

PROFILE: CAMBRIDGE  
BODY PSYCHOTHERAPY CENTRE

PART ONE: THE HISTORY AND DEVELOPMENT OF  
CAMBRIDGE BODY PSYCHOTHERAPY CENTRE

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Cambridge Body Psychotherapy Centre (CBPC) has evolved gradually over the last twenty years. It represents a psycho-spiritually based body psychotherapy in action. CBPC has a staff team of eight offering individual and group body psychotherapy, supervision and consultation. There is also a training team offering a full training in body psychotherapy; and a one year training in the complementary therapy of biodynamic massage. Our training activities span the worlds of body psychotherapy, body therapy and complementary therapy; and are informed by themes and trends emerging from our client base, as well as new thinking in psychotherapy and science.

### KEY MOMENTS AND GUIDING PRINCIPLES

In this section I want to mention some key moments in the history of CBPC, and to outline some of the influences and guiding principles which have brought CBPC to its current position. CBPC was founded and is directed by myself, and has been inextricably connected with my own life journey. My background was in the NHS as an Occupational therapist, where I worked in mental health. In my post at the Maudsley hospital I learned about rigour and professionalism in the medical model.

Later I worked at Fulbourn Hospital with Dr D. H. Clark (Clark 1974, 1981) who pioneered Social therapy in psychiatry. 'Social therapy is about personal change and growth and living-learning experience.' It aims to 'enhance patient's activity, freedom and responsibility.' Clark thought it could best be achieved 'by granting as much responsibility and freedom of action as possible to each of the several participants in the entire therapeutic team.' (Clark, 1981). Working in Social therapy was more than just a job; it was a way of working which gets inside you and is still exhilarating to remember.

A fresh understanding of this has come from discussions and reading (Clark 1999). This has sharpened my awareness of what was in the energetic field. Clark was reared as an agnostic, but his father was from a family who had been Quakers for 250 years. Responsible social action is a key aspect of Quakerism. Furthermore Clark was exploring Vipassana meditation, Western Zen, and yoga, and reading widely on religious and spiritual experience in the 1970s. Whilst this was not highlighted, it was not kept secret. And now it is not surprising to me that there were a number of staff who practised Vipassana meditation, that

a Tibetan lama worked as a nursing assistant and that an Indian psychiatrist once told me that he believed meditation was of most help.

During the 1970's and early 1980's I was also involved with various community groups in London and Cambridge, participated in the setting up of workers' co-operatives and lived in a housing co-operative. These experiences gave me a sense of the importance of seeing oneself as part of a group, and the potential for healing in a group. Systems theory influenced social therapy, and there was a clear understanding of the individual being both an agent of change and also being changed by working/being part of the community. More recently I have become interested in the new biology and how it is influencing understanding of organisations (Goodwin 1994, Stacey, Griffin, Shaw, 2000).

The milieu of Fulbourn Hospital actively encouraged innovation, the challenging of redundant practices, the blurring of NHS hierarchies and the levelling of professional roles. Personal expertise was welcomed whoever it came from. Clive Harries (Harries, 1979) was employed as the Social Research Advisor and he assisted anyone wanting to do action research. I had his guidance in various projects and learned about the impact of simply being curious, merely asking questions, having time for reflection and being prepared for the 'answers' to find their own direction.

I thrived in this environment; my creativity flourished. I was seen as an innovator and I organised lunch time staff tai chi groups, set up a demonstration of Desikachar yoga with a view to introducing it to patients, co-led with a nurse colleague

massage groups for long stay patients, set up a national organisation Creative Day Care, participated in a project with Health Promotion to bring relaxation groups into Primary Care, and set up conferences to bring complementary therapists and NHS staff together. David Clark spoke at the Gerda Boyesen Centre where I was undertaking psychotherapy training; and Clover Southwell led groups for staff at Fulbourn hospital, and spent time working as a volunteer on one of the acute admission wards. Gradually, I developed an understanding of how to innovate. Not everything worked, but there was learning to be had from things that flopped. I also learned innovation takes time and proceeds at its own pace. Sometimes an idea would be seeded and not heard again for three years, but when it reappeared it would have a stronger momentum to it and more people would be behind the idea. Perhaps more significantly 'solutions' are not always the ones cognitively envisaged.

### **The rhythmic nature of innovation**

From Body Psychotherapy (BP) I gained some understanding of the rhythmic nature of innovation. Within BP the life force is seen in a constant pulsation of expansion and contraction. The expansive phases are significant, but probably more important are periods of withdrawal and renewal. Boyesen's version of this is the vasomotoric cycle (see Southwell, 1988). Usually four phases are mentioned. Any stimulus internal or external to an individual goes through a brewing process, where it gathers charge and momentum until it becomes more visible and known. At first there may be a 'felt-sense' - a collection of sensations, which become

named and move into amplified 'expression.' The expression can be verbalised with accompanying bodily movements, but it can also be at a non-verbal level, such as when recognising the awesomeness of the beauty of the landscape. The next phase of the cycle gives rise to a sense of peace and inner satisfaction of what has been expressed and received internally and perhaps externally. Finally there is a deeper 'melting' and incubation period where there is transformation and preparation for the next stimulus. Obviously there are hundreds of these cycles happening in any second, but also the cycle is visible on a grosser level for example, in the movement of the seasons. Globally and within organisations the cycle is also discernable and an understanding of it helps to guide the rhythm of change and understand the pacing and timing of innovation. It can sometimes explain failure, where possibly there has been insufficient recognition of the rhythm of events (see for example, Randall and Southgate, 1980).

### **Work with the energy - don't try to push it**

A principle of innovation I have followed has been to 'work with the energy': to be aware of resistance or the lack of mobility of the life force, but not to put lots of effort in trying to change immovable things. This seems to have worked well. 'Efforting' usually indicates something is not right. Obstacles often disappear of their own accord or other ways of doing things are found. Frequently what is required is some basic commonsense and an ability to recognise emergent energies and to try to support their physical manifestation in worldly structures.

## **Networks**

During the 1980's I also gained an understanding of the importance of networks of all kinds and the significance of these for change. Networks provide opportunities for mutual exchange of information and inspiration. Sometimes it is not obvious whether this information has any personal relevance, but I am fortunate in having diverse interests and feel at home in a variety of contexts. Whilst practically useful engaging in networks of different sorts gives experience of understanding different perspectives. I have also learned that some discrimination is needed; it is important whom one networks with. Thich Nhat Hahn (2001) writes: 'The individual always has an effect on the collective, and the collective always has an effect on the individual.....we need to associate with those who water seeds of joy in us.'

### **Holding the specific and the overview**

As a manager in the NHS I had the position of overseeing a number of specific clinical settings. Part of the task was to anticipate where problems were arising, to see where teams were working well and where there was need for change. It was also possible to see where themes and threads were emerging, and how these could be interwoven with government policy and cultural trends.

### **Body discomfort signalling change**

When I qualified as a body psychotherapist (BP) I continued to work as an Occupational Therapy

manager/clinical supervisor and part-time as a BP. I hoped to continue like this, but various external events coalesced so that I needed to make a decision about my future direction. The NHS was reorganising again which made my job very different and difficult as social therapy was being seen as outdated. Simultaneously, I was getting more freelance work easily. I felt extreme discomfort about all of this and tried to ignore the physical symptoms, which 'the body as barometer' was signalling that something needed to be different. I was out of kilter with myself. I hoped that I could continue somehow or find a way of keeping the outer structure the same and finding a different relationship to it. Finally I knew that I could not ignore the deeper truth. I had to leave and to work independently. I was relieved and there was a sense of space and warmth inside. My physical symptoms abated and I was terrified, but made plans. I saved money to provide a financial cushion and began to write down experiences, which might translate into marketable skills. And I spent time refining my philosophical perspective which would underpin and guide my work. It became clear that it was important to follow my passion, and I made a commitment to putting the spiritual dimension of life at the heart of things.

### **Support structures**

I knew from experience the importance of spiritual practice as a source of nourishment, but I began more deliberately putting into place a support structure to sustain a psychotherapy practice. I knew that

work as a psychotherapist would not be possible without it. The structures included the usual ones of supervision and ongoing training, but also going on meditation retreat at least once a year, looking after my physical health, setting up a group consisting of other therapists using creative media experimentally, (this group still continues 16 years later and has been a great source of pleasure and stimulation), and making sure that I continued with a social life. I began to announce my intentions and made these my focus. Nine months later I left the NHS, and still anxious, put my energy behind my decision. I knew that it was a test - if I followed my embodied truth, it 'would work out somehow'. CBPC has developed from there.

### **Training courses**

In the early days of working full time as a body psychotherapist and offering individual body psychotherapy, I also ran training courses for counsellors, nurses, physiotherapists, O.T.s, yoga teachers and others under the name Cambridge Personal Development (CPD). I joined the staff of the then Chiron Centre for Holistic Psychotherapy (now Body) working as a trainer and bringing my managerial experience. I served on various committees and was a Chiron Centre delegate to UKCP. I gained valuable insights about how psychotherapy centres are run both at Chiron, but also at UKCP meetings. Three years after going freelance my work had swelled to the point where I had more work than I could do. This indicated to me that BP touched and met people in a way that was appreciated.

## **A larger pulsatory framework**

The life force was pushing for expansion and a broader pulsatory framework was needed. It became possible to respond and meet it. Coincidentally, around 1988 I had psychotherapy colleagues who were also planning to go freelance. I was also expecting my first baby, and moved to a larger house, and my home became the working base for five other body psychotherapists. We came from different trainings and backgrounds quite incidentally. My own psychotherapy training was with the Gerda Boyesen Institute, but also the Chiron Centre and the Karuna Institute, and from this diversity I had learned that all trainings have something in them which is of value. I knew that creativity and change thrives where there are tolerable differences, and we have rooted these differences in a commitment to a psycho-spiritual perspective. This has become the hallmark of our work together. This diversity within a coherent perspective has enabled us to provide a service offering choice to the public.

## **Going more public**

Another chance remark by a colleague when the birth of my second baby was imminent 'What will you do with all of us, when your baby is born?' led to the next stage. I had thought that we would just carry on working as usual, but recognised that we had outgrown the house. The next phase was looking for office premises - an audacious idea in Cambridge, where property prices are always high and there is not enough property. With persistent

searching, we found premises above a pub to lease for 6 years. This would be long enough to see if the interest in BP would be sustained and whether its practice in a higher profile professional manifestation could be viable in both financial and social terms. Could we hold to our psycho-spiritual perspective and not lose it under financial pressures? Would it be possible to hold both livelihood and generosity?

As we became more 'public' it was time to formulate a mission statement. This was an internal document and gave a focus to where we might be going. There is a constant interweaving between this vision and the opportunities and movements generated by visitors and external events - political, social and cultural.

During the first year there was a large financial deficit and it took nerve to hold fast to the embodied vision for the centre. At this time I continued to work as a trainer at the Chiron centre, and ran training events under CPD, but slowly I discovered that I was in the wrong place. The Chiron centre's discussions didn't seem to reach the depth of what we had together. It was a frustrating and sad time, and again, I refused to believe what I knew deep down, thinking that it would improve. I became seriously ill. I had been involved with the Chiron centre for 13 years, from its inception and had known the directors for even longer as trainers at the Boyesen Centre. Finally I could not deny what I knew and gave in my notice. I am grateful for what I had there, for what I learned and for the opportunities to give to the

organisation, but in leaving it opened up new spaces in me.

### **Our lease was up, what next?**

BP flourished in our more public and professional manifestation. We were able to host local UKCP and PCSR (Psychotherapists and Counsellors for Social Responsibility) meetings. Looking back the premises quickly took on an atmosphere conducive to BP and one of the pleasures of working there was of looking out over rooftops in a central, but secluded part of Cambridge. The 6 years of our lease flew by ending in 1998. By then we had fully proved ourselves successful in the community. We felt cramped in the building and the next step seemed to be finding and purchasing permanent premises to give the work ongoing stability. With perseverance, we managed to do this. In March 1999 we moved into larger premises and it has now become possible to think much more long term and with greater autonomy.

The whole process of working at CBPC seems bigger than any one of us and has a dynamic of its own. None of the stages were planned, but have developed out of the interactions between each of us and our environment, and then making changes out of arising circumstances. Over the years there has been a valued contribution from all who have worked at CBPC and played their part in the shaping of it. We are all aware of, and appreciative of former colleagues who have left to pursue different life directions. Some of these colleagues travelled regularly and reliably from other towns to make their contribution. These former colleagues are: Roz Carroll 1992 -

1995, Sally Hart 1988 - end 1995, Paddie Smith 1993 - end 1996, Deirdre Gordon 1988 - 1998, John Waterston 1989 - 2002, Jane Foley 1995 - 1998, Wendy Davis 1995 - 1995, Judy Cowell 1992 - 2000, Mary Chadwick 1996 - 1999, Sue Proctor 1999 - 2002, Alun Reynolds 1993 - 2001, Julie Petrie-Kokott 2000 - 2001.

### **The current staff (clinical) team**

Our current staff team is Kathrin Stauffer 1996 - , Claudius Kokott 2000 - , Gaye Langham 1996 and staff member from 2002, Jane Frances 1988 and staff member from 1997, Sally Byford 1993 with a break, Alastair McNeilage 1999 - , Janet Croft 1995 - and myself. Between us our main trainings are Biodynamic psychology, Bioenergetics, Biosynthesis, Chiron body psychotherapy, Core Process psychotherapy, and Gestalt psychotherapy.

### **Our training activities**

Over the years our training activities have evolved in response to interest. For a number of years our body psychotherapy training modules were regarded as equivalent to those offered at the Chiron centre and our students transferred to Chiron for completion of the final stages of their training and then registration with UKCP. However, we have responded to the request for a psycho-spiritually based body psychotherapy training, and have devised a training which is available to those living nationally in different geographical locations. CPD was renamed Cambridge Body Psychotherapy Centre (Training) (CBPC(T)). Our first crop of students graduated in 2001 and are being prepared to apply for accreditation with the Association of Humanistic

Psychology Practitioners (AHPP). Our core training staff are Kathrin Stauffer, Janet Croft, Deirdre Gordon, Jane Frances, Linda Hartley and myself.

## THE FUTURE

For the future we plan to continue our clinical service and main training activities in psychotherapy and biodynamic massage. In recent times we have invited more guest trainers to our programme e.g. Babette Rothschild (Somatic Trauma Therapy Training), Roz Carroll (Neuroscience and Psychotherapy), Courtenay Young (The Psycho-physiology of Touch). We hope to continue to do this.

We are developing a comprehensive library of key texts relevant to body psychotherapy. This has made body psychotherapy more accessible through written form to us and our students. We also regularly attend key conferences in Britain and further afield. Some of us are active contributors to various journals, including the local publication Cambridge Therapy Notebook. Jane Frances has written a book on the effects of disfigurement in childhood for Routledge, which will be published next year. And I suspect that we may be writing more as a group. Over the last couple of years we have also been more actively exploring the topic of research and it looks like there could be moves in that direction.

Our community activities are developing and earlier this year we hosted the work of four local artists in the Cambridge Open Studios annual summer event. This brought about 900 people over two weekends into the centre to view the artists' work, but it also gave local people a chance to look informally inside the building.

Nevertheless, whilst the core of our work is ongoingly sustained, developments have a way of manifesting themselves. A guiding principle for all of us is are we still enjoying it? Do we help people to grow who work with us? What are we learning from this? And are we still relevant as a community service?

## Further Reading:

Clark, D. H., (1974), *Social therapy in Psychiatry*, Pelican.

Clark, D.H., (1981 2nd edition) *Social therapy in Psychiatry*, Churchill Livingstone.

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Harries, C., (1979) *Innovation in patient care: an action research study of change in a psychiatric hospital*, Croom Helm, London.

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Stacey, R.D., Griffin, D., and Shaw, P., (2000) *Complexity and Management, Fad or radical challenge to systems thinking?* Routledge.

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