

## **Shrink Rap Radio, #461, Strategies for Getting Therapy Clients Unstuck with Courtney Armstrong**

### **David Van Nuys, Ph.D., aka “Dr. Dave” interviews Courtney Armstrong**

(Transcribed from [www.ShrinkRapRadio.com](http://www.ShrinkRapRadio.com) by Bonnie Torrez)

My guest today is licensed professional counselor and author, Courtney Armstrong. She specializes in grief and trauma recovery. Today, we'll be discussing her latest book, *The Therapeutic “Aha”! 10 Strategies for Getting Your Clients Unstuck*. For more information about Courtney Armstrong, please see our show notes on [ShrinkRapRadio.com](http://ShrinkRapRadio.com).

**Dr. Dave:** Courtney Armstrong, welcome to Shrink Rap Radio.

**Courtney Armstrong:** Hi David, thanks for having me today.

**Dr. Dave:** Well, I love your book. We're going to be talking about your book. And part of the reason I like it so much is that you reference so many of the people that I've interviewed here on Shrink Rap Radio.

**Courtney:** (Laughs). I certainly have.

**Dr. Dave:** Yeah, it confirms to me that I'm tracking the right people.

**Courtney:** Well, yes, and some of those people I found out about through your show, too, so...

**Dr. Dave:** Well, that's wonderful, that's wonderful.

**Courtney:** You are doing a marvelous service for our community and have been for a long time.

**Dr. Dave:** Well thank you so much, and it's nice to know that there's some resonance between us. I'm feeding you stuff, you're feeding me stuff, and that's great.

**Courtney:** Yes, right, right, that's how it should work.

**Dr. Dave:** Yeah, and what a wonderful integration you have done. Some of the people that came to mind are Bruce Ecker, Bessel van der Kolk, Joe LeDoux, Bill O'Hanlon, Jack Panksepp, Bonnie Badenoch, Dan Siegel, Steven Porges, among others. So not only are those people that I've interviewed, but people that you've drawn heavily upon, among others. And you've done this wonderful synthesis, my hats off to you.

**Courtney:** Oh well thank you. That means so much to me. Yeah, you know, one of my motivations for writing this book is, I think, sometimes psychotherapy's gotten so disjointed in that should I do this model, should I do that model; and I really began to see the common denominators and I really wanted

to pull that out. Bruce Ecker and I share a lot of the same ideas and he and I have talked about we want to help unify the profession a little more. Although I don't think that will ever completely happen, it may help us have a more common base to work from. A common language, at least, when we're talking to each other.

**Dr. Dave:** I think so. I really see it coming together; that's something I've talked about on this show. And there's just—it seems like there's a lot of commonality these days, and it's kinda coming together. There'll always be some people off on the side that it's harder to integrate into, but...

**Courtney:** Yeah.

**Dr. Dave:** You talk about, and we'll get to this as—I'm going to kind of lead you through your book and we'll probably get to some place where we talk about some of those commonalities.

**Courtney:** Okay.

**Dr. Dave:** But let's start. Before we get into your book, what can you tell us about your professional background? How did you get here?

**Courtney:** Well I've been a therapist for 20 years, so I started—I actually went to graduate school in New Orleans. I got a graduate assistantship, I was awarded a graduate assistantship at University of New Orleans and at that time I really wanted to work with children. And so part of that grant was me getting an opportunity to work in this intercity program with kids. I was young and idealistic (laughs)—

**Dr. Dave:** (Laughs) Right, that didn't even hit the intercity school, right?

**Courtney:** Right. I did have some family from Baton Rouge, so I was familiar with the New Orleans area; I wasn't completely naïve, but that first day walking into that program I thought, what am I thinking? These kids are going to eat me alive. And actually they were pretty guarded and they weren't mean to me at all—like I was worried they were going to heckle me and stuff but actually they were just—they just didn't speak. And so I was given, actually, a manual to take in. We were supposed to do this conflict resolution training and it was based on cognitive behavioral therapy with these worksheets and what-not and I knew—I had the sense before I walked in that it was not going to work with these kids. But when I walked in and got that reaction, I thought, yeah this isn't going to work. I've got to figure out how to connect with them and try to understand their world as best I can and figure out how to make this relevant to their culture and their daily experiences. Which, not to be crass, but basically their daily struggle was, am I going to survive today? I mean people are getting shot to death every day in their neighborhood, so for me to give this kind of trite-type of intervention wasn't going to work with them. We had to really dig in there. And the kids in the inner city, especially in New Orleans, are so creative. The culture in New Orleans really supports creativity, so that's the way I had to connect with them.

**Dr. Dave:** Yeah, you tell a wonderful story about that, I think in the introduction to the book. By the way, I probably should mention the title.

**Courtney:** (Laughs).

**Dr. Dave:** The title of the book is, *The Therapeutic “Aha”! 10 Strategies for Getting Your Clients Unstuck*. And it’s such a great title. And the cover, the title, could give a little bit of the feeling of this is going to be a superficial book, but it’s not. So I have to say that right at the offset.

**Courtney:** Right, well thank you.

**Dr. Dave:** So if you could repeat that story of what you came up with to get these kids excited, because that’s really what your whole approach to therapy is now.

**Courtney:** It is, that’s right. So I’m from the South. I grew up in Atlanta, and so I come from a long line of animated story-tellers.

**Dr. Dave:** Good for you.

**Courtney:** Yeah, I know how to act out and that kind of thing and be silly. So what I said to them, in that first group—one girl that I attempted to interact with, she just literally drew a picture of a brick wall on a piece of paper and handed it back to me and I knew what that meant. I said, listen I know that you think this is ridiculous for sending some white chick in here to try to tell you how to navigate your world and I know that I don’t understand your world. So the first place we need to start is help me get it. Help me get what you guys are dealing with every day. I really do want to understand it. And of course they looked at me like maybe, but still wasn’t getting there. And I said, I’ll tell you what. If for every one that participates today in the class, I will do an awkward white-girl dance for you (laughs).

**Dr. Dave:** (Laughs). An awkward white-girl dance. That reminds me of on Jerry Seinfeld and Elaine does an awkward white-girl dance. Were you thinking of that?

**Courtney:** Yes, that’s what I was thinking about ‘cause this is the 90’s and Seinfeld was still at its hay-day and they loved—they did—I mean, and I was fair, they could say anything. Like, hi, my name is [Syntel]—was one of the biggest guys in there—and then I’d do a little dance and they just thought that was hilarious. So, that’s how we kind of got the chemistry started. And then it wasn’t every night but every time I came in, I said, well let’s just start with—you guys tell me what kind of music you’re into. What—bring in some—tell me some music that you like, I’ll see if I can find it. We can listen to music and you can break it down for me. But a lot of it was me following what I talk about in the book—you’ve got to follow the client’s energy. What gets them energized, what gets their attention, to [pin] them in the direction you want them to be going. So that’s how what I was looking for. I didn’t consciously know that at the time, I just knew I gotta build a connection and understand where we can relate to one another and then somehow use that to still get these concepts across to them that the grant program wants us to teach in terms of conflict resolution; how to work out your differences without killing each other, is basically what they wanted us to help them with. And it evolved—granted I’m working in a group setting, so it lent itself to this a little bit better, but eventually what we came up with was we came up with a mock shoe design business. When I was an undergrad, I worked at a shoe store and one of the kids in the group would draw these amazing athletic shoes and I said, you know you could work for Nike, or something like that, you’ve really got some talent there. And he said, wow, really? That has never occurred to me. And what they helped me understand, David, was that in their world, all that they

believed—they would say Ms. Courtney there're only three options for us after, if we finish school, and it doesn't even seem worthwhile to finish school because the only options we have are we could—if we get really lucky, we might get picked for the NBA, which is like, they all knew, was a complete long shot. Or we could work at McDonald's, or we can deal drugs. And most of us—

**Dr. Dave:** Or we can what?

**Courtney:** Deal drugs.

**Dr. Dave:** Deal drugs, yeah.

**Courtney:** Yeah, I mean that's our only options. The world doesn't work for us. We're not gonna get the kind of jobs white people get, and that's—so what I had to do was help them believe that they had a future. That was step one. And then through us creating this little mock business together, they had to learn how to get along with each other. We had to create something that was relevant to their world. That's just where that whole concept got started for me. But, as I got into working in hospitals and with the medical model, it unfortunately kind of got beat out of me, to be that creative and innovative. And I don't think it literally needed to go that way. I just got the impression that wait a minute; I can't do this stuff in this serious environment. It worked with the kids—

**Dr. Dave:** You can't be your story-telling, playful, spontaneous self.

**Courtney:** Right, that's right.

**Dr. Dave:** Yeah, so now let's get into that some, into how you—somewhere in there you became a counselor, right? You started out in education and then you became a counselor.

**Courtney:** (Laughs). Right.

**Dr. Dave:** And the power of emotion is a thread that runs throughout the book.

**Courtney:** Right.

**Dr. Dave:** How did you come to realize the importance of emotions in psychotherapy?

**Courtney:** Well, I began to—I was—my graduate school program trained me in cognitive behavioral therapy, but my internship placement also gave me—was more of a psychodynamic oriented center. So I had a blend of both things, but at that time, which was the—it was 1995 when I finished graduate school and started working in the medical field, the cognitive behavioral therapy was what was expected of us. And managed care wanted you to frame everything that way. And yet, I realized that it wasn't quite getting people the results. I felt like—ironically I felt like I was so effective in my internship when I I didn't know what I was doing, and now that I'm trying to do it the evidence-based—

**Dr. Dave:** Yeah, the “right way.”

**Courtney:** Yeah, we weren't getting any—nearly—I mean, we would get somewhere, but it would take a longer amount of time. And sometimes I felt silly trying to help—what most clients know when they

come to therapy is that they know what they're doing, feeling, or thinking is irrational. So, for me to try to help them look at how irrational it is, was wasting their time. It's like I already know that, I want you to tell me how to fix it.

**Dr. Dave:** Yeah, exactly.

**Courtney:** So I finally, through my hypnosis training, I actually worked in a center for mind-body medicine. I kind of made my way through a few different settings and eventually landed at the Center for Integrative Medicine in my hometown, which is Chattanooga, Tennessee now. The physician there, training with Andrew Weil and stuff and he was really supportive of me pursuing hypnosis training biofeedback and what not. But I realized through hypnosis, oh you're just creating an experience. That's all this is, you just have to create an experience in this session that gets the client to do what you want them to do, or to feel how they want themselves to feel, rather. And then I learned about an eccentric hypnotherapist—I trained with Bill O'Hanlon actually, and Ericsonian hypnotherapy and got to know Bill in that approach there, and then I've—

**Dr. Dave:** Yeah, I've never met him but I've interviewed him a couple of times and he's absolutely delightful.

**Courtney:** He is, and he just breaks things down in such a simple way, you know?

**Dr. Dave:** Yeah.

**Courtney:** But also profound in some ways. And then I found out about an eccentric hypnotherapist in Southern Florida named Jon Connelly who had a model of using hypnosis to treat trauma, called Rapid Resolution Therapy, that's what he calls it. And that's really when I got confident, David, about bringing myself back into the session and how I used the therapeutic relationship in the session. Because what I saw Jon do, I mean, he's really dynamic and eccentric, arrogant, but he really adapts his personality to what his client needs.

**Dr. Dave:** (Laughs). I had never heard of him, so I want to thank you for introducing him to me. I've been interested in hypnosis, that was a big part of my early—

**Courtney:** Was it?

**Dr. Dave:** Orientation, yeah the whole Ericsonian approach and so on. Strangely, well I guess I sort of haven't been in that world for a while and I had not heard of Jon Connelly, but you inspired me, actually, just before this session here that we're having right now. I went on YouTube and watched him work and a lot of testimonials to his work. So I probably will want to approach him to be a guest here at some point. So I interrupted you mid-sentence, I'm sorry, go ahead.

**Courtney:** No, it's okay. Well you would really enjoy him. He's—but yeah, he knows—what I saw Jon do, what he calls Rapid Resolution Therapy—and by the way, he never wanted to call it anything. He was getting such profound results with clients that in trying to train other therapists how to do it, that there was some pressure; you need to name this, you need to manualize it. And so he's kind of in force to

figure out how to teach it by manualizing it and structuring it. But honestly, he tells you most of it just comes to me intuitively and I don't even know why I came up with that idea at that particular time.

**Dr. Dave:** Interesting.

**Courtney:** And really what he wants us to get, more than anything, and what I wanted people to get through this book is: when you are really connecting with the client at that deeper—like what Allen Schore calls right brain to right brain, you begin to intuit more about what this client might respond to. It begins to come to you more, I think. Oh she seems like she would be responsive to imagery. Or she would be responsive to movement. Or he would really like a story. And basically, as I started—Jon Connelly asked me to go teach his method to—he said, I don't know how to teach it, you seem to know how to help people get it in our small groups and stuff. When we would break into groups he would ask me to help coach some of the people in our class. And so he asked me to go out and teach it, just on a one-day level to introduce people to it and I've realized I've needed to get grounded in some theory and figure out what is making this work so effectively for people. And that's when I started really looking deeper into the neuroscience and getting all of this validation that what we intuitively know as therapists, works. That it's not all hokey, some of the stuff that we do with people, experientially. That what the neuroscience is actually suggesting, in my opinion, is that where patterns get stuck is in that sub cortical part of the brain, what we would refer to as the emotional brain. And that's also what the subconscious basically is, that's where we—that part of the brain learns through experience, association, and repetition. And it isn't well connected to our verbal centers, so it doesn't learn through words. And so when we're working in therapy, we've got to go beyond the intellectual discussion about what's happening, and we've got to figure out how do we create an experience that teaches your emotional brain what we want it to learn. And when I started doing that with clients—and I'm more transparent, I just tell clients that. I said, so on one level you've got it, you understand, but we've gotta figure out how to get it on that other level so you really feel what it is you want to believe. And they're like yes, yes. And so I'll try a few things and they kind of catch on to what I'm doing, whether I use a story, and we'll get into some examples as we go along, and then they'll help you out. Oh, you know what, that reminds me of this story, and that would fit this situation perfectly. But they sort of getting all of these aha moments and having fun. I mean, people were cracking up because—people that I work with, I own a group practice, but people were walking out of my sessions laughing and just light on their feet. And they're like what are you doing in there?

**Dr. Dave:** Well, that's got to be so gratifying for you.

**Courtney:** It was.

**Dr. Dave:** It sounds like these ideas mesh perfectly with your personality and with your background, so that it's just flows through you.

**Courtney:** It does. And I think it can flow through all of us. My style is going to be more animated, playful, extroverted; but if you're more of a reserved type of therapist, you have ways that you create experiences in your sessions maybe just through your relationship with them. But that's really what I

wanted to highlight; it's really about—it goes back to creating those corrective emotional experiences, like we talked about in psychoanalysis years ago.

**Dr. Dave:** Yeah. Now you talked about stories. I love the story that you tell in the introduction that you titled Sondra's Sunrise.

**Courtney:** Yes.

**Dr. Dave:** Can you take us through that a bit here?

**Courtney:** Yes, yes. So this was an example of a woman who was a surgeon and I've changed some of the details to protect her confidentiality.

**Dr. Dave:** Sure.

**Courtney:** But she came and she had been to many therapists and she had had a pretty emotionally abusive childhood. It wasn't physically abusive. And of course she had been diagnosed with borderline personality disorder, or and treatment resistant depression. And she had been to, oh gosh, maybe four or five psychiatrists in her lifetime and ten or more therapists. But here she was in a situation, again, where her emotional outbursts were getting her into trouble. So her job was on the line. And she called me at the recommendation of her psychiatrist here in Tennessee who knew that I did—she said, you know that I know that you've had some success working with people who aren't responding to traditional technique, so would you like to give this one a try? And I said sure. And so what happened with Sondra was she came in telling me that she—40 years old, I know this goes back to how I was raised and I understand all that intellectually, and yet it still hasn't changed in all these years. And she felt defective, you know. Why can't I get it? And I explained to her—and luckily, her being a physician, and she was a very intelligent person, I said well this is how your brain works. You learn on this other level that doesn't even speak in words, no wonder you can't—we're never going to get it by just analyzing it. And I said so let's try some other ways of getting this message through. And so the first thing that I asked her is so tell me—I always start with, what results do you want this session, or us working together, to get for you? Well, I want to feel okay about me. I don't feel—I just feel defective and like I'm never going to be okay and I want to be able to be calm at work and respond to people without biting their heads off. So I said well let's get an image that would represent that for you. And so the emotional brain, if you use words, like we learn in hypnosis, it only understands about five words or less at a time. So, you have to say—so I said, when you think about your mind working this way, at ease, secure, being able to pause before you respond to something, what comes to mind? Something in nature or an animal in the wild that would represent you at ease, secure, peaceful, thoughtful, being able to respond in a thoughtful way. She knew what I meant by that. And she says well, a sunrise. So then the other thing that we needed to do was change her identity. And this, David, actually comes from psychosynthesis. Jon Connelly told me he got it from psychosynthesis. And I said so--she was—told me that, she hated herself, and I said so--we already had this sunrise imagery working, so I said so tell me about a time when you seen something in nature that was just beyond beautiful; a time that maybe you saw that. And she said well, when I see the sunrise over this lake near my home, I go running every morning, and it's just beautiful and sometimes—and she really was vividly describing the colors of the

sky in such a beautiful way, 'cause she actually, like many surgeons, she has some artistic talent. They're good working with their hands, you know, and she said these beautiful muted violets and peachy—I mean she was really getting into it, so I wasn't putting her in a trance, but she was getting into that altered state of consciousness. So that's what you want to see. That she's actually experiencing what I want her to feel and believe. And I said so let's think of it this way. I said when you looked at that sunrise, it seems to me you were getting in touch with feelings of peace, joy, awe. Yes, yes all of that. Well, some people might think of it as that sunrise wrapping that experience inside of you, but I think it was actually bringing to your awareness where you already feel at ease, peaceful, joyful. You already have access to that, at your center. But sometimes it's closer to your awareness, like when you're running and looking at that sky by the lake. And other times it's moved further away from your awareness, like when somebody was yelling at you; when some nurse was yelling at you in the operating room. But it's always there. And that's who you are. So you have a body, you're not your body. You have thoughts; you're not your thoughts. You have feelings; you're not your feelings. Who are you? Let's think of you as that light of peace, wisdom, excitement, that you get in touch with when you're running by the lake. That's you. And she began to cry. And she said that is the sweetest thing I've ever heard. And she said I have never thought of myself in that way. I've only thought of myself as a negative, depressed person. And so what you have to do is you have to pull an experience they've actually had in their life, if possible, that you can associate—'cause it's hard for them to argue with an experience they've had. And I didn't say this is who you are, I just said let's think of it this way, so that I could avoid disagreement. Let's think of it this way for a moment.

**Dr. Dave:** Yes. Kind of like, even though you didn't do an elaborate hypnotic induction, nevertheless, there are, sort of, indirect hypnotic source of suggestions there. And one of the things that I'm struck by in your story is you immediately moved her off the problem, and thinking about the problem, and got her into this place of inner peace.

**Courtney:** Yes, that's right. That's really key in how I'm working with people now. And they give me that feedback, that they enjoy that experience. It's tricky to know how to move the client in that direction and we'll talk about that in a moment. But it really works—I'm just trying to help her access a resource that we can use to work through the problem, but I've got to get her resource before we can do it, I believe. And that's part of the trick of those initial sessions. I'm trying to listen and understand the problem as I'm also exploring for resources and bringing them to her awareness.

**Dr. Dave:** Yes.

**Courtney:** The comment that just touched me so much when we finished our work together is she said you know, people always told me I needed to learn how to love myself. You actually showed me how to do that.

**Dr. Dave:** Wow.

**Courtney:** I just—yeah.

**Dr. Dave:** That's a real tribute.

**Courtney:** Yeah.

**Dr. Dave:** In one place, you kind of describe your approach as a cognitive experiential approach to change.

**Courtney:** Yeah.

**Dr. Dave:** Yeah? And so what all does that imply? That phrase 'cognitive experiential?'

**Courtney:** Well, I believe that we are still looking for maladaptive beliefs, so to speak. The beliefs that—the distorted beliefs and perceptions that are keeping somebody stuck in a pattern. But instead of trying to use logical arguments, like we sometimes do in cognitive therapy, it's more like we create an experience to change the meaning they're attaching to an event, or to change a belief that they've had about themselves. And Seymour Epstein is the psychologist who developed Cognitive Experiential Theory of Self, so he is also just super interesting and released his seminal book last year. He's a professor emeritus at University of Massachusetts, Amherst. So he's retired. And I think he's maybe 90 years old now. And he's been developing this theory for 40 years. But his theory is basically, we have two ways that our brain—at least two ways our brain processes information. One is through a rational system, and one is through an experiential system. And what I thought was so interesting, David, is that there were all these books out that the lay public was buying on this very concept. Like, the most popular one, *Thinking Fast and Slow*. So you got your system one, as Kahneman calls it, that processes information experientially and intuitively. And then you have another way the brain's processing information rationally, and sometimes those two systems aren't communicating well together (laughs). And I realized that—and he—Epstein just developed the theory. I mean he doesn't get into doing therapy, but he talked about how he knows using imagery and fantasy works better for teaching and revising somebody's beliefs in his experience, then just straight on talking about it. And he talks about how his wife used imagery to heal herself from cancer. So it was just such a huge thing in his life to see that at work. But, yeah, the reason I think it's important to think of it as cognitive experiential is because we feel really pressured as therapists to have evidence-based interventions that we're using in our sessions. And the experiential techniques we're using are not experiential in terms of being cathartic or, you know, expressive, but they're intentional experiences. We're creating intentional experiences to change a belief that the client has.

**Dr. Dave:** That's a very good distinction that you've just made. Because in the early days of experiential psychotherapy, I think there was a lot of emphasis on catharsis.

**Courtney:** Yes.

**Dr. Dave:** So, I think that's a nice—very nice distinction.

**Courtney:** Mm-hmm. And I think that's what we were intending with the cathartic processes and the expressi—I think we were intending on maybe if we could just get this out (laughs) and you can express it, you'll be able to integrate it and move forward. I think that was what we thought would happen, but it doesn't a lot of times. I specialize in working with trauma and until I change the meaning that that

client has attached to the trauma, every time they talk about it, they're gonna feel the same crappy way (laughs).

**Dr. Dave:** Yeah.

**Courtney:** So part of what I've got to do is not just have them cathart about it, but let's figure out a new experience, a new way of feeling, perceiving this thing that would change how you feel about it.

**Dr. Dave:** Yeah. One of the things-- the other things that we learned about catharsis is that, for example, expressing anger by pounding on pillows or whatever is that that's a rehearsal of the negative emotions.

**Courtney:** Yes.

**Dr. Dave:** A rehearsal of the negative experience, you know, to go into a lot of crying and to encourage that and so on and so—it's kind of rehearsing the negative story. Whereas what you're doing, is you're using these emotional hooks to move it in a positive direction.

**Courtney:** That's right. That's right. And Joe Ledoux and one of—he has a band called the *Amygdaloids* (laughs).

**Dr. Dave:** (Laughs) Yes, I know.

**Courtney:** And he—in one of the songs called *Fear*, he says remembering is not forgetting, it's mental rehearsal, or it's vivid rehearsal of pain. And I think that's so true in our well-intentioned attempts to help somebody work through an experience. But yeah we don't want them to confuse processing it with re-experiencing it, and rehearsing it, as you say.

**Dr. Dave:** Yeah. In one of your chapters, you describe seven primary emotional systems. It's probably been some time since you've read your book (laughs).

**Courtney:** Oh, no, no. I'm—

**Dr. Dave:** I'm wondering if you can remember them and quickly take us through them.

**Courtney:** Yeah, yeah. Well this was inspired by Jaak Panksepp's work, and he has identified seven primary emotional systems. And he distinguishes them as primary systems in that they turn on without you cognitively, or at least rationally, thinking about them. So this is another area where cognitive—and I'm not knocking cognitive therapy, there's definitely a place for it, but when we're working with people usually they're coming to us because these emotions are turning on automatically before they even have a chance to think about it. So if you say well you need to control your thoughts, or like hey this thing just turned on, I wasn't even thinking about anything (laughs). And that's what Panksepp says, that these are primary systems because they get activated through this sensory system. So when you're emotional brain, or what some people might think of as the limbic system, the amygdala and thalamus and basal ganglia, detect something familiar in the environment that was associated with a prior threat, then it's going to immediately activate that fight-or-flight response before you even knew what spooked

you. It's just instant. It's like we consciously catch up with oh wait, I'm feeling scared, what is it. So this is, I think, important for us to consider as therapists. And I love when I explain this to my clients; it's a way that can help you figure out an antidote to the client's problem. And my clients enjoy it too. So, the seven systems are, the first system is Seeking, S-E-E-K-I-N-G. So, Panksepp really emphasizes this because we don't talk about it a lot, but it's the system that often is integrated with all the other systems. It's the get-up-and-go-get-it system. So what I boil it down to is all emotion is request for an action; it's just asking you to do something. It's just your brain trying to get you to do something. So what is seeking asking you to do, it's saying hey get up and go get it. It's our motivation and drive system. So when the seeking system's gone awry, meaning it's over-acting, activated, that would be like what you see in Obsessive Compulsive Disorder or substance abuse.

**Dr. Dave:** Right.

**Courtney:** And when it's not very activated, that's what you see in depression. And so the way I'll explain it to my clients is that sometimes what depression is, is just your body asking you to withdraw energy from something that isn't working. It's like it's saying hey don't move towards that; quit, withdraw your energy, it's a waste of the resources here. But it'll feel global, like you want to withdraw from everything. Does that make sense to you? What in your life may not be working that you've been putting a lot of effort into and feel like it's not getting you anywhere. And they almost always know—they're like oh my god, that's so true. But it helps them feel less crazy, you know. When I say it's just your mind trying to get you do something adaptive here. And then what we want to do is redirect your energy towards something that wouldn't excite your seeking system, that wouldn't interest it. So going back to Sandra, who we were talking about earlier, she came in saying, oh help me learn how to manage my stress at work. But when we started talking about some practical things she could do, just like using mindfulness and the imagery we were doing; I could tell by the look on her face that it was okay, but it wasn't really getting her excited. And so I mentioned that, I said, I could tell that you think these might be somewhat useful but I can tell you're not going to do them, they're just not—they're not getting you excited. She goes well, I mean, it's not that, it's just—and I said well we got to—what else is—what's more compelling to you than your job? And she goes my kids. And it was immediate. And so when we tied her therapy goals not to work but to—I'm seeing us—you using these tools because it's going to allow you to come home and have enough energy to be with your children and enjoy them and not be worn out from all the—letting everything get to you at work. How would that be? And she's like, that's it. That motivates me (laughs).

**Dr. Dave:** Right, great.

**Courtney:** And so that's what we got to do as therapists. So, Seeking is really important because we got to follow their energy, see what turns that on, and that's going to pivot them out of the distress a lot of times when you can identify what that is.

**Dr. Dave:** Okay, what's the second emotional system?

**Courtney:** The second system is fear. And fear, what I tell my clients is, fear is just saying hey get away from that thing, it seems dangerous (laughs). Just make it not so heavy. So the other thing that's useful

is that Panksepp distinguishes panic disorder from fear. And we'll get into that a little bit later. But panic is actually getting generated from a different emotional system. Where fear is literally you perceive something in the environment as threatening and you want to move away from it. And the other thing that I like to suggest to my clients is that what we know from neurosciences is that the amygdala immediate fear in a different way than it does anger. So even though we call it fight-or-flight, they actually traverse different networks. And so when it goes down the—when the amygdala sends it down the fear network, it's actually going to cause your heart to beat faster, your breathing to get more shallow, but it's going to move energy to your lower body. So you're going—you'll feel like emptying bowel and bladder, and your legs may tremble because your body is actually sending glucose, oxygen and adrenaline to your legs to make them stronger so you can run faster. So anxiety fear is strengthening your body. And that is all often really empowering for them. Or, if they're coming to me with irritable bowel syndrome and they don't know what's going on with that. For example, some symptomatic complaint having to do with the lower body, I'll say what in your life are you trying to get away from right now? Does that make some sense that there's something that feels threatening that you've got to move away from, and that will almost always get us to the root of the problem.

**Dr. Dave:** Interesting.

**Courtney:** Mm-hmm. And then anger is the third system. So, anger is your emotional brain asking for something in the world to—it's trying to get you to make something in the world stop. Or, it's saying hey something's getting—thwarting my ability to move towards something, get it out of my way. So when it's anger, still have the cardiovascular arousal; heart beats faster, breathing gets shallow, but you'll notice energy goes up. Jaw clenches, face flushes, upper body tightens. That's because emotional brain is trying to get you to move forward and bite something because that's—we share the emotional brain with the animals, right? It's our mammalian brain. So in the wild, if you want something to stop or get out of your way, you bite them (laughs).

**Dr. Dave:** (Laughs) Right.

**Courtney:** Or you move them with your upper body, out of the way. So when clients are coming to me complaining to me of things like TMJ or teeth-grinding, or all this upper body tension, I'll say you know I won't make assumptions, but I'll say what do you want to stop in the world? What is something going on in your life that you want to stop or get out of your way? And they almost instantly have an answer for that. And I'll say now that your body is trying to get you to do that, but you recognize this way of doing it hasn't been to your advantage. Like biting your boss is probably not going to be to your advantage. So we've got to just get your emotional brain to go at it a different way, to teach it a new response that would work in your best interest. The fourth system is care. So this is important because we often think of the emotional brain, like Floyd thought of the Id as being very self-centered and hedonistic. But the emotional brain is actually wired for care. We are wired to want to connect with each other and nurture each other and support each other. And the reason why I like to highlight this is one, to help therapist know that your caring relationship with the client is so healing and important; if you don't do anything else, that really does make a difference. And it's also to help us consider antidote. So when someone is feeling afraid, or like what we're going to talk about next, panicked, would the

antidote is they've got to move into connection and care with someone. So, we've actually—the way that people used to respond at major disasters were with the critical incident stress debriefing protocol, and it's actually been replaced by psychological first-aid. And part of it was because what they—what people said helped them the most, right after a trauma or a disaster, was getting to a place of safety and feeling like someone cared. Like there was someone there to say how are you doing, can we get you anything, and can we get you into connection with one of your loved ones, one of your family members? And that, they said, was the single most thing that seemed to separate who got PTSD from who didn't.

**Dr. Dave:** Oh, fascinating.

**Courtney:** Yeah. As we were working with trauma, I just like to emphasize that can go a long way when you're helping somebody work through a traumatic memory. Is just you showing up and responding to them in a different way, in a caring way, from maybe the people in their life earlier who didn't know what to do. That also becomes important—actually the Alexander and French talk about that in the 1940s. They were psychoanalysts who talked about this corrective emotional experience. And they said that was one of the primary things that the therapist was showing up and responding in a different way from the way people had responded to the patient earlier. That was the healing element.

**Dr. Dave:** Yeah, good.

**Courtney:** And then the fifth system is the panic, grief distress system. So it's interesting what Panksepp found was panic is more of a separation anxiety, separation distress, then it is—it's fear, but it's tied to feeling separated from your pack or your loved one. So he puts that in with grief because when we feel grief, what we're feeling is separation. And the antidote to grief is to feel back in connection with your loved one or something that you care about. So I also wrote a book on transforming traumatic grief and actually what we found in the literature is that while we used to encourage people to accept that their loved one was gone, that's not the most helpful way to think of it. It's actually more healing to help the person develop some kind of continuing bond with the deceased. Some way that they could carry on their legacy or still feel connected to the essence of that person. And I don't mean like a ghost or a spirit necessarily, although some people like to take that literally. But just feeling like you internalized what you loved about that person into your essence, and you carry that forward into your life. So then they don't feel like they're—it doesn't really feel like they're missing from your life. Because what we feel when we grieve is the same thing a baby bird does when it falls out of the nest and gets separated from its mother, it cries out. And it's trying to call the loved one home. And that's—when I was interviewing people that had experienced traumatic grief, so many of them said when I found out about the death, the first thing I wanted to do was to cry out their name, or to cry out no. And it's because we are wired to want to call the loved one back and get back that connection. And when somebody's experiencing panic disorder, David, I'll often explore is there some kind of perceived loss or perceived separation going on somewhere in their life? And that will actually lead us more directly to the root of the panic disorder than anything else.

**Dr. Dave:** Wow.

**Courtney:** Yeah. So I think it's really useful for us as therapists to understand these systems.

**Dr. Dave:** Yeah, so many good clues that you're giving us here.

**Courtney:** Right.

**Dr. Dave:** Yeah.

**Courtney:** And then the last one is my favorite one, and that's play (laughs). So we're actually wired for play. And I used to think that play was just--the animals were wired for play in order to learn survival skills because predators play by hunting; like, think of your cat. Your cat is going to hunt and stalk, and that's how they play. Batting around a ball. And then animals of prey, like deer, play by running and hiding. So they thought, well, you're just rehearsing survival skills. But actually Panksepp and his colleagues have determined that we play just for connecting with each other. He calls it social joy. So there it goes back to that care system again that we actually are wired to want to enjoy each other and not devour each other (laughs).

**Dr. Dave:** Yeah. Now, I think we might be missing one. I've got six here, I've been taking notes.

**Courtney:** Oh, oh, I forgot—I can't believe I forgot. This was a Freudian slip. Lust.

**Dr. Dave:** (Laughs). Oh yes. How could we forget that?

**Courtney:** Yes. So basically what Panksepp says about lust is that, you know, it's about procreating on a basic level. But again there seems—for men, men's visual systems are more intricately connected to their lust systems, emotional systems in the brain.

**Dr. Dave:** You don't need to tell me that (laughs).

**Courtney:** Right. For women, this would not be a surprise. Their care and bonding networks are more intricately linked up with their lust systems. So, it doesn't mean women aren't turned on visually, and it doesn't mean men don't like being—feeling cared about, but it might help us understand why we're—why we respond and approach sex in different ways, and not to take it personally (laughs) and get offended. Women are more—of course, our receptors, our oxytocin receptors are more intricately connected into our lust networks. Our care networks seem to be more. And again it's not across the board, of course everybody can be wired a little bit differently, but it may help us understand each other a little bit better.

**Dr. Dave:** Have you had people come to you where the lust network was somehow the thing of focus?

**Courtney:** Yes (laughs).

**Dr. Dave:** (Laughs). I mean, therapeutically.

**Courtney:** (Laughs). For some people, I think what gets really sad in relationships is that women—sometimes men are trying to connect emotionally through the lust system, that's how they feel cared about you know. That they aren't going to feel cared about by having a deep discussion or watching a chick-flick. They feel that care and bonding gets turned on through physical touch, and so I think a lot of

times women are misunderstanding that and they aren't realizing that actually the man is bidding for connection. And it can happen in the opposite. There are some women who have a stronger sex drive than their partner and it can happen that way too. And then sometimes I think, for women, actually who have gotten kind of that low sex drive that's developed over time, because they've felt like there's so many demands on them. Oh gosh here's another person wanting my care, oh my gosh another person. And they're pushing their husband or their mate away because it's like I'm sorry, I can't bond, I can't nurture another person anymore today. What I've told those women to do is to be more playful and find ways to be more playful in their interactions with their mates so that the lust system can get more back into that social joy and social connection that way. So, for instance, I'll tell women—I actually learned this from Dr. Connelly—I'll encourage women, sometimes you have to be a tease. Be playful, flirty, but you know you can be in control of when it happens, but often what will happen is it'll happen. 'Cause they're being more playful with it and not feeling like it's such a demand on their energy.

**Dr. Dave:** Yeah, you know that reminds me of a story about Milton Erickson, the great hypnotherapist. And a couple came to see him where the libido was low, and he instructed the wife—I guess the wife was the one who had come to see him, and the husband wasn't being that responsive. And so, he instructed the wife to get a squirt gun and to squirt him with water and then run away.

**Courtney:** (Laughs). I love it.

**Dr. Dave:** (Laughs). So, he chased her and they ended up in the bedroom.

**Courtney:** Yeah, exactly. Exactly. So, yeah, you know play can really go—and it can go a long way in our connection with our clients. So when I talk about the title of my book being *How to get Clients Unstuck*, I'm not necessarily talking about resistance, in its purest form Just when you're kinda feeling stuck or the therapy's getting stalled and I've found—or if you do see some resistance, like I did with the kids in New Orleans, play can get a great way to bond and connect.

**Dr. Dave:** Well, how do you get play into a therapy session? Does a case come to mind, maybe, where that was an important leverage for you?

**Courtney:** Oh yeah. So one of the cases, and I talk about this one in the book, was a client that I call Michael. Michael scared me when he came to me, he had severe panic with agoraphobia; he would go to work, but that's it. And he'd also had become severely alcoholic and he was depressed and suicidal. And yet when he came to me for therapy, he liked to spar with me. So even our first session he's like, I don't know if you can help me, this is my last chance. This is my last ditch effort. But somebody told me that you could probably help me, but you know, don't feel bad if you can't. It was one of those things. And then anything I said, he would make a joke about it or be really sarcastic. So, one day—but I liked him, I liked his energy though, I liked that he had some of that anger and edginess because I thought we could use that to move him in a direction. At least there's some energy here we can work with, he's not completely bedridden. So one day he came into this session and we'd actually been practicing on how to work with his panic. I asked him if there was something he felt separated from or a loss that occurred and he didn't have a whole lot of insight 'cause he was just barely 30. But he said he did feel a separation from his father, and had felt that for a long time, that's the only thing he could identify. But

we were just working on some basic things to make him less fearful of his panic sensations using humor and he was really good with that. Where we would make the sensations funny. Like I would get him to, okay just turn on a little bit of that panic right now and then we played a little game where I asked him questions about stuff he didn't care about and his job was to say, whatever. Knock yourself out. I don't care.

**Dr. Dave:** (Laughs). So you had him say that, you told him to say that?

**Courtney:** Yes. Yes. And what we were doing was evoking indifference. And what would happen--and I didn't invent this, I actually learned this from Dr. Connelly, is he would start to associate that feeling of indifference with his panic sensations. So remember the emotional brain learns through associations, classical conditioning. So I'm starting to pair it with something new. And it was fun, because it was indirect and playful and he got to curse me out and stuff like that. And then he was getting better. And so one day he came in and he said oh, I see you're wearing some new boots today, I guess you think you're gonna kick my butt with some psycho mumbo-jumbo huh? And I said yep, I guess I am. And he said is that what you did with the money from our sessions? And I said—and you know, I want you to know, I'm not like this with every—some clients I'm really, you know, actually more quiet and soft, I just kind of adapt to what I think they'll be responsive to. So, with him though, I knew I just had to spar back with him. And so he said, is that what you do with the money from our sessions, go out and buy boots like that? And I said yep, and I guess you're indirectly asking me if this therapy thing has been worth your money, aren't ya? He goes yep, that's exactly what I'm asking. And I said well let's test it out. And I said I think you're ready to go cross some bridges today, 'cause he had a phobia of bridges and we live right on the Tennessee River, so you can't get anywhere without crossing the river in our town. So it's a problem if you have a bridge phobia.

**Dr. Dave:** Yes, I would say so.

**Courtney:** So I said we could go down here to the park and just start crossing the bridge that crosses over a creek, that's connected to the river. But I'm trying to do some gradual exposure here. And I said we could go down there today if you want to, we could try that and you could test it out and see if it's been worth your money. And he goes I don't need you to go down there with me and hold my wittle hand. He's just being such a smart-alek and I said, well I know you don't, you can do it on your own, but I bet you won't. He goes, I bet I will. I said I bet you won't. I bet I will. I said I bet you \$50 you won't do it. And he goes are you serious? I said, yeah. He says you give me \$50 if I go do it? And I said sure. But I don't have to worry because you're not going to do it. He goes, I'm gonna go do it right now. And he stormed out of my office and went down to that park and crossed over that bridge. Which may not seem like a big deal to some of you who've not had a bridge phobia, and if you saw this creek you would understand why it was, it was a good start for him. The creek is wide; it's not a little-bitty creek. And he took a picture of himself when he got to the other side of the bridge. He took a picture of himself with his phone, sticking his tongue out and texted it to me. (Laughs).

**Dr. Dave:** (laughs).

**Courtney:** And then he came back, because this park is literally just a block from my office. And there was enough time in the session, he came back by and he asked me on the text you want me to come back by or just schedule another appointment? I said, you've got a few minutes if you want to come back over. Congratulations. And he came back in, and he said hahaha, I want my \$50. And I gave it to him. I've never done that with a client before and I've not done it since, it's not that I wouldn't, but this guy scared me so bad that I really thought he was going to commit suicide if I didn't get something happening. So I was willing to do it—

**Dr. Dave:** That story really illustrates, so wonderfully, your adaptability and flexibility to kind of track the person and give them what they need. For example, one of the things I was going—we're running out of time here, I had about—

**Courtney:** I know, I know.

**Dr. Dave:** I had about 25 other questions.

**Courtney:** Oh my gosh, I'm sorry.

**Dr. Dave:** No, no don't be sorry, I'm glad because I would rather get the kind of depth that we're getting into the things that you've been talking about. But one of the things that you talked about was align, lift and lead as kind of a formula.

**Courtney:** Yes.

**Dr. Dave:** Just say a little bit about that in relation to this story that you just told us.

**Courtney:** Okay, thank you because this will help for the audience. This one formula has helped me more than anything else and if you just hear this one thing, it'll change the whole tone of your sessions. So, I call it the align, lift and lead language formula. So, you align with the client by doing your reflective listening, but you use the has-been tense change, which is something I learned in hypnosis, so that you're lessening the intensity of the problems. So, for example, with Michael, I have these panic attacks, I can't even cross a bridge, I hate myself, and I want to die. And I say, wow, so you've been struggling with this panic stuff for a long time, I hear and it's gotten to the point where you've been wondering if you can pull out of it. And what I'm doing with that, instead of just being reflective, I'm saying to his subconscious, so you've been having this feeling. I didn't say so you're depressed. I said, so there's been this panic that you've been struggling with and basically I'm lifting by saying it's good you're here and you're interested in finding a way to pull out of it. It's good that you want to be here with me today as we look at some ways you can move out of it. Which is leading him towards where he wants to go. Now we're not just talking about the problem, but we start talking about yeah, what would that be like? And it's different from the miracle question, like you would hear in solution-focused therapy, because the therapist usually has—you have to give them some prompts and ideas, I find. If you say well what would you be doing if you didn't have this panic? Sometimes they go, I don't know. I've live with it, I have no idea. So you do better if you can kind of start to help them fill that in. So I might have said to Michael, I don't remember exactly now, but I might have said, so to feel like you could move forward, maybe

reconnecting with your music, cause he also played music; reconnecting where you can actually play music with some of your friends again. Yeah, that would be nice. So I didn't lead by going—he also used to fly airplanes. So, I didn't lead by saying, and you'll be able to fly airplanes again. That would have been too much for him. So when you lead, you just kinda go one or two steps beyond where they're at now, so that they begin to feel hopeful and like change is possible.

**Dr. Dave:** Yeah, yeah. Well, I think we've kinda run out of time here and it's good in a way that we didn't cover as much of your book, of specifics, as I had kind of possibly planned because now people will have to actually get your book and read it.

**Courtney:** (Laughs).

**Dr. Dave:** Which they should, it's clear that you're not only a born therapist, but also a born trainer. And you've really broken things down and you done Jon Connelly's work for him. You know, you told him you need to manualize this thing. And you've kind of done a lot of that for him, I think. So, as we wind down, is there anything else you'd like to add?

**Courtney:** The only other thing I'd like to add—one thing that I do talk about in the book that I think is really important for therapists to know is I do believe in memory reconsolidation and I do think that research is important. And Bruce Ecker, of course, has talked to you about it extensively.

**Dr. Dave:** Yeah.

**Courtney:** And my book just gives you some additional ways—Bruce and I talk and I'm really close with the coherence therapy people, and I do a lot of similar things but I'm just giving some more that you can juxsuppose and experience. What you have to do is bring up how the client has been feeling and then you have to juxsuppose it with what they call a mis-match experience. Something that would cause them to feel and think completely differently. And you can do that with music, like songs and playlists. You can do it with stories. You can do it with imagery or those playful games, or with movement. And that's basically what the rest of the book is about. Is how I give you step-by-step instructions for how you can do those different things in a session to change—

**Dr. Dave:** Yeah, I was really impressed by that. That you had broken down the memory reconsolidation, which I also have been very impressed by, into a five-step process in just a few pages. And so your book is just a wonderful contribution to the literature.

**Courtney:** Thank you.

**Dr. Dave:** So, Courtney Armstrong.

**Courtney:** That means a lot to me, coming from you.

**Dr. Dave:** Thank you. Well, I want to thank you for being my guest on Shrink Rap Radio.

**Courtney:** Thank you for having me and thanks to everyone out there in Shrink Rap land who's listening.

**Dr. Dave:** Right. Okay.