

HISTORICAL PERSPECTIVE

The Development of Mind-Body Self-Regulation Groups

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The article describes the historical development of mind-body self-regulation skills groups. Specific skills utilized include thermal biofeedback, autogenic training, imagery exercises, self-drawings, abdominal breathing, and self-hypnosis training. The author credits a number of biofeedback pioneers with developing specific skills and interventions now included in the group format as promoted by the Center for Mind Body Medicine.

The article on mind-body skills groups for adolescents by Lynda Richstmeier Cyr and Kathleen Farah in the Summer 2005 issue of *Biofeedback* was welcome, especially because of its appearance in a publication of the Association for Applied Psychophysiology and Biofeedback (AAPB). The foundations for the group framework that I originally called “mind-body self-regulation groups” (MSG) is historically rooted in the work of AAPB pioneers, especially the Menninger Clinic group. Lilian Rosenbaum and Patricia Norris were major mentors in the development of the format. The detailed history of the development was described in my dissertation, *Learning Behavioral Medicine Techniques for Groups From the Inside Out* (Esty, 1995). That paper describes the development of the clinical application of this particular multifaceted approach, which was largely the result of biofeedback training that was conducted by several founders and pioneers of AAPB. Lilian Rosenbaum, Clinical Associate Professor, Georgetown Medical School, introduced biofeedback into clinical practice with families using Bowen’s family systems theory in the 1970s. Norris began using thermal biofeedback in groups early in her career, and later she and her Menninger colleagues also worked with thermal biofeedback, imagery, and autogenic training, among other interventions.

My first model integrating these therapeutic methods was developed in work with individual patients with any chronic illness. This was the result of successful personal clinical use of these methods for my own problems with lymphedema following treatment for cancer in

1968. In January 1992 and at the request of James Gordon, I formulated a modified format for treating chronic illness in a support group for his patients. My integration of these seemingly disparate modalities into a comprehensive plan resulted in the MSG program at the Center for Mind Body Medicine (CMBM) in Washington, DC. Autogenic training and thermal biofeedback were the elements that formed the basis of each session. Each group was taught basic principles of autonomic nervous system functioning regarding balance or imbalance in the sympathetic/parasympathetic nervous systems as it affects physiological functioning and the immune system. The connection between stress, regaining and keeping balance, and the ability to learn some self-regulation skills was paramount to the process. Members of the group also studied pertinent anatomy drawings by Netter (1989) to strengthen the use of imagery practices specific to each individual member. Also integral to this systems approach was a genogram highlighting health/medical issues within a family system, drawings of one’s body completed during the first and last sessions of each group, abdominal breathing while monitoring peripheral temperature, music-enhanced imagery, and self-hypnotic techniques. The cancer groups also were shown a remarkable video from the American Cancer Society, *The Embattled Cell*, that included shots of cancer cells being killed by immune system cells. The goal of these groups was to enable participants to explore a variety of therapeutic modalities. Exposure to several therapeutic modalities allowed each person to choose those tools that could then serve him or her throughout life.

Some groups continued for up to two years. The synergistic effect of the multifaceted modalities aided the patients’ exploration of issues in new ways. These participants were living demonstrations of the power of using multiple interventions because there was always at least one modality that provided a breakthrough. No single approach works for everyone, but this collection seems to be mutually supportive. In these long-term groups we

were able to explore interactive imagery between an individual and other group members. Some of these participants were near death and found great comfort and/or pain reduction in these sessions.

The members of the first MSG support groups in 1992 reported positively on their experience to Gordon, who realized the clinical potential of this multifaceted approach. He spearheaded the first local professional training course at CMBM in 1995, and his enthusiastic support made the current national training program possible. Menehan (1996) described her experience as a trainee in one of my groups in the first local professional training program. This article also served as a preliminary announcement for the first national group-training program in November 1996.

The success of this model owes much to past research and clinical teaching by members of AAPB. In particular, concepts and interventions developed by biofeedback clinicians such as Patricia Norris, Lilian Rosenbaum, Dale Walters, Steve Fahrion, Elmer Green, Robert Fried, Carol Snarr, Paul Binder, and Eric Peper (as well as others outside the biofeedback community) contributed greatly to the richness of the MSG concept. As a fellow of the AAPB, I especially want the membership of AAPB to be aware of the contribution of our field to this group approach. It is only one contribution to the growing clinical practice of complementary and alternative medicine modalities.

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