Courtenay Young

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Courtenay Young trained in Body-Psychotherapy about 30 years ago, with Gerda Boyesen, David Boadella, John Pierrakos, and later with Stan Grof and Arnold Mindell; he works transpersonally and within the UK NHS. He has been a significant member of the European Association for Body-Psychotherapy for many years and helped establish Body-Psychotherapy as a 'scientifically-validated' psychotherapy. He is also a founder member of USABP; compiles the *EABP Bibliography of Body-Psychotherapy* (on CD-ROM and now on-line); is an editor for the *International Journal of Psychotherapy*, the *Journal of Body, Movement and Dance in Psychotherapy*; and is the editor for the forthcoming American edition of the massive and seminal *Handbook of Body Psychotherapy*. He has written numerous published journal articles and several chapters in books about Body-Psychotherapy and about psychotherapy in general (all on his website). His first book: *Help Yourself Towards Mental Health*, has been recently published by Karnac Books.

Serge Prengel, LMHC is the editor the *Proactive Mindfulness* project.

For better or worse, this transcript retains the spontaneous, spoken-language quality of the podcast conversation.

Serge Prengel: I'm with Courtenay Young. Hi Courtenay.

Courtenay Young: Hi Serge.

S P: Courtenay, how did you get to do what you're doing today?

C Y: It was during the 1970's. I was living in a part of a very flat part of England called East Anglia, round the corner from Neil's school, Summerhill. We sent our kids there; we had three children within five years and that's enough to sort of tip any sort of relationship into a crisis, so I started therapy. Because of Neil's relationship with Wright, her friendship with Wright, I looked towards body-oriented psychotherapy. The only thing around at that time, in the UK, was some of Gerda Boyesen's trainees and David Boadella who just lived too far away. So that's where I started getting into therapy and I then left teaching, started training in psychotherapy, and worked with David, David Boadella on his book, *Life Streams*. Then I moved up to a community in the northeast of Scotland called Findhorn Foundation and found myself working as one of the resident's psychotherapist there for about 17 years.

S P: Tell me, what was the community like?

C Y: It was a new age community, a little bit like Esalen and Big Sur. Everyone's doing their own thing…slightly hippy. It was a good place to re-parent myself and also to bring up my youngest child. I was also called on people when people went into crisis, so I was doing a lot of spiritual emergence type of work, along the lines of Grof's work, but not using his techniques. I was sort of finding a synthesis of what I've been trained in, which was essentially biodynamic psychology and massage, some of neo-Reichian vegetative therapy from David Boadella, as well as some of his structures. I worked with Pierrakos and a few others. At Findhorn, Arnie Mindell and some of his people started

coming over and being invited over. I got a whole new input of that sort of process psychotherapy, which was again a very nice adjunct. This was all combined with building houses and doing the things that one does in community.

S P: In a way, your exposure to body psychotherapy, and your substantial practice afterwards, was within the context of improving your own life and helping other people improve their own lives in an almost utopian context. I don't mean "utopian" in a negative way, but just in trying to realize something that is not just in fixing people.

C Y: Yeah, it was quite a long way away from the clinical-medical diagnostic type of experience that many people have. There was a nice mixture of people within the community who were pretty holistic, into alternative medicine, complementary medicine, new-age thinking, had probably done quite a lot of work on themselves, a mixture of that with local people who, from a very rural area in northeast Scotland, weren't quite so aware or weren't so conscious of some of the dynamics that operated around us. And then there was the occasional guest, who either wanted sessions or was having experiences or even went into crisis. Dealing with that was quite intense work on many different levels, such as how to change a crisis into an opportunity, and how to make it a spiritual emergence as opposed to an emergency; it was a fertile cauldron.

S P: As I hear it, it was not just one sort because you had people who were pretty sophisticated in terms of their past history and their own outlook and process of transformation. But you were also dealing with rural people, where this was not the case.

C Y: Yeah. One guy would come over from the Isle of Louis, which is off the other side of Scotland, to catch a ferry and then a three-hour bus ride and then another bus ride. I would see him on Saturday morning and again on Sunday morning and he would leave and then catch the ferry back. It's very Protestant that the ferries don't run on Sundays so he would sleep on the ferry on Sunday night. It would go across first thing Monday morning. He was a weaver on the Isle of Louis. That was perhaps the most extreme case, but it was a very rural, very, very religiously-controlled society and with huge, high levels of alcoholism. Those were some of the issues that he was bringing. I was also working with somebody from California who began to realize that she had been sexually abused by her father. She was a story-teller, had been telling herself stories as a child, and these were some of the stories that were coming out. These stories were quite sophisticated. So, yes, it was, it was an interesting mix.

S P: Part of, certainly, your interest and the interest of your community was in something that was more transpersonal, more spiritual. How did you dance with that, with people who did not necessarily have the same outlook? Or did they? Because you said there was a very religious community, was that the bridge?

C Y: The religious community in Scotland is quite Calvinistic and is almost totally against anything new-age. We were effectively the anti-Christ, although that view has been moderated over the years; we're talking more than 20 years ago now. I think it taught me to meet people…try to meet people where they are. That views that I may have are mine and they're coming to me for probably something different. It is an amalgam or a fantasy of what they think I'm about; it's really about trying to meet the person where they're at, keep that moment in time. And, therefore, yes, some of these views are interesting, but they may not be pertinent.

S P: Of course, with the passage of time, my question may not be easy to answer. Is there an example that you might have of say, a moment where you were realizing the difference between your views and the person you were dealing with and what did it feel like? How did you shift gears? How did you have a sense of creating a bridge?

C Y: On one level, almost all the time, because I think that when you're in therapy with somebody as a therapist or indeed as the client, we try to meet; there's a constant reappraisal of where they're at and how we meet and what is not being met. That gets us a little bit away from body psychotherapy, but these interactive processes and the experience of these and then the rechanneling of these experiences and the labeling of these and "was that a good feeling" or "did that not work," is a lot of what I think therapy is about. I'm going to sort of diverge away from that question because what was also significant in those years was that, in about the mid 1990's, there was a whole political situation about body psychotherapy in the UK and in Europe, which really occupied me, almost obsessively for about 15 years. And that was to establish body psychotherapy as part of the independent profession of psychotherapy, which was being created in Europe. By that, I mean a profession independent to psychology or independent from psychology and psychiatry, a sort of a third profession, somewhere in between the two. In Europe there is a very strong tradition of laypeople being trained into psychotherapy, i.e. you do not need a psychology degree, though it obviously can be useful. Therefore, there is a huge body of experiential teaching rather than academic teaching. Most of psychotherapy training, in Europe, is much more experiential than academic. They just recently started to bring in Master's degrees and things like this, as well as the training. But in the middle of the 1990's, I found myself being a general secretary for the European Association of Body Psychotherapy and going to these meetings all over Europe, trying to make sure when one draws the line around what is psychotherapy and what is not psychotherapy; what is psychotherapy within the line. There was a point when it might not have been. That's right around the time I came to be visiting the States. It was the first conference in Beverly, Massachusetts where we tried to encourage you guys to join, to form an association of body psychotherapy, rather than the mix that there was between body therapy and body psychotherapy. That was the formation of the USABP. So that was what I call the political side of body psychotherapy.

S P: It was about gaining recognition for body psychotherapy as a profession and not something that would be related to body therapy and outside of psychotherapy, and not something that would just depend on academic learning, but something where the validity of it was a branch of psychotherapy and the experiential part of it were fully given credit.

C Y: Very much so. Body psychotherapy is a legitimate, mainstream branch of psychotherapy. The standards that we were setting for the whole of psychotherapy were: four years of post-graduate study, that body psychotherapy certainly fell within that, that there was sufficient then and there's even more now academic papers, books, and journals, and so forth to support this being seen as a legitimate mainstream of psychotherapy. I'm glad to say, now, particularly with movements with the relevance of neuroscience and so on, that this is much more recognized: body psychotherapy as a field. It has quite a lot to offer the other branches of psychotherapy. If I had a wish for the USABP it would be to form a division of the APA, a body psychotherapy division of the APA or something like that, and to really get that established.

S P: You're continuing to work on this. At this point you're involved in the translation of the Handbook Body Psychotherapy.

C Y: Well not the translation, because my German is appalling. I'm the English editor of the translated parts and the parts that were originally in English of the *Handbook of Body Psychotherapy*, which is edited by Gustl Marlock and Halko Weiss. It came out in German in 2006; it's already into its second printing and we've got most of the chapters. When I say a handbook, it's a hundred chapters and a thousand pages. Those chapters that were originally written in English and then translated into German don't need as much editing. But the chapters that were originally written in German and then translated into English do need editing because of the different language styles. That's my task for 2010.

S P: Of course, as you're immersed into this, I'm assuming that a lot of the day-to-day preoccupations have to do with language and clarity. What's it like for you to have been and continue to be immersed in some many different approaches? How does it influence your sense of what body psychotherapy is, your practice?

C Y: I would now say that I do not have a particular approach of body psychotherapy. Interestingly enough, I work in the National Health Service in the UK and see people in doctors' surgeries. I'm not allowed to touch so I do body psychotherapy without touch. I'm seeing the whole person, and I'm not saying that other people don't of course, but I'm seeing them also from a particular perspective. For example, when people are referred with anxiety and depression, maybe 70- 80% of them are, I see anxiety and depression from the perspective of an imbalance in the autonomic nervous system, a combination of life stress, possibly some unresolved grief issues, possibly some anxiety issues as well, but basically an imbalance of the autonomic nervous system. I teach that in the first session. I explain that to them; I say, "There's nothing wrong with you, but there's a whole lot that's going wrong around you."

S P: I want to stop you here a bit to go a little slowly because, in a way, that's a part of…what you're describing here is that there's an outlook that you look at, in a way, as a symptom more than an "illness."

C Y: Oh, absolutely.

S P: Part of what you do is, you say, from the get-go, from the first session, is to teach people about it so that you're also in the teaching mode…just in that, turning people away from the model of doctor and patient, where they're coming from.

C Y: People who are treated through general practitioner surgery think that there's something wrong with them because they've got to see a counselor, they're on antidepressants, or because they've been diagnosed with depression and they've scored so much on a particular scale. There isn't anything wrong with them. I will teach them a little bit about the body's autonomic nervous system, and I suggest to them ways in which they can rebalance that through exercise and relaxation. We're immediately into ways in which self-empowerment, self-motivation, self-help techniques, etc. arise. I'm not doing anything as a therapist, in that sense. I'm being with them and we're looking at how they can help themselves. For me, body psychotherapy and the whole concept of self-regulation is absolutely essential. I find that the more that people try and do as a therapist, then the more we create the gulf of therapist-patient, and at some point that's got to be worked with differently.

S P: You're doing your best to shift that model to one in which you are actually reframing the issue and the coaching or training the person to use approaches that help them experience the situation differently by retraining their ANS.

C Y: Essentially, yes. I'm seeing somebody from 6-8 sessions on average. The clinics I work in don't have a rigid cut-off point, so sometimes I see people for 20 sessions. I space it out for about 2 or 3 weeks between sessions so that I'll be seeing somebody for about 3 months, but only maybe 6-8 sessions within that period…It works.

S P: No, that's a very interesting point. I think it's good that you mention this because it gives a context. It's not say the same thing that somebody who comes from a psychoanalytic background and is expected to see somebody for several years, at least once or twice a week. But we're talking about time-limited interventions within the case of a system, which is managing mental health.

C Y: Yeah, and while in the first session we may be discussing the autonomic nervous system, in the second session, they will be coming back and saying, "Yes, I still don't feel very good about myself," and so we're into low self-esteem and therefore, "Where might you have picked that up?" and we can bring in the psychodynamic side there or "What can you do about that?" We can stay more in the here and the now and be proactive. "How supportive are the people around you?" And so there's a social context. I'll work with whatever works. I firmly believe that people are people with a history and with an environment, and so I'm not just working with them. They're not just working with the traditional psychodynamic approach: the patient, the family history, the muscular tensions that arose from this. For me, this is quite a narrow perspective. It's important, but it's not all. Get out and dance and if they can have a bottle of wine with a friend, this could be just as good for their self-esteem as any psychotherapy session.

S P: As I'm listening to you, I'm having a sense that the awareness of the body and the various approaches that you used in body psychotherapy are not necessarily something that you want to use as a technique, but that has been important in order to make you aware of what to look for and how to perceive people. You say you deal with people, meet them where they are, you're not necessarily doing body psychotherapy with them, but you're dealing with their issues informed by your knowledge of body psychotherapy.

C Y: Pretty much, yes. I think as body psychotherapists, we all have our perceptions of people and we can put them in various filters; we can see them as a person and the smile on their face, and we can also see the rigidities behind some of the body positions and indeed the smile on their face. They're like transparent layers or filters that one can switch in. These are useful, and I think body psychotherapy has more filters, if you like, then some of the other psychotherapies. You're still meeting the person, it's you who can't change them, they have to change; there has to be some therapeutic alliance or a positive therapeutic relationship. We know that's based on things like empathy, but it also has a lot to do with the quality of contact. I'm not necessarily talking about touch. Most of my work is along those levels or along these lines, using these filters; using this background knowledge is informative. Sometimes I could make a guess that something like this happened in their childhood. The client will say, "Oh my goodness," and I say, "I'm not psychic, but I have experience." It is just a guess, but if this was the case then, how could we work with this? If, for example, socialization by your parents did diminish your self-esteem so that you weren't made to feel very important or liked, how could we change this? This is what happened, but that's not who

you are; that's what happened to you. How could we work with that now? I try and talk to the person behind the problem.

S P: Again, it feels very nice to see within the context where you say that there is a couple of weeks, maybe 2-3 weeks, between sessions and this is something where you are giving people tools to grow. I'm assuming a lot of the growing happens between sessions as you have reached people, suggested some things, and explored some things in a session.

C Y: Yes, I think with that sort of model, in the last 5 ½ years that I've been working within the health service, I've probably seen something within the region of 600 people as referrals. Obviously a percentage of those drop out or don't come back. There's always somewhere between 12-15% that you don't connect with in some way or another. But on average, I see people for about 6-8 sessions spread over a 3 month period. I think that gives people a reasonable chance to turn things around a bit. Certainly, if they start off by doing some aerobic exercise a few times a week and also some reasonable relaxation, 8 or 9 times a week for 2 or 3 weeks, the next time you see them, they come back saying, "I'm feeling myself. This is me again. But I've still got this problem; my husband has left me," or whatever it is. But they are back as a person, rather than being there as a distressed patient.

S P: It's interesting because you are, as you say, looking at the person behind the problem, but you're also very conscious of the specifics of this person's problem plus the society where we live, where, say, anxiety and depression are going to tend to be prevalent. And you are, in a way, giving people some hygiene to find a way to deal better with these circumstances so that they're going to get more of their resources to deal with the problems.

C Y: I'm not quite sure how you're using "hygiene," but let's not get caught up with words. Certainly, the biggest problem in Scotland is the Protestant work ethic, and it may be in America as well, that we get caught up in the "should," rather than seeing it as; "Yes, well I could do this and I could do that. What works for me?" People sort of surrender. It's very understandable with children, mortgages, bosses and maybe one or two jobs. I've gotten trapped like that myself, but it doesn't help them; none of that helps them to be a person. Somehow you've got to, in my book, start talking to them as a person, start being a person with them. How could it be a bit more autonomous? How could they rest themselves a little more strongly? How could they feel better about themselves? We're moving into what I call a "felt sense of being." I think if I have a method or if I have a goal, it's to encourage people to experience that "felt sense of being."

S P: That sounds very beautiful, and it's very nice as you're describing that expression of the "felt sense of being" and also relating it to specific tools that can help them experience more of it or access it.

C Y: Yeah, and it could be as simple as: at the moment we've got deep snow, when did you last go sledding with your kids? It's simple ways. "What would work for you?" I might suggest a couple of examples. These are only suggestions, but what's amazing is, people know exactly what I'm talking about. Nearly everybody, if you talk to them about a "felt sense of being," within a context, they know what you're talking about. It's not an intellectual thing; it's an experience of being themselves. They know what that is and they only feel it only occasionally, and that's a tragedy.

S P: And so the idea is: it's possible to feel it more and to live in that place more.

C Y: Well, hopefully it's possible to live. As I say, with credit crunches, mortgages and everything else, it's difficult if they take you away from yourself. But if you can reconnect with yourself more and more, like doing a little bit of autogenic technique on the bus or at work, or joining the Tai Chi class with your husband and doing something together. Would this make you feel better about yourself? And if it would, fine, go do it; it's available without you having to change your whole lifestyle and in that sense, we are very, very privileged.

🕮 *This conversation was transcribed by Vanessa Watorek.*

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