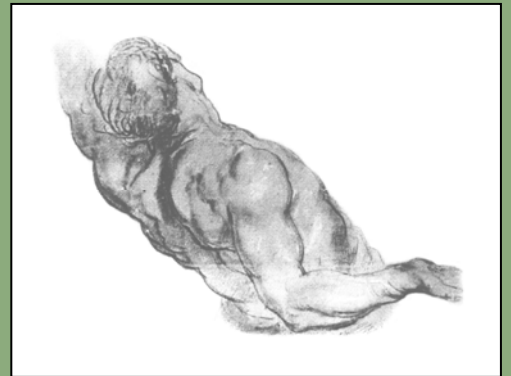


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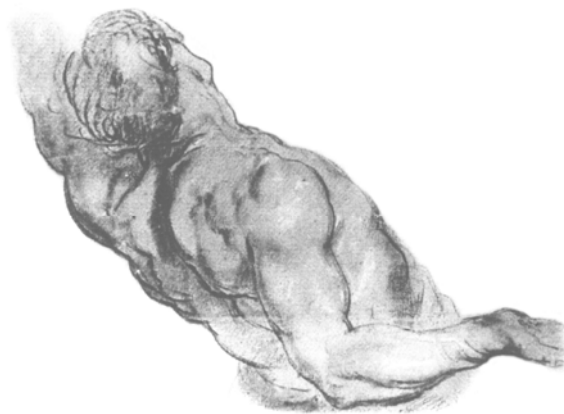
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USABP Mission Statement

The USABP believes that integration of the body and the mind is essential to effective psychotherapy, and to that end its mission is to develop and advance the art, science, and practice of body psychotherapy in a professional, ethical, and caring manner in order to promote the health and welfare of humani

# The Science of Body-Psychotherapy Today: Part 3: Appropriate Science.

Courtenay Young

## Abstract

In the first of this series of four articles, I looked at the history of 'science' in body psychotherapy (mainly the work of Janet & Reich), and in the second article, I looked at what the current situation is with regards to the science of psychotherapy and that of body psychotherapy. In the third part of this series, there is a discussion of what might be meant by 'appropriate science' for body psychotherapy; and in the fourth & final part, I shall make an examination of new areas of science and research that are increasingly impinging on the field of body psychotherapy.

## Keywords

Definitions of Science – Science in Psychotherapy – Body Psychotherapy – Appropriate Research Methods

## Appropriate science

The use of the word 'science' with reference to body psychotherapy, directly brings up the question of what do we mean by that, here, and what is the appropriate 'science' for this particular branch of study, knowledge and skill.

There are two distinctly different approaches to science (within the human sciences) that are often confused: it is therefore important to differentiate between 'natural science', which uses the scientific method in the objective and rational study of nature and objects and which forms the basis of all the applied sciences; and 'social science', which studies human aspects of the world, using the 'scientific method' – derived from natural science - in more qualitative ways. In studying subjective and inter-subjective aspects of society, this latter branch is sometimes called the 'soft science' and there is a degree of 'scientism'<sup>1</sup> that exists, which tends to discriminate, not just against this particular type of science, but also against other interpretations about societal life (religious, mythical, and spiritual) as being 'non-scientific'. With the increasing 'medicalization' of psychotherapy (through government, psychiatry and the health insurance companies wanting fixed diagnoses, regulation, RCTs, efficacy studies, etc.), there is a tendency to give priority to the first type of natural science, but this choice brings a whole raft of other problems that are often 'conveniently' ignored by the august bodies that try to control and regulate these professions.

There is a huge debate about the relevance of effectiveness studies versus efficacy studies in psychotherapy (Young, 2010). As an adjunct to this, we also have the views of an eminent researcher, such as Martin Seligman (1995), who states:

I no longer believe that efficacy studies are the only, or even the best, way of finding out what treatments actually work in the field. I have come to believe that the "effectiveness" study of how patients fare under the actual conditions of treatment in the field, can yield useful and credible "empirical validation" of psychotherapy and medication. This is the method that *Consumer Reports* pioneered...*The efficacy study is the wrong method for empirically validating psychotherapy as it is actually done, because it omits too many crucial elements of what is done in the field.* . (p. 966)

But it is really not an 'either ... or' situation, so if you are interested in designing a research project in body psychotherapy, you may well need to read the whole article.

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<sup>1</sup> Scientism: (1) An exaggerated trust in the efficacy of the methods of natural science applied to all areas of investigation, as in philosophy, the social sciences, and the humanities. (2) An exaggerated trust in the efficacy of the methods of natural science applied to all areas of investigation, as in philosophy, the social sciences, and the humanities. (Webster, 1983)

### Dehumanization and the role of the observer

Firstly, the ‘natural science’ approach tends to de-humanize the object, the client or patient. There are further theories that explore the possibility that there can be no such thing as a repeatable experiment in the ‘social sciences’ as the observer, however far removed from the subject, still has a significant impact on the result. For these reasons, the more humanistic psychotherapies tend to avoid ‘natural science’ and veer towards the ‘softer’ versions of the ‘social sciences’, focusing more on a view of the person’s ‘self’ in relationship to society as a way of examining ourselves and responding appropriately.

One implication of this view holds that counseling and psychotherapy *cannot* be separated from the social conditions and context in which practitioners and their clients operate (Pilgrim, 1997). It has also been empirically shown by several meta-studies, that what is primarily significant to people (the clients of psychotherapy) is the relationship between their mental health and life stress, family issues, gender, class, race, age and thus any study or the ‘science’ of this should look at relevant social research. There is therefore no place for ‘natural science’ here.

### Language, training and skill-base

Psychotherapists of all sorts sometimes fall into the trap of trying to avoid such ‘scientific’ discriminations – subject / object - by adopting forms of pseudo-scientific language, which confuses the issue even further: and – contrarily – some psychotherapies also have very little scientific basis, load themselves up with (pseudo-) ‘scientific’ language, and yet are still operating in something similar to a belief system; so this sort of criticism is not totally unfounded, as we shall see.

We must, nowadays, also consider this aspect from a wider perspective. In a review of the historical trends of psychotherapy within Asian countries (Tseng et al., 2006), the authors illustrates the efficacy of multiple healing systems and an integration of mind, body, and spirit in their methods, a practice only recently being supported in Western practice. Other studies from non-Western cultures show: widely differing patterns of diagnosis; different levels of intervention, treatment and recovery rates; the effects of different psychological ‘norms’ (like parent-child relations); the impact of different traditional thought and philosophy; and different psychopathologies. These sorts of studies force a re-examination of our basic ‘Western’ concepts and those interested (as we are all supposed to be) in multi-cultural studies and culturally competent psychotherapy would do well to consider this. We – in the West – despite our excellent ‘science’ – do not have hegemony on the truth.

### Empirical science

From those early struggles and discriminations, already described, psychoanalysis and psychotherapy, including body psychotherapy, gradually began to develop their own form of empirical ‘science’ (the type of science that relies on practical experience), initially with the extensive use of case histories.

The case history is an examination of what was actually happening in the intense - and necessarily private - therapy session, continually relating these events back to theory, and thus making a reflective, but very subjective, bridge between theory and practice. This type of qualitative ‘science’ has a degree of usefulness through its capacity for demonstration, and thus some degree of validity, and it has become increasingly respectable and accepted.

However, as a discipline, or as a profession, we must not and should not rely solely on this form of study. So, other forms of ‘scientific’ studies, primarily outcome research and some social research, have since been used – essentially to back up the case history. However, this is also ultimately insufficient. Therefore other types of ‘science’ (wider specific & quantitative research, meta-studies, better effectiveness studies [outcome research], efficacy studies, randomised control trials, etc.) cannot be ignored for much longer.

Some of the changes that have happened in the last 100+ years have taken psychotherapy somewhat further away from ‘hard science’. Briefly, the rise of behaviorism in the 1930s and 1940s, tried to put a scientific objectivity into psychology, but, in so doing, the humane and humanistic aspects were partially lost and the people involved became ‘subjects’. Masses of psychological studies were done, many on (or by) psychology students, who are not necessarily representative of the wider population. The pendulum then swung the other way (briefly) and the needs of the individual became paramount and ‘policies’ and ‘studies’ based on quantitative research were sometimes deemed inhumane.

Now, we are swinging back again and UK governmental programmes, like the ‘Increased Access to Psychological Therapies’ (IAPT) (Layard, 2006), are being designated only to treat mild to moderate anxiety and depression. The ‘treatment’ will consist of “managed self-help”, consisting of one (or two) face-to-face session(s) followed by some back-up telephone conversations. There are large volumes of people with this sort of diagnosis and, with between 5,000 and 10,000 new ‘psychological therapists’, each only having about 12 weeks of training, some initially positive results have been seen. Similar programs are also being ‘designed’ to ‘help’ people to get back to work as quickly as possible ... but often there is an “or else”. This is not ‘proper’ psychotherapy, as it is based (erroneously, but perhaps deliberately) on a medical / behavioral model, nor is it good ‘science’ when it contradicts the available evidence, focuses on economics, and only uses one ‘method’ of psychotherapy (Nel, 2009).

### Science in psychotherapy

There are now essentially two different directions with regard to science within psychotherapy: an objectivist approach, and a constructivist approach (Botella, 1998). Cognitive Behavioral Therapy (CBT) has tended towards the objectivist approach, which might account for its ‘success’ in establishing itself as the main ‘evidence-based’ psychotherapy, and – even though its origins were very ‘behavioral’ and ‘objective – it is currently much less so, and has recently ‘softened’ considerably towards the ‘social sciences’. Interestingly, it is also nowadays incorporating ‘body-oriented’ techniques, like EMDR and mindfulness practice. The ‘natural science’ medico-biological model generally supports this perspective and the mental health/psychiatric perspective, both essentially trying to find organic causes for most psychological disorders, and therefore essentially looking at effective ‘treatments’ for these disorders. The softening comes with an increase acknowledgement of the social environment, so we now have a ‘bio-psycho-social’ model of psychological problems.

On the other hand, the post-modern or constructivist approach inherently links phenomena with experiences and discourses: attempts are made to create a form of a ‘narrative’ to understand: why the person has ended up in this situation; has adopted ‘defence mechanisms’ or ‘survival techniques’ (rather than neurotic character-structures), which may now have become redundant or dysfunctional; and how they can move forward into a better situation. There is a movement away from the language and presumptions of ‘illness’ that are embedded within medical or pharmaceutical language, and towards a much more social, or even personal, perspective.

### Psychology vs. psychotherapy

By linguistic definition, psychology is more a study of the psyche, whereas psychotherapy attempts to heal the psyche. Many psychologists (by training) have also become excellent psychotherapists, and there is something to be said for psychotherapists to have a relevant training in psychology. But they are also fundamentally different.

It is, of course, nonsensical to try to define concepts such as intelligence, memory, language, emotions, or consciousness only in objectivist terms. The fundamental differences in these two approaches, as well as the split between ‘natural’ and ‘social’ science, will ultimately determine the type of study, research and approach to the science of ‘psychology’, the different science of psychotherapy, and thus ultimately to the appropriate ‘science’ for body psychotherapy. One approach tends towards positivistic and quantitative approaches, with assessment and psychometric tests; the other tends to focus on case studies, outcome research, examination of the therapeutic relationship, and much more qualitative components. This latter course will need to borrow tools from other ‘sciences’: anthropology (conversation analysis), sociology (grounded theory methodology) and literature (narrative analysis), as some of their scientific bases, but must not fall into the ‘trap’ of trying to be the (natural) ‘science’ that it is not.

Psychotherapy has not properly taken up this challenge, nor has it fully developed tools of its own, and – as a result – the ‘science’ of psychotherapy (and thus also of body psychotherapy) is still considerably depleted and diminished, partially subsumed and confused by the ‘science’ of psychology and also that of medicine. It is difficult to take an effective stance against the almost overwhelming weight of ‘evidence’ from the other side.

In contrast, CBT adopts a more objectivist approach and thus aligns itself closer to the more acceptable (scientific?) ‘natural’ sciences. This is not just a philosophical argument: it has huge political and practical implications in terms of general understanding, social and political acceptability, and – most poignantly – health funding. But neither is it an “*either ... or ...*” situation: this is another trap in our thinking. We must try to consider it from the point of view more of a “*both ... and ...*” perspective: both have a value, and neither one nor the other

is the only answer.

The growth of ‘treatment’ of mental illness by either modern psychiatry (using mostly medication); ‘mechanical’ methods like ECT and lobotomies (some of them contentious and some of them barbaric); or behavioral reward systems, some also quite dubious (viz: young offenders, and Lovaas’ ABA treatment of autism); have complicated and confused the picture of ‘science’ within the field of mental health, as each of these has claimed ‘efficacy’ and each has ‘shown’ itself to be ‘scientific’ in various ways and at various times.

We also have a whole systemic structure of academics being forced to write ‘research’ papers in order to maintain their tenure (“publish or perish”); doctors and hospitals effectively competing against each other in a commercial market system; and double-blind trials and treatment studies of pharmaceuticals, frequently being ‘paid for’ by the larger drug companies (often through not-for-profit ‘foundations’ largely financed by these companies, with accompanying tax benefits) so that some part of their basic integrity is potentially severely compromised; so – in all of this – the one-on-one individual psychotherapist has had little chance of being able to demonstrate his or her own efficacious practice, especially in a little-known and marginalized discipline like body psychotherapy.

### **Psychotherapy vs. psychotherapy**

Thus the ‘science’ of psychotherapy (and of body psychotherapy) has been severely distorted and even further depleted. In order to prevent a further decline, I firmly believe that our professional associations have to have a significant and essential role to play here. The individual psychotherapist (of whatever discipline) has little chance to make an impact by themselves, unless they are uniquely established with a Ph.D. and links to a reputable university, perhaps with a parallel private practice (viz: Kächele, 2001).

Practitioners – and this also applies to body psychotherapists – seem to be notoriously reluctant to use outcome research, despite the external pressures to do so and less than 1/3 of ‘normal’ practitioners (US psychologists) choose to monitor any outcomes, despite the beneficial effects on their practice (Lambert & Hawkins, 2004). We need to find ways to mobilize ourselves and overcome this sort of resistance: and – since most of us are coerced into being members of a professional association (for that modality), let them carry the can and they can use our membership fees to ‘prove’ that particular method ‘scientifically’.

As a result of all this, there has been something of a counter reaction: an increasing focus on the particular methodology of the modality of psychotherapy. The ‘skill base’ of the ‘practice’ of psychotherapy has been emphasized and the focus has instead shifted more towards ‘craft’ or ‘skill’, rather than towards ‘science’ and ‘measurement’ (Young & Heller, 2000). Whilst the emphasis on quality has been extremely beneficial over the last 100 years, this trend has also been slightly detrimental to psychotherapy, as a whole, and body psychotherapy in particular, especially when (or if) one wishes to (or is required to) establish any sort of scientific quantitative basis for efficacy for this aspect of the profession. By contrast, CBT – which has an already established ‘evidence-base’ – is considered by many to be very formulaic, and has even been computerized. But what that will do for the therapeutic relationship is anyone’s guess! Certainly, computerised CBT is probably not enough, though it may be a useful adjunct (Young & Kazim, 2009).

There is another point: psychotherapies differ widely in their application. Psychoanalysis and psychodynamic psychotherapy tend to favor the long-term approach (weekly sessions over 2 years are not uncommon; some analyses extend to 5 years); CBT and solution-focussed therapies tend to favor a short or mid-term approach (6-12 sessions). It is therefore very difficult to compare outcomes if the parameters are so different. Governments, health boards and insurance companies are loath to fund the provision of long-term ‘treatments’. Ironically, some of the humanistic psychotherapies’ theories tend to favor a long-term approach as they consider they are helping the person in their ‘growth’ rather than help with the ‘treatment’ or ‘cure’ of a specific ailment or diagnosis.

As we (in body psychotherapy) have veered further towards the humanistic (psychology) sphere, where we gained more general acceptance in the 1960’s, ‘science’ was also seen then as something of an anathema: objective, uncaring, mechanistic, and irrelevant to (or interfering with) the very intense human-to-human therapeutic relationship. This can be equally erroneous, seeing as some of these humanistic psychologies can be seen as something of a belief system, and even a few of them have been (possibly correctly) been identified as some sort of sect.

As mentioned, one branch of psychotherapy in particular, CBT, has put a lot of effort and energy into supporting its ‘evidence-base.’ As a result, this type of psychotherapy is now being largely accepted as ‘the treatment of choice’ by insurance companies and by governmental health services across Europe and America,

despite numerous comparative research studies and meta-analyses that clearly demonstrate that no method of psychotherapy has been shown to be more effective than any other method. (Smith & Glass, 1977; Smith et al, 1980)

Whilst that is a negative conclusion, what does show up to be effective is: (a) the quality of the therapist (Wampold, 2001); (Wampold & Brown, 2005); (b) the quality of the relationship between therapist and client (Norcross, 2002), and (c) the motivation of the client. Even though these ‘scientific’ findings thus cut across the ‘evidence-based’ popularity of CBT, the myth perpetuates because it is based on qualitative science, rather than objective science.

Another myth, that psychotherapy has to be ‘scientific’ (without defining the type of ‘science’) now begins to set the agenda for all other psychotherapies, and so everybody has to be ‘scientific’, using or competing with the already established ‘yardstick’ set by ... CBT. As this rat-race progresses, it is being fuelled by economics: those who pay for psychotherapy treatment demand efficacious results, and results obtained as quickly as possible, so that they have to pay less. The insurance companies and the national health services have thus latched onto the CBT ‘step-by-step’ awareness and behavioral change approach to the extent that we now have insurance companies in America identifying certain diagnoses from DSM-IV as being worth of 3 or 4 sessions of psychotherapy, and other (more complex) diagnoses being funded for 10-12 sessions. Sessions or treatments that go beyond that point are “*not ‘scientifically’ supported*” and thus, beyond these points, therapy becomes a matter of professional indulgence, or personal choice, and therefore will not be paid for. Economics is thus ‘using’ false ‘science’, and so we have another distortion being built into the field. This situation will tend to perpetuate itself.

However, there is some hope. The value of the various forms of qualitative research is being increasingly recognized: we have already noted effectiveness studies, but “grounded theory” research (Luca, 2010) provides a more rigorous development. Grounded theory (Glasser & Strauss, 1967; Strauss & Corbin, 1990) is a system wherein the theory is developed from the data, rather than data being sought to support the theory. In this, it is not significantly different from phenomenology and ethnology, though it provides a clearer structure, as they all help the researcher to find meaning through the collection and collation of data, and the searching for themes, before a theory is properly developed. “*What differentiates grounded theory from much other research is that it is explicitly emergent. It does not test a hypothesis. It sets out to find what theory accounts for the research situation as it is.*” (Dick, 2005)

Of course, this type of research might not be very popular in a field where there is already a plethora of unsupported theories, backed by ‘bits’ of scientific findings that have been used (often out of context) to ‘prove’ the extant theory. But there have been several attempts to apply grounded theory as qualitative research in psychology and psychotherapy (Rennie, et al. (1988); Elliott, Fischer & Rennie, 1999; Fassinger, 2005), though – of course – nothing has yet been done (to my knowledge) to apply this methodology to body psychotherapy.

As more of a ‘fringe’ mainstream, body psychotherapy is particularly vulnerable here: so much so that many body-oriented psychotherapists have had to practice under a different flag of allegiance, wearing their psychologist’s hat, or as a massage therapist, or not being particularly explicit about their actual method of treatment. It is easy to understand the pressures that exist on them, as individuals, but it is also very detrimental to establishing body psychotherapy as a ‘scientific’ mainstream when many of its practitioners are working ‘undercover’. Again, the professional associations probably need to be much more proactive here.

Body psychotherapy seems to have taken, instinctually or deliberately, as a result of criticism, opposition or opportunism, generally a more person-centered, process-oriented path and this, as well as other factors, has created a different philosophical and epistemological basis for the profession. There has generally been, as mentioned, much greater reliance on clinical refinements and (some) qualitative research (see Young, 2010), and it is only recently that this type of work is becoming more acceptable ‘scientifically’. However successful a strategy this has been, there are new dynamics that might require a broadening and strengthening of this, and a ‘both ... and ...’ type of adoption of an alternative strategy.

### **Initial acceptance of body psychotherapy**

When the European Association of Psychotherapy began to try to establish psychotherapy as an independent profession in Europe in the early 1990s, it was declared, from the start, that all of psychotherapy had to be ‘scientific’. There was, and is, considerable opposition to the establishment of another profession from the ‘vested interests’ of the other two well-established professions: those of psychology and psychiatry: hence the emphasis on ‘scientific psychotherapy’. To this end, the EAP developed a set of criteria that every modality or mainstream in psychotherapy has to answer, and the answers have to be scrutinized and accepted, before that particular modality

or mainstream is fully accepted within the EAP (see Appendix 1). David Boadella (interestingly a very respected body psychotherapist) headed up the committee that formulated these questions, the “15 Questions on the Scientific Validity”. They were based on the book, *“Psychotherapies: eine neue Wissenschaft vom Menschen”* (Pritz, 1996), which consists of numerous contributions by distinguished psychotherapists from Austria, Switzerland, Germany, & England and is *“without doubt the best single book on psychotherapy as a human science, in any language”*.

I give this piece of relatively recent history as it steps away from the research laboratory, and from the market-place, and from the established hierarchies, politics and vested interests, already mentioned. These questions were determined from within the profession and both objectively and pragmatically. They are available on the EAP website ([www.europsyche.org](http://www.europsyche.org)), and many different modalities of psychotherapy throughout Europe have now gone through the process of establishing the scientific validity of their method or modality by these criteria, which in itself provides quite an interesting ‘body’ of science. There was, which is also interesting, quite a substantive resistance initially to answering these questions, and even to thinking about what we do, as psychotherapists, from this particular perspective.

With body psychotherapy itself, a very peculiar political situation arose. European Association of Body Psychotherapy, as the professional association representing body psychotherapy, decided to go through the ‘scientific validation’ process in 1999-2000 and, as one of the representatives and the main author of the EABP’s submission, I deliberately chose to focus this document towards establishing **the scientific validity for the whole ‘mainstream’ of body psychotherapy** – i.e. for all the variety of body psychotherapies. The main part of the submission (answers to the 15 Questions) ran to over 23,000 words (about 50 pages), with an additional 38 appendices. It is still available on the EABP website: [www.eabp.org](http://www.eabp.org).

However, because of some complex politics and personalities within the EAP at the time, an additional requirement was laid onto body psychotherapy – different from any other mainstream: that each modality within body psychotherapy also had to answer these ‘15 Questions’ independently. This undemocratic and somewhat discriminatory exception was because some of the other psychotherapies feared (possibly with good reason) that any generic acceptance of body psychotherapy might ‘open the door’ to all the numerous modalities and individualistic methods within body psychotherapy, some of which are (quite frankly) unproven, quirky, idiosyncratic, radical, iconoclastic and possibly dubious as to whether this is a proper psychotherapy, an elevated body-therapy, or even a sort of sect.

As a result of the process of a number of body psychotherapy methods going through answering the ‘15 Questions’, it is fair to say now that a general level of confidence has been re-established within the EAP about body psychotherapy, and about the EABP’s internal checking processes, and so the ‘restriction’ on body psychotherapy has recently been lifted so that, as the representative of the mainstream, EABP now has the ‘right’ to establish which are the ‘scientifically valid’ body psychotherapy modalities within our own aegis. How we actually do this is the next step to determine. Whilst this is essentially a political process, it is also very relevant to the science of body psychotherapy and how it is applied today.

So it is, perhaps, also interesting to note, that the body psychotherapy modalities of Hakomi (Kurtz), Unitive Psychotherapy (Stattman), Biodynamic Psychology (Boyesen), Bodydynamics (Marcher), Emotional ReIntegration (Bolen), Character-Analytic Vegetotherapy (Reich), and more recently Psychotherapeutic Postural Integration (Painter + Gestalt), have all now been accepted as “scientifically valid” body psychotherapies by this process. This last body psychotherapy is specifically interesting as it is where a ‘body therapy’ method (Postural Integration) has added on (or ‘integrated’) Gestalt psychotherapy, plus some Jungian concepts, to form a new type of body psychotherapy.

Many of the actual submissions of the 15 Questions for these modalities are also posted on the EABP website, especially those that went through EABP as a ‘gateway’. Additionally, three or four other forms of body psychotherapy: Biosynthesis (Boadella), Psycho-Organic-Analysis (P. Boyesen), Concentrative Movement Therapy, and Bioenergetics (Lowen) have all been accepted independently within the EAP by a similar process. Given that about 13 different body psychotherapies have now answered these same 15 questions, we have the basis for a wonderful meta-analysis, were someone interested in doing it.

Politically, this selective process also (significantly) contrasts with the European Association for Psychoanalytical Psychotherapies, that went through the ‘15 Questions’ process without any such restrictions, with the result that (the modalities of the) Freudian, Lacanian, Jungian, Adlerian, and Kleinian psychotherapies did not have to write such submissions independently.

However, what this (largely political) process means is that to our peers, we can talk a common (non-jargon idiosyncratic) language; we can demonstrate that there has been scientific writing about these methods; that there



has been some reasonable research; that there is a reflective linking process between theory and practice; and so on.

### **The science of body psychotherapy**

Maybe this is the beginning of a comprehensive epistemology about body psychotherapy: I hope so, as it is long overdue. And so I believe that much further work is needed to define the actual parameters of (the science of) this 'field': parameters that also need to be reasonably flexible to allow new entrants, as well as to firm up the scientific basis of body psychotherapy.

Body psychotherapy in Europe particularly has occasionally been 'plagued' by 'bad press' from some groups (or 'sects') that have called themselves 'a psychotherapy' and yet have used mind-altering techniques (sleep deprivation, group pressure, social isolation, and some body-oriented abreactive techniques). Both Scientology and Rebirthing have been accused of doing these sorts of things in the past, and political feelings about this sort of methodology have run very high, especially in some countries (like France). The press generally love to jump onto something like this.

Within the profession, one (seemingly) well-established school of 'body psychotherapy' was rejected when it tried to apply independently for scientific validation through the process described above, on the grounds that it seemed to be more of a 'sect' than a proper psychotherapy. This 'rejection' (or the external 'peer' acceptance that something was not totally 'kosher') then opened the door to some previously repressed complaints about abuse within a training programme being able to be made more public. This particular case later went into a criminal investigation and the head of the school was subsequently prosecuted and imprisoned.

There are also earlier examples of 'sects' – like those from within the Bagwan Shri Rajneesh movement – using (or abusing) 'encounter groups' and techniques like 'abreaction' or the "*discharge of repressed emotions*" in violent ways: also of trying to distort (local) political processes. Experienced psychotherapy group leaders who had 'converted' to this sect, led abreactive, expressive, confrontational, and similar, groups that eventually began practising something akin to violence in therapy (Boadella, 1980).

There are also many accounts of abuses of therapy in Russian psychiatric wards during the period of the Soviet Union and there are additionally many other types of abuses of the power relationship that exists in psychotherapy and other professions (Rutter, 1990). However, because of the potential contact with the client's body, body psychotherapy is particularly prone to exposure in this field. The USABP has therefore felt it necessary to put a specific paragraph about the use of touch in psychotherapy into its Code of Ethics.

### **The contentious 'issue' of touch**

With respect to professionalism, body psychotherapists probably need to assert that they are about the only people who are 'qualified' to touch, as they have been trained to do so appropriately. With respect to 'science' there is a bigger question: very few can ever doubt the potentially beneficial and therapeutic effects of touch (Field, 2003).

On the psychotherapy front, it took more than ninety years before mainstream psychotherapy (in the UK) began to reclaim its 'body', taking the UK Council for Psychotherapy Conference in 2004 entitled "About a Body: Working with the Embodied Mind in Psychotherapy" (Corrigal, Payne & Wilkinson, 2006) as the point of this re-acceptance. So the mind-body split epitomised by Descartes' "I think, therefore I am." is only now just beginning to heal. Psychotherapy is beginning to accept and integrate its 'body' and body psychotherapy is also just beginning to integrate its 'mind' and apply itself again to science.

Up until now, there has been very little 'hard science' done within body psychotherapy. There are a couple of specific studies posted on the EABP website under 'Research' (see Appendix 2). The various founders of the body psychotherapy modalities (with a few exceptions) have tended to draw on other peoples' 'science'. For example, Gerda Boyesen's work on "psycho-peristalsis" was based on Bülow-Hansen's well-established empirical physiotherapy techniques, and, then 'scientifically' backed-up by Setekliev's totally independent studies of the firing patterns of smooth musculature of the intestines (Setekliev, 1964, 1980). David Boadella followed this with an article on firing zones and muscle tone, based on earlier American research work in physiology (Boadella, 1981). The scientific research was drawn on by the body psychotherapy method, independently and sometimes unknowingly, and was used to substantiate a different empirical finding. However, this is still a form of 'science'.

There are exciting new possibilities for this type of ‘science’, especially nowadays, with the relatively recent development of neuroscience within the last 15 years. Therapists of all sorts are increasingly discovering the clinical relevance of neuroscience. For example, the website for the Dana Foundation is one of the respected and authoritative gateways to the very latest information about the brain ([www.dana.org](http://www.dana.org)).

Body psychotherapists can also draw on excellent ‘science’ done by other non-body-psychotherapists, such as the work of Tiffany Field in her seminal book on the research on touch (Field, 2003); Damasio’s writings (Damasio, 1994); Allan Schore’s work on affect regulation (Schore, 1994); Kirstin Moberg’s work on oxytocin (Moberg, 2003); Candace Pert’s work on the emotional component of peptides (Pert, 1999); and Steven Porges’ work in the polyvagal aspects of the Autonomic Nervous System (Porges, 2001). This is where mainstream ‘science’ can really inform body psychotherapy. But this is not, repeat not, the ‘science’ of body psychotherapy. We need to look a little further. And we also need to discover how body psychotherapy can inform science.

Hopefully other writings on the science of body psychotherapy will establish some of this more clearly. Some research work has also been published in recent body psychotherapy journals (viz: Pettinati, 2002; Luskin et al, 1998 & 2000). It is perhaps significant that this latter piece of much quoted research was (a) not done by body psychotherapists, (b) did not have a Part 2 and (c) was summarized: “The research provided evidence for treatment efficacy; however most apparent was the requirement for further controlled research.”<sup>2</sup> It seems we are not the only ones with these sorts of problems. Within psychology, neuroscience is now helping to re-establish something of a more ‘unified field’ approach to the human and his/her body, and recent discoveries in psycho-neuro-immunology further assist this trend. Whilst these developments are very exciting, there is much work that still needs to be done to translate these ‘pure’ or ‘hard’ scientific findings into useful clinical approaches within psychotherapy, and especially within body psychotherapy. That is our current task and challenge. More recently, some people from different modalities of body psychotherapy are developing excellent, sound, published and accepted work in the field of trauma (Rothschild, 2000; Ogden, 2000; van der Kolk, 1994). This sort of work needs to be extended to other fields. There are several other factors that can affect the ‘field’ of body psychotherapy and which should be considered as potentially pertinent.

Besides the effects of any psychotropic medication that our clients may be prescribed, we all need to consider the increasing impact of complementary and alternative therapies. Studies show that our patients/clients often use these, and do not necessarily tell us about these (Elkins et al, 2005), so – are the beneficial effects of our therapy being affected (positively or negatively) by our clients using other mind-body therapies: physical practices (Yoga, Tai Chi, etc.); regular spiritual practice; special diets or vitamin supplements; etc? This could skew any research findings.

We are also seeing increasing changes in the basic psychotherapeutic relationship that we would be foolish to ignore. There are many implications in the use of modern technologies. One direct impact is that there is a growth in telephone, e-mail and ‘skype’ psychotherapy sessions that obviously affects the proxemics, the body language, the somatic resonance and so forth that are significant for many body psychotherapists. There are many other impacts, as well.

Totton (2009) argues that, whilst neuroscience reflects on the biological basis of body psychotherapy, and that we have also incorporated aspects from the ‘relational’ sciences (Cornell, 2007; Soth, 2005), there is a third field of ‘science’ that we can draw on: that of the social sciences, as we live in a social (and somatic) world. Totton’s well-researched article makes its point and hence is mentioned. There are many similar articles, but most are not from within the field of body psychotherapy.

Finally, it would really help if we all adopted a single ‘title’ for referencing purposes. Material is stashed under lots of different headings, from Bioenergetics to alternative therapies to psychosomatics. In my attempt to create a bibliography for body psychotherapy, currently running at 4000 + entries (Young, 2009), finding the basic source material is not the real problem: there is plenty of material ‘out there’. Deciding whether research (such as above) is relevant to body psychotherapy is much more problematic. This is also part of the science of body psychotherapy. This brings this thread of development up to date now.

## Disowning the body

<sup>2</sup> <http://www.positivehealth.com/permit/Updates/rudalt3.htm>

The body has been significantly disavowed in many different aspects of society, aside from psychotherapy. There are many reasons for this denial, and it is, by no means, a new phenomenon: it might even extend back to the growth of patriarchy 6,000 years ago. Reich wrote about some of these aspects in *Character Analysis* and later, very graphically illustrated, in 'Listen, Little Man!' (Reich, 1948, 1972) He ascribed the basic rejection of the body to an accumulative reaction of repressive forces within the person's body creating a quintessential fear of libidinous free movement.

The rigidities of the body that Reich spoke about have mostly been experienced as a social 'norm' for so many years that there is a basic denial of, and a phenomenological resistance to, the open acceptance of the body within society: this open acceptance can be experienced by an individual as being natural and wonderful. However, this is also unacceptable on a wider level as it conflicts with several long-held social rigidities. Instead of these feelings being able to permeate all aspects of society, there have grown up various distortions in people's relationship to their bodies. Over recent years, the body has been seen as:

- A repository of sin by various religious groups
- A disgusting sexual object by the Victorians
- Holding baser impulses to be sublimated by Freudian analysis
- A disposable asset to the military, especially in World War I
- Something to be medicated or fixed by the medical profession
- A dysfunctional object incapable of bearing a child unassisted
- Something to be perfected and controlled through diet and exercise
- Something exploited by multinationals selling medicines, alcohol, cars & cigarettes
- Something to be transcended by belief, prayer, drugs, free love, or meditation
- An object of scientific research by biology and neuroscience, and
- Something (more recently) to be used politically by suicide bombers.

These are all phenomena of the profound separation (disassociation) between mind and body. To have body psychotherapy accepted as a valid aspect of mainstream psychology, we are going to have to contest with, and overcome, some of these long-held perceptions. Reich experienced some of these reactive components of mainstream society when he pointed out their 'defects' in the sex-clinics of Vienna & Berlin in the late 1920's; when he had a vicious newspaper campaign against him in Norway; and when he was subsequently persecuted in America, in the 1950's, for supposedly selling a 'cure' for cancer and had all his books and journals burnt.

When we examine the 'science' of body psychotherapy, we may also encounter some of these reactive social forces. You cannot 'split' the atom 'safely' however scientific you are, because when you do, you release the immense force (energy) that binds the molecular particles together. Similarly it is difficult to 'challenge' these long-held positions, without encountering their rigidity and resistances. On a slightly more positive note, Damasio writes:

(1) The human brain and the rest of the body constitute an indissociable organism, integrated by means of mutually interactive biochemical and neural regulatory circuits (including endocrine, immune, and autonomic neural components); (2) The organism interacts with the environment as an ensemble: the interaction is neither of the body alone nor of the brain alone; (3) The physiological operations that we call mind are derived from the structural and functional ensemble rather than from the brain alone: mental phenomena can be fully understood airily in the context of an organism's interacting in an environment." (1994, p. xvi-xvii)

On another more positive note, various branches of psychotherapy are now including aspects of the body in their theory and practice. Cognitive Behavioral Psychotherapy now accepts Eye Movement Desensitisation & Reprocessing (EMDR), especially for trauma work, and is including Buddhist 'Mindfulness' practice (for example, Segal et al, 2002). Clinical Psychology also now accepts a bio-psycho-social model, and psychoanalysis accepts somatic counter-transference as a legitimate therapeutic technique. However these disciplines may not accept something that is fundamental to body psychotherapy: the mind-body unity. We, as body psychotherapists, hold this as fundamental. But we are also going to need to 'prove' this as valid. Additionally, however 'scientific' any evidence might be, it will also not be accepted unless people are prepared to examine it with an open mind.<sup>3</sup>

<sup>3</sup> In the 1840s, Oliver Wendell Holmes and Ignaz Semmelweis discovered this (to their cost) when they advocated theories of simple hygiene as a cure for puerperal fever. They were both separately persecuted and ridiculed.

We also have to have the courage to risk declaring our conviction that these methods of ours actually work. We may soon be forced to. In Europe, the ‘requirement’ of any profession is now to demonstrate both its effectiveness (qualitative research), but also its efficacy (quantitative research), and all professions are having to define what the ‘functional competencies’ of their profession are: this is a fairly precise definition of what that particular professional should be able to do, and the demonstration of those functional competencies will be what is required to complete the professional training. This should be the ‘Occam’s Razor’ that gets around the differentiation between who can do psychotherapy, as if anyone – be they a psychologist, psychotherapist, counselor, psychiatrist, social worker, or even massage therapist – can demonstrate that they can perform the functional competencies of a psychotherapist, then they are, de facto, a psychotherapist. The profession is defined by its functional competencies, and its practitioners by the demonstration of these, and not what bit of academic paper you have or haven’t got, or how long you have studied in the university of wherever.

There will be a common ‘core’ set of competencies, that all psychotherapists (irrespective of their modality) will be expected to be able to do, and then each mainstream or modality can establish the ‘specific’ competencies for that branch of psychotherapy: the competencies of a Gestalt psychotherapist will (of course) differ slightly from the competencies of a family psychotherapist, or a psychodynamic psychotherapist, or a body-oriented psychotherapist. There will also be some ‘specialist’ competencies that one would expect a psychotherapist to be able to do when working with (say) children, or the elderly, or refugees, or with people in prison, or who are terminally ill. For each competency, there is a knowledge-base, a set of performance criteria, and some evidence requirements: what do you need to know, what do you need to do and what do you need to show – to demonstrate that competency.<sup>4</sup>

This is another form of ‘science’ – a commonly-held, pragmatic, demonstrable, skill set that clearly defines an area of professional activity. We will be challenged in this process both to hold on to the ‘craft’ and ‘skill-base’ of body psychotherapy that currently we are very good at; as well as to be able to demonstrate the ‘science’, both qualitative and quantitative; and – to complete the triangle – establish the practical effectiveness (competencies) of our profession. If we do not do this, then we will drift down away from being an accepted professional branch of psychotherapy, more towards a nice set of theories that have not been properly proved or established.

As regards the rest of psychotherapy, there is an idea that is increasingly put forwards nowadays, that there are new forms of mainstream psychotherapy that include the body; this is something of an incorrect anachronism. The body was at the centre of psychotherapy when it first started, and then Freud and his followers deliberately chose to leave the body out of psychotherapy. Whilst this was largely personal and political, it had profound ramifications. Hopefully the pendulum is now beginning to swing the other way. We may be able to benefit from that swing if we can properly demonstrate our knowledge and theories.

## Conclusion

In scientific study, our bodies, in themselves, cannot provide any of the answers: neither do our minds, by themselves. We are inside them; our experience is paramount and our perception is limited: yet science requires an objectification and analysis. Separated, our bodies and minds are considerably less than all of that which makes us human. Only when the mind-body unit is fully complete, with a degree of awareness, can we begin to find some really significant answers. Only when we fully include the mind and the body as an inter-functioning whole, as a unity, do we begin to get a sense of something much larger than ourselves: then we get a sense of the ‘circle’ in which we sit; or the environment or ‘field’ in which we operate: the multi-dimensional hologram, or the nature of our existence. This is the true study of the human being.

However, when we try to demonstrate or prove this to others, we may need to think carefully to whom we speak. Socrates spoke of how “*the unexamined life is not worth living*” and was persecuted because he dared to question some of the essential tenets of the state, and the democracy of that time. He ‘discovered’ that he was probably the wisest man in Athens (as the Delphic Oracle stated) because, whilst men who were considered to be ‘wise’ and thought of themselves as wise, seemed to know nothing when he questioned them empirically, he knew that he knew nothing, and was therefore wise. However, in his ‘scientific’ discovery, he made several very

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<sup>4</sup> In 2009, the European Association of Psychotherapy (EAP) proposed a 3-year project along these lines to establish the ‘functional competencies’ of a European psychotherapist, as part of the development a “common platform” for psychotherapy across all 26 EU countries.

prominent men look rather foolish and this led to accusations of wrongdoing, and (like Reich) a show-trial, and his subsequent death.

Pure science is one thing. Scientific recognition, another totally different concept, actually depends on the mind-set of the recipient. We therefore have to be exceptionally 'centered' about what we are saying and to whom; we must very clear about how we speak about the scientific aspects of body psychotherapy; we may decide not to let politics, or social implications and reform, creep into the dialogue – or we may decide to challenge the 'mind-set' of some of our critics. We will inevitably have to 'face' some opposition – and it may be prejudiced and/or political in its own right – and there is nothing we can do about this. We will need to be absolutely sure of our 'ground' – our science, the appropriateness of that science, and the efficacy of our methods.

What body psychotherapists carry collectively is something quite fundamental: we are aware that the body is mostly a physical manifestation of something much larger, and less definable – a multi-layered collection of different systems and energetic exchanges. These are all inter-connected in ways that we do not fully know yet, or which even may even be to some degree 'unknowable', and some of which we cannot even name, let alone describe. The synthesis of these connections is also much greater than the sum, and carries many more mysteries: there is finally the greater 'something' – currently way beyond measurement – that even allows us to carry a human potential, a spirit, or soul.

And then there is still another layer: the greater 'field' in which all of these systems operate and which motivates these systems. We believe in this; we are sure that it works; we use these perspectives, and the methods we derive from them, regularly and effectively with our clients. And ... we might now need to begin to take a degree of responsibility for this. Very shortly we will need to be able to demonstrate clearly why and how this 'body psychotherapy' – for lack of a better word 'works' for us. We need to provide some sort of 'evidence' that this is the case; we need to be able to 'show' – in a variety of ways – that these perspectives are valid and these methods are 'sound' and 'safe' and some of these ways of showing (natural science) may be alien to us, but are still necessary, if not required; we will also need to utilize 'appropriate' forms of science, in order to do this without betraying our own perspectives; we will need to provide 'proof' that these methods are effective, efficacious, and possibly even economic.

We are also going to have to acknowledge that – to date – body psychotherapy has not yet done very much of this.

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### Biography

**Courtenay Young** originally trained in Body Psychotherapy about 30 years ago. He currently works as a counselor and psychotherapist in the NHS in and around Edinburgh, Scotland, as well as having a private practice. He co-edits both the *International Journal of Psychotherapy*, and the *Journal of Body, Movement and Dance in Psychotherapy*. He has just completed a book: "*Help Yourself Towards Mental Health*" (Karnac, 2010) and has also started to edit the English-American edition of the massive "*Handbook of Body Psychotherapy*" (edited by Gustl Marlock & Halko Weiss: published in German, 2006, by Schattauer). E-mail contact: [courtenay@courtenay-young.com](mailto:courtenay@courtenay-young.com)

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This peer-reviewed journal seeks to support, promote and stimulate the exchange of ideas, scholarship and research within the field of body psychotherapy as well as an interdisciplinary exchange with related fields of clinical practice and inquiry.

To ensure the confidentiality of any individuals who may be mentioned in case material, names and identifying information have been changed. It must be understood, however, that although articles must meet academic publishing guidelines, the accuracy or premises of articles printed does not necessarily represent the official beliefs of the USABP or its Board of Directors.

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Title, full authorship, **abstract of about 100 words and 3-5 key words precede the text.**

Please include an endnote with author's degrees, training, mailing address, e-mail fax, acknowledgement of research support, etc.

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## **LETTERS TO THE EDITOR**

The editors are eager to receive letters, particularly communications commenting on and debating works already published in the journal, but also suggestions and requests for additional features or departments. They may be sent to the email address below. A selection of those received will be published in the next volume of the journal.

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