of safety and the courage to open into the places of darkness within. That darkness can feel untouchable, too overwhelming, until we have a sacred witness. The stories of loss, regret, grief, fear and shame can be buried deep within until we know that truly these too will be welcomed and are valuable in bringing us into our deepest wholeness.

That which haunts us will always find a way out.
The wound will not heal unless given witness.
The shadow that follows us is the way in.

~Rumi

Witnessing pregnancy and birthing, one must become aware that it is a truly miraculous event. Awe is a natural response, yet sometimes we have become blind to the dark side of this amazing joy. But the shadow side of loss is always there too, the signs are just much more subtle and the stories are not a topic of casual conversation.

Finding or creating rituals is a way to honor and hold the transitions and losses that are an inevitable part of each of our lives. Yvonne Rand has made part of her life work bringing to the west a tradition of honoring death from Japan. The Jizo ceremony, or *mizuko kuyo*, is particularly focused on acknowledging and grieving the deaths of fetuses and infants lost through miscarriage, abortion or stillbirths.



The Japanese Buddhist culture has found a beautiful, inspiring and powerful offering in the image of the bodhisattva Ksitigarbha, the Jizo statue, as a way to bring into consciousness the loss of these unborn beings. The images of hundreds or thousands of the statuary decorated with handmade bibs and hats shows just how universal this experience is within life.

Abortion

This subject has moral or religious meaning for people, and therefore can become quite an emotionally heated topic. No matter what one's

beliefs are about abortion, there can be a way to leave space for the grief that comes for those who have experienced it without adding more guilt and shame into the mix.

In truth there is no 100% effective birth control, other than abstinence from sexual intercourse. Rape aside, even those mindfully using contraception can and do become pregnant. And thus women become faced with one of life's most momentous decisions, giving rise to the question, *Am I prepared to become a mother now with all that it entails?* The answers will vary; there can be a loud emphatic *Yes!*, a maybe, *Let me get used to this*, a clear *No*, or *This timing feels off, I don't feel prepared*, or even *I do not want to become a parent*. For many women it could mean the decision to become a single mother.

Often there is a deep shame connected with making this decision. It can be judged as a cold and heartless option, deemed selfish by some. Even those who feel entirely certain that their decision to end a pregnancy is the right choice may still have a grief process and deeply feel the loss of their potential child. So, even the choice of loss can cause bereavement. Guilt and fear, can be projected into the future with versions of, *I will be punished; what if this was my only chance to have a child.*

Miscarriage

Imagine you and your partner have decided to become parents and discover you have been blessed by

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∞ Happiness is... ∞

How to have a truly Happy New Year

by Katie Cofer, MFT

Anyone with an interest in popular psychology and spirituality would have to have spent the past ten or so years meditating in a cave to have missed the proliferation of books about happiness: what it is, what it isn't, and, most of all, how to find it. From the values-based approach of Martin Seligman's Positive Psychology to the systematic pragmatism of Gretchen Rubin's Happiness Project to the sublime heights of a number of offerings from revered Buddhist teachers and masters such as Sylvia Boorstein, Matthieu Richard, Yongey Mingyur Rinpoche and, of course, the Dalai Lama and Thich Nhat Hanh (my own personal favorite happiness master), along with centuries of poets, philosophers and bonvivants, we have a rich banquet of suggestions for how to turn our brain chemistry around and (to quote that incomparable authority on happiness, Monty Python) "Always look on the bright side of life" (de-dum, de-dum de-dum de-dum).

You guessed it – a part of happiness seems to be to take things a little more lightly. But then there are all the high-minded injunctions about having a purpose and helping others, in other words: It's full of contradictions, this happiness thing. Clearly it doesn't work to tell depressed clients to just "Go out and be happy!" They're absolutely right – when we've suffered loss, or trauma, or never got the support and care we needed, it is essential to grieve, be sad, be mad, and have an experience of validation.

That said, I do believe there also comes a moment, different for every one of us, when it is time to start looking out beyond the well-worn neuronal rut we're stuck in and turn our thoughts to the idea of cultivating happiness. And so, without further ado, because they say it so much better than I do, I am going to turn it over to the masters and present you with a very subjective and incomplete sampling of some of their reflections and suggestions.

Happiness is being unhappy:

"The truth is that our finest moments are most likely to occur when we are feeling deeply uncomfortable, unhappy or unfulfilled. For it is only in such moments, propelled by our discomfort, that we are likely to step out of our ruts and start searching for different ways or truer answers."

- M. Scott Peck

Happiness is being happy:

There is no duty so underrated as the duty of being happy. By being happy we sow anonymous benefits upon the world."

- Robert Louis Stevenson

"Sometimes your joy is the source of your smile, but sometimes your smile can be the source of your joy."

- Thich Nhat Hanh

Happiness is opening our minds:

"Knowledge of what is possible is the beginning of happiness."

- George Santayana

Happiness is opening our hearts:

"The amount of happiness that you have depends on the amount of freedom in your heart."

- Thich Nhat Hanh

Happiness is compassion:

"The greatest degree of inner tranquility comes from the development of love and compassion. The more we care for the happiness of others, the greater is our own sense of well-being."

- Tenzin Gyatso, the 14th Dalai Lama

Happiness is passion (or purpose):

"Joy can be real only if people look upon their life as a service and have a definite object in life outside themselves and their personal happiness."

- Leo Tolstoy

Happiness is in the sublime:

"No pleasure is comparable to the standing upon the vantage ground of truth."

- Francis Bacon

Happiness is in the mundane:

"But what is happiness except the simple harmony between a man and the life he leads?"

- Albert Camus

Happiness is being authentic:

"Be Gretchen."

- Gretchen Rubin

Happiness is being in the moment:

"The present moment is filled with joy and happiness. If you are attentive, you will see it."

- Thich Nhat Hanh

Happiness is being Thich Nhat Hanh:

"True happiness is based on peace."

- Thich Nhat Hanh

"The source of love is deep in us and we can help others realize a lot of happiness. One word, one action, one thought can reduce

another person's suffering and bring that person joy."

- Thich Nhat Hanh

Happiness is whatever makes you happy:

"Happiness is five different crayons."

- Charlie Brown

A beautiful sunset, a walk in the park, good dark chocolate, raindrops on roses and whiskers on kittens – whatever it is that makes your heart rise up in the Halleluiah chorus, or just sit back and "Be Peace" – it's worth cultivating your very own repertoire of happiness-makers. For, although some of our happiest moments can come through being with, or serving, other people, still – and here is another paradox – in the words of Buddhist teacher Sylvia Boorstein, "Happiness is an inside job."

To end, for your delectation, I gift you with a very incomplete, but nonetheless potent little Happiness library, to help you make the New Year a truly happy one.

His Holiness the Dalai Lama and Howard Cutler: The Art of Happiness

Thich Nhat Hanh: Happiness – Essential Mindfulness Practices

Yongey Mingyur Rinpoche: The Joy of Living – Unlocking the Secret and Science of Happiness

Matthieu Ricard: Happiness – A Guide to Developing Life's Most Important Skill

Sylvia Boorstein: Happiness is an Inside Job – Practicing for a Joyful Life

Gretchen Rubin: The Happiness Project – Or, Why I Spent a Year Trying to Sing in the Morning, Clean My Closets, Fight Right, Read Aristotle, and Generally Have More Fun

Katie Cofer is an MFT in private practice in San Francisco. She specializes in working with depression, anxiety, stress and trauma. She is trained in somatic approaches, including the Hakomi Method and EMDR. Katie can be reached at **415-826-2951**, and please visit her at www.katiecofer.com

∞ Assertiveness and Guilt ∞

by Jodi Perelman, MFT

Clients often come to therapy when they're trying to make important changes in their lives. This can require developing a more assertive communication style in relationships at home and at work. While it sounds easy, becoming more reliably assertive takes a great deal of practice and skill. Many people encounter a particular type of stumbling block or resistance along the way, known as guilt.

Defining Terms

Assertiveness can be defined as affirming one's rights or point of view without either aggressively threatening the rights of others, thereby assuming a position of dominance, or submissively permitting another to ignore or deny one's rights or point of view. (Dorland's, 2007).

Assertiveness can be contrasted with a few other communication styles, such as passive, aggressive, and the ever-popular passive-aggressive. In a passive style, people try to avoid conflict by not expressing their opinions or feelings and tend not to protect their rights. Grievances in a relationship can easily build up. In an aggressive style, people express their feelings and opinions and advocate for their needs in a way that violates the rights of others. In a passive-aggressive style, people appear passive, but actually act aggressively in subtle and indirect ways. Ironically, each of these styles may be related to a sense of powerlessness or helplessness. (Benedict, 2010).

Guilt can be defined as a feeling of responsibility or remorse for some offense, crime or wrong, whether real or imagined. John Grohol (2007) writes that guilt can be an emotional warning sign with a purpose: we have a chance to examine our behavior and how it affect others. However, he writes, "the problem arises when our behavior isn't something that needs re-examining, nor is it something that needs to be changed." This is known as unhealthy or inappropriate guilt. The trick here is to differentiate between feeling remorse in order to learn something and making a desired change and then noticing a sense of guilt arise.

Understanding Shame

While guilt is feeling bad about what one has done, shame is feeling bad about who one is. Laura Gollnick writes that a shame-prone person tends to be very self-focused and have a limited sensitivity to what is actually happening with others. This can lead to a depressive way of looking at the world. "Differentiating shame from guilt may also be helpful, as many clients confuse the two, and culturally, the words



are often used interchangeably." Gollnick says that shame is often decreased by sharing what has happened and how one is feeling. Because shame often includes feelings of internal badness, talking about the experience can be a usefull way to recover a sense of self. (Gollnick, 2004).

The Roots of Guilt

The Control Mastery community has written extensively on the subject of guilt. According to the model, unconscious guilt stems from distorted irrational beliefs about having harmed or been disloyal to someone we feel a special sense of attachment with, such as a parent, sibling or child. This experience of guilt produces anxiety and can erode self-esteem and self-confidence, creating a predisposition to accept mistreatment. (Bush, 1989).

Marshall Bush writes that "irrational guilt arises because children make false causal connections between their own behavior and harmful things that happen ... children often blame themselves for mistreatment

they experience at the hands of their parents ... [and] ordinarily do not know that their parents may irrationally blame, punish, abuse, reject, or neglect them because of the parents' own psychopathology."

Because children need to maintain good relations with their family, they may condemn as bad any wish, idea or goal that they believe could harm another family member. This could include independence, autonomy, intimacy and even happiness. (Bush, 1989). Because this happens unconsciously, when children grow into adults they may encounter strong internal resistance to building assertiveness, especially if this communication style threatens the status quo in their early family life.

According to Control Mastery theory, therapists can help clients gain insight into their unconscious guilt by disconfirming these irrational beliefs and helping them master the traumatic childhood experiences that gave rise to those beliefs.

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☯ Pregnancy & Loss ☯

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conceiving. You are on top of the world, the excitement and joy you feel is incredible, your dream has come true; you spend endless hours imagining your future life with your child. Then one day you see the spotting, the crimson red tears that your womb sheds makes it clear that you have lost the fragile life within.

Statistically, on average, 20% of pregnancies will end in miscarriage. This frequency increases with maternal age, the eggs that have been carried since before our own births become less and less viable for a healthy full term pregnancy. The knowledge that a miscarriage most often means there was some type of chromosomal abnormality is seldom entirely comforting. The grief and loss of the fetus is the death of the dream. After experiencing this loss many are afraid that their wish for a child (or another child) will not be fulfilled.

We learn from Sobonfu Some, “Most people in contemporary societies find it hard to relate to, or have feelings for, something they cannot touch or see. The most difficult thing about pain is that it is invisible. What we see on the surface in terms of the external injury is only the tip of the iceberg. Miscarriage is one of the places where the physical damage does not reflect the truth because, in early miscarriage, the only proof is the bleeding, but the immensity of the pain is without words.”

Infertility

For those dealing with challenges in fertility, the great joy and anticipation of consciously inviting in a child can turn sour. The months of trying to conceive have slowly turned into years. The hope and joy become a torturous monthly cycle of watching for ovulation, sex that feels like a demand performance, and inevitably the deep fear breeds a gloomy shade of hopelessness and despair. The medical system, while offering help for

many, cannot offer any 100% guarantees and in its attempts to facilitate, can be very physically invasive, objectifying and often extremely expensive. Acupuncture and Mayan Womb Massage are two currently popular alternative supports for fertility.

Unfortunately this experience can be very isolating. There is fear of sharing these troubles, especially if all around other bellies are swelling and babies are being born. It is



important to make room for the natural feelings that arise even if they are uncomfortable such as jealousy, anger and frustration. It is important to figure out the best ways to support self-care, while finding some avenues of emotional support.

Grief Needs Expression

When the topic is death or loss very often the subject is quick to be changed. There is a common concern that the pain will make others uncomfortable, or sometimes it can just feel too heavy to talk about. But in therapy there is plenty of time to slow things down and encouragement to see if there is more to the conversation that wants to happen in a safe non-judgmental setting.

Yvonne Rand says, “If you cannot name your experience you cannot have real closure. . . . People carry enormous, unrecognized grief for decades.” The body remembers these events even if we have consciously forgotten. Sometimes the anniversary of the loss will bring emotions or memories to the surface, calling out for our attention and compassion.

In her many years of working on these with issues with clients, Kim Kluger-Bell found, “The emotional impact of any particular loss has to do with quality and degree of attachment to the unborn child: with what the pregnancy unconsciously signifies for the individual person.”

There is no right or wrong way to deal with pain, grief and loss. We must start exactly where we are and allow the words and feelings to emerge from the experience. It is common at first to feel there are no words; this is a time for patience and a heartfelt invitation for everything to be witnessed. It is important to try to find ways to use words “as fingers point to the moon” for they can facilitate the revelation of emotions. Ultimately, this process allows the inner alchemy to transform the event, for there are hidden rewards for those brave enough to feel the totality of our human experience. Find a therapist, join a group, look for a public Jizo ceremony, or perform a personal ritual honoring the loss, and thus take become engaged in healing!

Resources

Candace De Puy, Ph.D. & Dana Dovitch, Ph.D. (1997). *The Healing Choice: Your Guide to Emotional Recovery After an Abortion*.

Kim Kluger-Bell. (1998). *Unspeakable Losses: Understanding the Experience of Pregnancy Loss, Miscarriage, and Abortion*.

Yvonne Rand. (2002). *The Buddha's Way and Abortion: Loss, Grief and Resolution*. (www.goatintheroad.org).

Sobonfu E. Some. (1999). *Welcoming Spirit Home: Ancient African Teachings To Celebrate Children and Community*.

Lori E. Opal, MFT, provides psychotherapy, consultation, and supervision in both San Francisco and Emeryville. As a mother of two, Lori is passionate about supporting women and their partners through all aspects of parenthood. She values the fullness of life and welcomes into her practice those who are dealing with all kinds of loss. Lori can be reached at **415-503-0522** or www.loriopal.com.

∞ Neuroscience Meets Eating Disorder ∞

A look at the influence of brain research on eating disorders and treatment

by Samantha Zylstra, MFT

During my lunch break a few weeks ago, I overheard someone at the table next to me talking, “if she just had more willpower I really think she could kick this food thing. But she just doesn’t really try.” The comment got me thinking about misconceptions many people have regarding eating disorders. Some believe they are a direct result of lack of willpower, family issues, character defects, and/or other shameful habits. There are many contributing factors that cause people to develop and struggle with issues around food and their bodies; one of these factors is the brain.

The 21st century has brought a plethora of new techniques to looking at the brain; PET, fMRI, SPECT, and EEG are some of these imaging techniques. The brain scans as well as neuroscience research on the brain is shedding light on treatment for those struggling with eating disorders. I believe this research is providing hope for both those suffering as well as family members of those suffering: recovery and healing are possible.

Our brains are complex. Even though technology is advancing there is still much to be learned. Many researchers are not absolutely sure they know what they are looking at when viewing a brain scan. I will present some basic ideas of brain research though it should be held as a hopeful template, with much mystery still left to be determined.

The Brain

Our brain can be looked at in three parts; the hind brain, the mid-brain, and the neocortex. The brain’s goal is for all three parts to work together reaching homeostasis. Homeostasis creates a feeling of balance and an ability to manage life. Unfortunately, those struggling with an eating disorder have an unbalanced brain. On a scan, an anorectic brain has less grey and white matter because of tissue loss and there is less blood flow – simply the brain is not running properly. Many believe this is due

only to malnutrition, and although that does play a part, researchers now believe some of the problems are genetic. Following I will provide a snapshot of the three parts of the brain as well as how this may be playing out in a person struggling with an eating disorder.

The Hind Brain

The hind brain is located between the brain stem and the midbrain. Sometimes referred to as the “reptilian brain,” it is the most primitive and controls the essentials for our physical survival; breathing, muscle tone and heart rate. More specifically, the hind brain holds the autonomic nervous system, which is comprised of the parasympathetic nervous system (PNS) and the sympathetic nervous system (SNS). The SNS controls our “flight or flight” responses to danger. When we feel stressed out, our hind brain becomes hyperaroused, which causes blood vessels to dilate and helps our muscles work quicker. It also raises our heart rate to increase oxygen supply, which causes our body temperature to rise, leading us to sweat to cool the body to prevent it from overheating. Sometimes the hind brain copes with stress by making the body tense and immobilizing it, creating the “freeze” response to stimuli. When we know that we are safe, our PNS engages and tells the body to rest and relax, bringing our heart rate down, lowering our blood pressure, and slowing our breathing.

The Mid-Brain

The mid-brain holds our limbic system, the center for emotions and feelings. The limbic system’s goal is to balance unpleasant experiences with pleasant experiences. When a child skins their knee, they typically run to the open arms of their primary caregiver. This is a limbic system response – the caregiver holds them and comforts them, creating a sense of calm and soothing. As we get older, when we encounter unpleasant experiences we learn to self-soothe to calm us down and produce pleasure.

The limbic system is talked about a lot in regard to therapy because it is the location of serotonin. Serotonin, specifically found in the hypothalamus, is the neurotransmitter that allows us to be calm and relaxed. When a person experiences a lot of stress, their levels of serotonin decrease and therefore they experience a lowered mood and we label this depression.

As I stated earlier, our brain wants to stay in homeostasis. Therefore it is constantly managing connections to try to survive. When the serotonin in our hypothalamus is low, the reward and pleasure area of our brain, the nucleus accumbens, releases extra dopamine in an effort to balance. If a person doesn’t have enough dopamine, they tend to work to find excess rewards in order to compensate for the low levels of both dopamine and serotonin. When we have a good experience it is encoded in our hippocampus or memory center, and when we need to cope in the future, our brain will remember this experience and crave it to create balance.

The desired state of balance creates a cycle of stress experience to coping strategy. With positive coping strategies such as exercise, healthy relationships, self-confidence and hope, a person manages stresses and rewards without developing coping strategies or compensatory behavior that ends up hurting them, such as food or substance abuse.

The Neocortex

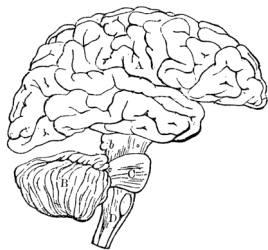
The neocortex is above the mid-brain and is sometimes referred to as the frontal cortex or executive functioning portion of our brain. Our neocortex allows us to learn, make decisions, control our impulses and regulate our emotions. The “happy” feelings we have are generated in the left side of the prefrontal cortex, lpfc, and the right side, rpfc, holds our negative feelings, such as fear and anxiety. If you are afraid, your amygdala tells the rpfc it is in danger and floods the brain with cortisol.

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☞ Neuroscience Meets Eating Disorder ☞

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If someone has a traumatic experience, their amygdala may go unchecked, causing too much cortisol in the brain. This is toxic to neurons and ends up reducing the total brain volume. After such an event it is very important to reduce the corticotrophic releasing factor (cortisol), CRF, which depletes cell density and serotonin. Reducing the CRF in the brain can be done by helping a client, or yourself, learn to let go of the experience and forgive. Antidepressants also have shown to help manage the CRF.



What this means for Eating Disorders

I mentioned earlier that I hear a lot of misconceptions about eating disorders. Many people seem to think that an individual struggling with an eating disorder can “just eat” or “just stop throwing up” or “just stop eating” and they’ll be fine. Brain research indicates that this is not the case. If an individual was born with an insufficient amount of serotonin or few neurons in their hypothalamus, their brain will try to create balance by releasing more dopamine into the part of their brain that is associated with reward and pleasure. Unfortunately, some people are born with not enough dopamine receptors and therefore this person will struggle to experience pleasure in events that most people would enjoy.

People who struggle to experience pleasure are often drawn to “reward” behaviors to compensate for what is ultimately low levels of serotonin. For someone with an eating disorder, this reward behavior is often restricting, vomiting or binging. The experience with food creates pleasure in the brain. That experience is encoded into the hippocampus or memory center of the brain. In the future, when the person is in need of coping or something to help them feel good, their brain remembers the food and they perform the behavior again. Un-

fortunately, as the cycle continues the brain develops tolerance. This sets the brain into a compulsive need for the behavior as a way of avoiding pain. And the behavior then looks like an obsession. “Obsessions present as the inability to resist thoughts and actions which are accompanied by feelings of powerlessness.” (Weingarten ’90; Gendall ’97; Ludwig ’74).

“I just can’t stop. I feel so out of control.” Clients often make these statements. I hear this as their brains telling them they’ve found something that makes them feel better. In order for them to heal from their eating disorder, they must find something else that also makes them feel better. In therapy, clients develop a “bag of tricks” or alternatives that produce dopamine so they choose something other than their eating disorder to feel pleasure. This technique is a good beginning but research has shown that the left prefrontal cortex must be in balance with the right prefrontal cortex to produce lasting change.

“The challenge is to determine if, through therapy, one can harness the power of one’s thoughts and behavior to stimulate neural cell growth and rewire the brain’s happiness center. Reestablishing the prefrontal cortex as the primary source of well being frees the midbrain from seeking exogenous sources of pleasure to stabilize moods. Bringing the frontal cortex into proper balance improves the likelihood of maintaining activity in the brain’s higher centers (frontal cortex) when we are confronted with an imminent danger to survival.” Ralph Carson, Ph.D.

As most of us know, smarts, beauty and money don’t sustain health or happiness but relationships make a difference in our lives. “The data supports that what seems to make the greatest contribution to well-being and positive outlook are strong healthy relationships, altruism, gratitude, self-confidence and hope.” (Lyubomirsky ’07; Klein ’02). This being the case, talk therapy and educating clients on eating disorders are very good ways to help create lasting change. The work of the therapist will not help the brain grow or stimulate serotonin or dopamine production – the client must also believe in the process of healing. Therefore, recovery from an eating disorder is an arduous and hopeful endeavor.

Helping clients understand how their brains are involved in their disorder, as well as their recovery, is crucial to long-term recovery. Clients who understand that their brain can heal and they can create this healing develop hope for recovery.

I am sure as researchers continue to unfold the mystery of the brain we will all find more hope in the healing experience of eating disorders as well as many other mental illnesses.

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Professional Focus



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, creating space for them to strengthen their core self. Her role, as she sees it, is to listen deeply and to respond empathetically, facilitating opportunities for insight and client

-directed choices for change.

Samantha has a certificate of specialization in the treatment of eating disorders. She has run 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, so 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**

Jodi Perelman, MFT (#45307) is a licensed psychotherapist with a private practice in the Potrero Hill neighborhood of San Francisco. She works with adults, couples and young people, and offers consultation for fellow therapists. Her style of working is warm, genuine and collaborative.

Areas that bring people into her practice include relationship issues, self-esteem, anxiety, depression and healing from loss.

Jodi received a Masters degree in Counseling Psychology from the California Institute of Integral Studies and participates in advanced training and education in many diverse areas. She is a Registered Yoga Teacher (RYT) with Yoga Alliance and has a certificate in yoga therapy.

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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**.

Lori E. Opal, MFT (#35754) views life as a spiral that is always moving us towards healing and wholeness. From this perspective, the symptoms that bring us into therapy or consultation are not really problems, but the healing impulse of our psyche loudly declaring that our awareness and growth are required. Therefore, as life inevitably presents us with transitions and loss, each unique circumstance becomes an integral part of what awakens us into the fullness of our human experience. This is the focus of transpersonal psychotherapy.

Lori is trained in EMDR and has expertise in trauma, depression, anxiety, self-esteem, relationship issues, couples therapy and spiritual matters, including spiritual emergence/

emergency. With her Masters degrees in East West Psychology and Integral Counseling Psychology, Lori enjoys utilizing the rich wisdom traditions of the East: Buddhism, Sufism, & Hinduism with Western Christian mysticism in her healing work with clients. She often weaves into sessions body awareness, mindfulness practices, teaching stories or her special love of mystical poetry, as inspired.

As a mother herself, Lori values helping women prepare psychologically and spiritually for pregnancy, the transition into motherhood, and the ongoing joys & challenges of parenting.

Lori is available in San Francisco and now Emeryville for psychotherapy, consultation, and supervision; she can be reached at **415-503-0522**, or at **www.loriopal.com**.



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