



## **Integrating Mind/Body Work with CBT and Psychodynamic Psychotherapy**

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Many of my patients are struggling with stress, anxiety, and depression. Some are adjusting to significant physical illnesses, losses or other life transitions. I want my office to be a calm place where they can feel comfortable talking about these challenges. It is still difficult for them to talk about painful experiences. People may be fidgety but I usually hear nice things about the office being relaxing and comfortable. By discussing two case studies, I hope to highlight how an integrated approach using the multiple modalities available through mind/body, CBT, and psychodynamic psychotherapy can help patients experiencing widely different issues. Names and personal details have been changed to protect the privacy of the patients.

When I first met Stacy (of course this is not her real name) she could barely sit on my couch. She found it too soft or too hard, the lighting too dim or too bright, and noisy even though it is well soundproofed and does not face the street or a noisy parking lot. Many patients might react to an occasional passing fire truck, or even a phone ringing outside in the reception area, but Stacy was startled by a distant car horn, a small object dropped in a nearby room - the slightest sound. She twitched and then hugged herself when the fan in the ceiling vents turned on and off. She manages to travel by car, bus and even subway but in my office, in touch with her feelings and able to react freely, she was excessively sensitive.

Stacy is an artist, who has exhibited successfully at juried shows and been selected for prestigious Residency programs where she and other artists are free to work for weeks or months without interruption. She manages a challenging part time job assisting an autistic teenager, and shares an apartment with a roommate. She comes to therapy because she is having trouble working on her art and spends the hours at her rented studio “playing” with her phone and “wasting time.” She struggles to resist the urge to scratch or “lightly” cut her arms, showing me faded scars and telling me she stopped this long ago but still feels tempted.

Mind/body techniques, integrated with CBT, mindfulness, and a psychodynamic perspective, have transformed the way Stacy reacts physically and emotionally in my office, and much more importantly, the way she feels everywhere. With my patients, I use mind/body techniques that focus attention on bodily sensations and awareness. Interventions include breath work, whether relaxed and rhythmic breathing or specific patterns that help regulate the nervous system. This

can help patients cope more easily with distressing physical feelings and is often useful in reducing physical symptoms of anxiety, such as panic attacks, post-traumatic stress symptoms, and pain management. Mind/body techniques may also include muscle relaxation training, and helping patients to develop tolerance for uncomfortable sensations by focusing attention on breath, imagery, and calmer areas of the body. Meditation methods can be helpful in calming anxiety, promoting relaxation, and learning to focus attention on breathing and imagery.

Years ago, “mind” and “body” were seen as independent, and treatment was either medical, for body issues or psychological, for emotional concerns. Now, research and experience, combined with modern brain imaging technology, shows us that our feelings and our bodies interact on many levels, and either can affect the other. Sometimes this can lead to problems for example when emotional stress causes high blood pressure, triggers migraines, or causes other physical problems. Fortunately, the mind/body relationship can also work the other way, which is how mind/body techniques in psychotherapy can positively impact emotional issues.

I have always been intrigued with how psychotherapy methods complement each other and can be integrated in treatment, depending on patients’ individual needs, goals, and wishes. Many years ago, I completed a postdoctoral program at NYU in psychodynamic psychotherapy and psychoanalysis. I worked with CBT long before it became popular. I have often found these approaches more complementary than conflicting. More recently, I have begun studying mind/body and mindfulness approaches to psychotherapy and found them useful adjuncts in helping certain patients coping with anxiety, and traumatic experiences.

My psychoanalytic training has taught me to take a very detailed history of early development. So, as Stacy practically jumped off the couch at the slightest noise and shuddered at the smallest change in atmosphere during our early sessions, I remembered that she had been a “preemie.” Born three months early, more than 30 years ago, long before the neonatal intensive care units dimmed the lights, warmed the incubators continuously, and kept the parents close and touching their tiny babies many hours a day. Her “startle” response to sound reminded me of the way some babies react, and together we began to explore a possible connection between her super sensitivity and her extreme vulnerability during those early months.

Mind/body work focuses on helping patients connect physical sensations to emotions and thoughts. It offers tools for understanding and regulating these feelings. The idea of connecting her intense physical reactions to her early experience resonated strongly for Stacy.

Understanding the connection helped Stacy make sense of her pre-verbal feelings, but did not make the sensations and anxiety go away. She was still unable to work productively as an artist.

We began to talk about what she was feeling in her body, tracking the sensations as soon as they began. Focusing on what she felt when she reacted, we also focused on where her body felt more relaxed. As she began easily identifying these feelings, we began to work on techniques such as breath work, mental imagery engaging all her senses, and progressive muscle relaxation to develop a wide range of strategies for calming herself. Mindfulness meditation was useful as a relaxation technique, as well as for its evidence based effectiveness in reducing anxiety.

Stacy began to feel better both in and outside of her sessions, and to attend some social events she had been avoiding due to the stress of being in crowds and new places. But, she was not yet creating new artwork.

Stacy worried about the judgment of others who would see her artwork, and avoided regular studio time. Cognitions, the “C” in CBT, were examined and questioned and challenged as Stacy developed new ways of thinking about her own judgment of her artwork and opinions of others. She structured her behavior, the “B,” to create a schedule of studio time she could follow. Through trial and error, we tweaked this approach. She described herself as overwhelmed at starting a large new work. We agreed that she would start with a sketchbook and attempt to work on something, even a small sketch, while not using her phone. At first, she used a timer, separate from the phone, and set small goals for time spent drawing. Gradually she was able to increase this time, and eventually moved onto working with paint on canvas. These modifications helped her to regulate and structure her behavior in a way that allowed her to lessen her performance anxiety. Then, as she worked more fluidly, she experienced pleasure that reinforced her artistic experiences.

Stacy continued to progress in psychotherapy integrating mind/body awareness techniques, mindfulness meditation techniques, and Cognitive Behavioral Therapy. These approaches are integrated with a psychodynamic perspective that brings awareness of her early experiences and feelings, as well as current family and other relationships into the therapy. She is experiencing less anxiety and reactivity, more assertiveness and less worry about others judgment of her work and her behavior, and more social interaction. She is able to work effectively during her studio time. She is also thinking about integrating her own experiences in psychotherapy, her work with an autistic teen, and her artistic talent into a career as an art therapist.

Mind/Body techniques can also be very useful in short-term psychotherapy. While Stacy is very psychologically minded and interested in longer-term psychotherapy, Laura, another pseudonym, came to therapy quite reluctantly. She had lost her only sibling to a sudden heart attack and was having difficulty “getting through the day.” She came at the urging of a friend, but did not want to discuss her background or explore her feelings. Laura wanted to “get out of the house, get on with her life, and get back to being herself.”

I think it is important to be flexible and responsive to patients’ wishes and goals. Explaining that her strong reaction seemed normal and a “quick fix” unrealistic, I could still offer some useful techniques to help her to cope with this terrible loss. Relaxation, breathing, and imagery techniques proved helpful in coping with her feelings of anxiety. Behavioral rehearsal and assertiveness techniques were useful in dealing with family members and work related issues. Exercise had been a part of her life, and she was able to use CBT to actively structure this into each day, increasing energy while lessening depression and anxiety.

As Laura began to experience some improvement and some time passed, she became open to exploring her relationship with her brother and other family members in a little more depth with me. She felt some relief in being able to express sadness and anger without the pressure to be “strong” that was her usual role in her family. She came to accept her feelings and her grief

without the need to minimize it. She decided to stop psychotherapy when she “felt better,” stating that she would return if she “needed to come back.”

Each of these patients was able to use a range of mind/body techniques and with each I integrated my understanding of mind/body work, mindfulness, and CBT with my background and training in psychodynamic psychotherapy. For Laura, the short term, symptom oriented approach she sought to help with her grief provided enough relief for her immediate needs. Stacy was eager for symptom relief and structured strategies to cope more effectively, while also wanting a deeper understanding of her physical sensations, emotions, and creativity. Integrative psychotherapy offered each of these very different patients individualized and meaningful help. These are but two examples of how an integrated approach offering a range of psychotherapy techniques is often valuable in working with different clients facing different emotional stressors and a wide range of emotional and psychological issues.