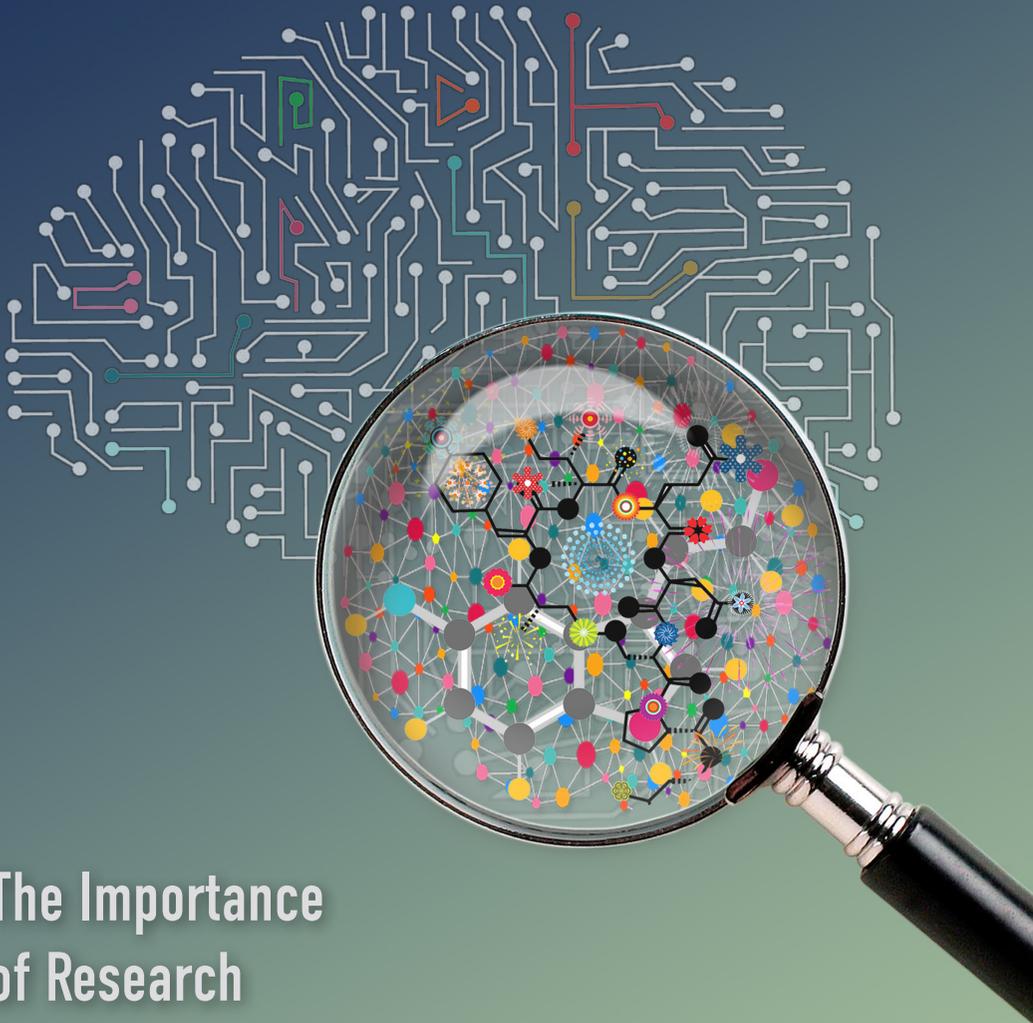


# INTERNATIONAL BODY PSYCHOTHERAPY JOURNAL

Journal of the European and United States Associations for Body Psychotherapy and Somatic Psychology

The Art and Science of Somatic Praxis



## The Importance of Research in Body Psychotherapy

VOLUME 18 · NUMBER 1 · SPRING 2019

**INTERNATIONAL BODY PSYCHOTHERAPY JOURNAL**  
*The Art and Science of Somatic Praxis*  
Volume 18 · Number 1 · Spring 2019

*The International Body Psychotherapy Journal (IBPJ)* is a peer-reviewed, online journal, published twice a year in spring and fall. It is a collaborative publication of the European Association for Body Psychotherapy (EABP) and the United States Association for Body Psychotherapy (USABP). It is a continuation of the USABP Journal, the first ten volumes of which can be found in the [IBPJ](#) archive.

The Journal's mission is to support, promote and stimulate the exchange of ideas, scholarship, and research within the field of body psychotherapy as well as to encourage an interdisciplinary exchange with related fields of clinical theory and practice through ongoing discussion.

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Volume 18, Number 1, Spring 2019

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*Madlen Algafari*

## Search and You Will Find



Spring is here!

The grass is green. The trees are blooming. The birds are singing.

In the world of animals and plants, almost nothing has changed for centuries. Plants **search** for light. Animals **search** for intimacy in order to continue life itself. But what is happening in the world of humans?

Looking back at the last few decades, life has undergone drastic changes from our grandparents' era. Plants are still plants. Animals are still animals. But are humans still human? And what do we **search** for?

We have discovered artificial intelligence. Our rational intelligence is the most developed on the planet, but our emotional intelligence may well be the least developed among all living beings. We have discovered the dark side of the Moon, but our inner shadows remain in the dark. We have found life on Mars, but we care less and less about our own life. We know that the universe is not infinite, but we do not **search** our *inner* universe. And, when we **search** only on the outside and not on the inside, our spiritual intelligence does not grow. It does not grow its skills to save life, instead of working against it. **Searching** without, if it is not balanced with **searching** within, works against life.

Futurists predict (as you will read in this issue) that within a few years, robots will replace humans. They believe that a wave of unemployment and depression hides behind our hyperactivity, and threatens to engulf the world. We communicate through keyboards, but we do not touch each other.

When I began studying body psychotherapy in Switzerland 25 years ago, I saw advertisements for “the Internet.” I asked my professor, Waldo Bernasconi, what that was. He told me, “I don't really know, some new product of humankind's **searching** that might create a lot of work for us in the future.”

Futurists also claim that a vast majority of professions will disappear, but that the profession of body psychotherapy will remain as one of the most necessary. What we do is increasingly essential for the hurried, stressed, traumatized, disembodied, and dehumanized person. In the two-dimensional world, one of the laws of physics states that everything causes the existence of a counterpart: its opposite. If this is true, we can expect that as the world speeds into ever-more disembodied virtual communication, the opposite, an ever-growing hunger for **searching** within and returning to what is primal, natural, and human will also arise.

As quoted from the Bible in Matthew 7:8: “**Search** and you will find.” If our numbers increase, and if we **search** together, our **search** will yield all the more.

This issue of the *IBPJ* is dedicated to the importance of a **search** that can provide the scientific basis and conclusive evidence of the efficiency of our profession. In this current issue, we look at the profession of body psychotherapy from several points of view:

- Our special guest author is Dr. Sue Carter, renowned behavioral neurobiologist. Her article *Love As Embodied Medicine* vividly demonstrates why **research** is important. It also reveals the outcomes of her many years of **searching**, and summarizes and brings meaning to all that we do as professionals and as people in general: our **search** for love, which prevails over all other **searches**.
- Enhancing our **research** skills and culture. Members of the EABP Scientific Research Committee contributed the majority of articles in this issue. They write about the “what and how” of conducting **research** and why it is important: *Progressing Towards a Greater Understanding of Science and Research Within Body Psychotherapy* by Courtenay Young and Herbert Grassmann; *Body Psychotherapy Practice and Research – A Survey Among Body Psychotherapy Practitioners* by Biljana Jokić, Frank Röhricht, and Courtenay Young; *About Case Studies and Body Psychotherapy Case Studies – or the Lack of Them*, by Courtenay Young; *Introduction to Qualitative Research and Grounded Theory* by Christina Bader Johansson; *Developing a Research Mind in Body Psychotherapy Practice* by Zoe Schillat.
- Two reviews of the *Handbook of Body Psychotherapy and Somatic Psychology*, by Kathrin Stauffer and Chris Walling. This book gives an overview of psychosomatic philosophy and practice, **searching** for, and increasingly finding, its place under the sun.
- A review by Virginia Zaharieva of *Body Psychotherapy Case Studies – a research* project sponsored by the EABP and compiled by Courtenay Young.
- A new column, *Body Psychotherapy Around the World*, in which Celâl Eldeniz introduces us to the challenges that body psychotherapy faces as it **searches** to find its place in Turkey.
- The future of our profession – summaries of the first two webinars on the new online platform *www.BodyTherapyLearn.Family*. The first, led by the futurologist Mariana Todorova, explores where humanity’s **search** has taken us, and what to expect in the years to come. The second, led by Maurizio Stupiggia, member of the EABP Scientific Research Committee, addresses the challenges that body psychotherapists face when meeting the newest forms of subjectivity, moving from identity to dissociation.

This year, the EABP is celebrating its 30th birthday. The *Journal* is coming of age as it turns 18. An all-new editorial team is publishing this issue. These are all milestones of transformation. The new team’s desire is to invite more related sciences to participate in our *Journal*, to unify colleagues in our professional family, and to be a practical guide for our work as **researchers** in the inner world – work that is becoming ever more necessary for the modern human.

It is spring – another new beginning. Although it may seem as if everything repeats itself again and again, the times are, in fact, different. Science is evolving at an unimaginable pace, and our awareness has trouble catching up. Change, in order to move toward health and awareness and not toward illness, needs competent therapists who can use scientific progress to know how and what to **search** for.

For the sake of springs to come!



---

**Madlen Algafari, MA** is a Bulgarian psychotherapist, writer, translator, and producer. She graduated in psychology from Sofia University St. Kliment Ohridski, and studied Drama and Puppet Theatre Directing at St. Kliment Ohridski and Krastyo Sarafov National Academy for Theatre & Film Arts. She has been working as a supervisor and lecturer in analytical psychotherapy, psychoanthropology, sexotherapy, chromotherapy, psychodiagnostics, body language, dance therapy, and bioenergetic massage at the Training Institute of Body Psychotherapy, successor to the International Academy of Exchange and Development of Culture and Science, Lugano, Switzerland, and the Institute of Psychology and Psychotherapy at the West Deutsche Academy, Düsseldorf-Mühlheim, Germany. She was President of the Bulgarian Neo-Reichian Society (society of psychotherapists practicing neo-Reichian analytical psychotherapy). She has written eleven books (psychotherapy, fairy tales, and poetry), and speaks five languages. Currently, she is President of the Board of Directors of the Bulgarian Institute for Neo-Reichian Analytical Psychotherapy.

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**Deputy Editor**  
*Aline LaPierre*

## **Collaboration and Functional Unity**



It is with great pleasure that I join the new *IBPJ* team as Deputy Editor and as representative of the American branch of the somatic psychology and body psychotherapy family.

Some years ago, when the *Journal's* founder Jacqueline Carleton was editor, I contributed a number of articles. It was my small way of serving the field of somatic psychology that has been my professional home for many decades. Now, I am delighted to accept the invitation to join the *IBPJ* editorial team to work with Madlen Algafari and Antigone Oreopoulou toward growing the *Journal* into a venue that brings together body psychotherapists from around the world. My USABP colleagues Chris Walling and Karen Roller join me as Associate Deputy Editors.

Although Los Angeles is now my home, my roots are well established on both sides of the Atlantic. Originally French Canadian, I spent my teen years in England, and studied art in France, where I lived for several years. Until I began working with Madlen and Antigone, I did not realize how I had missed being part of an international community. This realization has enlivened my commitment to our team, and energizes my motivation and inspiration for growing the journal.

This is a propitious time for our profession. As neuroscience consistently confirms the vision of our pioneering founders, it is particularly gratifying to see that there is more receptivity than ever for our somatic knowledge, and hopeful to witness the maturing process within our profession.

The body is a model of collaborative evolution in which its many systems, and every cell within these systems, are devoted to the good of the whole. Wherever collaboration breaks down, disease sets in. Taking our inspiration from the functional unity of the very organism we honor and serve, our editorial team hopes to collaboratively grow a professional journal that fully expresses the wisdom of body psychotherapy, builds strong community, and is increasingly ready to reach out to take its rightful place on the psychological world stage.

I hope you will all be part of the adventure with us.

*Aline LaPierre*

---

**Dr. Aline LaPierre** is the co-author of *Healing Developmental Trauma: How Trauma Affects Self-Regulation, Self-Image, and the Capacity for Relationship*, a best-selling book in developmental psychology now available in twelve languages. She is the creator of *NeuroAffective Touch*<sup>®</sup> and director of *The NeuroAffective Touch Institute*, Los Angeles, California. Dr. LaPierre is past faculty in the somatic doctoral program at *Santa Barbara Graduate Institute* (2000-2010). In the field of somatics, she has studied *Reichian Therapies*, *Bodydynamics Analysis*, *Somatic Experiencing*, *Postural Integration*, *Cranio-Sacral Therapy*, *Continuum*, *Body-Mind Centering*, and *EMDR*. In the field of psychotherapy, she is a graduate of *Pacifica Graduate Institute*, Santa Barbara, which intimately connected her with *Jungian and Archetypal* psychologies, and *The New Center for Psychoanalysis* in Los Angeles. She was a member of the *Allan Schore Affective Neuroscience* study group for several years. She maintains a private practice in Los Angeles, California.

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## Managing Editor

*Antigone Oreopoulou*

### Research, Connection, Teamwork, and a Journey. . .



When I offered my candidacy for the role of *IBPJ* Managing Editor, I did not have a definite idea (actually I had no idea) what this role in the organization really entailed. My only motivation was my love for writing and research. As soon as I was elected, Jill van der Aa, my predecessor, showed immense patience explaining and re-explaining the workload. She supported me all the way in preparing for the position. Although she officially stepped down last September, she has continued to coach and offer her ideas, knowledge, time, and energy to the editorial team, and we are all grateful for her continued input.

As I immersed myself in the role, I discovered that I had a lot of additional research to do in order to understand, in my mind and in my heart, what being a managing editor (ME) involves. I had a lot of research to do in order to understand the hows, the whys, the whens, the whoms, and the wheres of the job. I had to ask (lots of) questions to (many) people, study, compare, hypothesize, and verify, in order to understand the role of ME and measure up to Jill's performance. This was true not only on the administrative and organizational levels, but also in terms of efficiency, connection, communication, and teamwork. My preparation included re-remembering academic details, and acquainting myself with totally new, unknown, and sometimes exotic, skills. It included working with Instagram (I am still struggling with it, but have a good teacher in Alexandra Algafari), and preparing a budget to present to two worldwide associations. Here, I have to thank both EABP treasurers, Thomas Riepenhausen and Vladimir Pozharashki, for their endless patience with me, and Carmen Joanne Ablack, EABP President, who offered time and insight regarding the role.

After some time, when my questions were answered and as things started falling into place, the anxiety (lots of it), the feeling of being totally stupid, and the thought "*What have I gotten myself into?*" diminished. Dots miraculously connected, many "*Eureka!*" and "*Aha!*" moments accompanied my growing understanding, and the road to follow appeared clearly before me.

But the most extraordinary gift this role brought me, along with the new learning, is the deepening connection with people I would otherwise have never met. I am grateful for getting to better know Sladjana Djordjevic of the EABP Board, Saranda Rexha of the EABP Secretariat, and to have connected with Christopher Walling, the USABP President, and Karen Rolling, the USABP Secretary. Skype meetings and emails have allowed me to meet our authors, and many of the translators who volunteer their time and energy to translate the abstracts into 14 languages to make sure that our *Journal* is known all over the world; the cover artists who volunteer their time to make the *Journal's* cover

a reflection of its content; Ronald Jeans and John Bowling, who are responsible for the layout and website respectively; Meglena Beneva with her platform; and the people from North Atlantic Books.

Last but not least, I feel blessed to be working closely with Madlen Algafari and Aline LaPierre. Meeting them and becoming a tightly knit team is a gift and a grace. Despite the workload, I always look forward to our Skype meetings.

Research is something we do all the time, consciously or unconsciously, in our professions, in our personal lives, and during our leisure time. Research helps us make sense, understand, alleviate anxiety, connect, bond, and find equilibrium and flow. Research requires teamwork and opens the way to fantastic journeys. This issue of the *IBPJ* reflects the importance of research on all these levels. It is also the first issue that the current editorial team has produced, and it is the result of many people working efficiently together – searching and researching – to create the desired outcome.

I wholeheartedly hope that you will find the reading rewarding, and the research articles supportive of your professional life.

And – if you are willing – spread the word about this issue and about the *IBPJ*. Please search and explore our Facebook and Instagram sites, and post your comments, thoughts, ideas, and feedback there. We look forward to hearing from you!

With warm regards until our fall issue.



---

**Antigone Oreopoulou, MSc, MA**, studied biology in Thessaloniki (BSc), nutrition at the University of Toronto Medical School (M.Sc.), and psychology at the University of Indianapolis (MA). She is trained in Biosynthesis, therapeutic hypnosis, trauma therapy, EMDR, and Bioenergetics. She also trained in the traditional methods of Reiki, pranic healing, and shamanism with the goal of studying the possible connection between old therapeutic methods and current psychosomatic art and science. She has written books for children and parents. Her work focuses on communication in all aspects of everyday life. She often works with actors and athletes, supporting them to better communicate with their body and cope effectively with their inner dialogue. She trains health professionals in Greece and abroad to integrate the verbal, non-verbal, and energy communication in their professional lives. She is currently a member of the Ethics Committee of EABP, chair of the PESOPS Ethics Committee, and Board member of PESOPS. She loves painting, writing, dancing, animals, and being in nature.

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## A Message from the EABP President

*Carmen J. Ablack*



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**Congratulations** to all involved in this edition of the *IBPJ*. The Boards of EABP and USABP are delighted to be publishing the *Journal* together once more. We have been ensuring focus and support for the new editorial team of *IBPJ*: Antigone Oreopoulou, Managing Editor; Madlen Algafari, Editor-in-Chief, and Aline LaPierre, Deputy Editor, who are deepening the collaboration between the two associations in order to jointly produce and develop our journal for practitioners of contemporary body psychotherapy, somatic psychotherapy, and for wider audiences.

I am particularly pleased that the *Journal* will offer members from each association insight into what is happening “across the pond!”

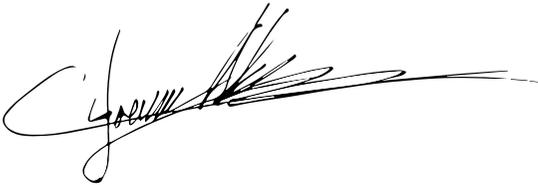
Alongside this collaboration, I am working with Christopher Walling – President of the USABP – and liaising with the Managing Editor and the whole editorial team in planning the new directions and focus of the *Journal*. Both boards support plans for an improved website, and are seeking external advertising funding to help develop the *Journal*. Our vision is for the *IBPJ* to become the journal of choice for those wishing to understand the effective contribution body psychotherapy offers clinical work and our wider society.

In this issue, we celebrate our efforts and achievements in body psychotherapy and somatic praxis dialogues by exploring society and our roles within it. We also explore the role of love in embodied medicine, and speak to the opportunities and need for further research by our members through developing a stronger research culture – something we plan to highlight in future issues. I welcome and commend the new editorial team on their initiative in developing a new feature, *Body Psychotherapy Around the World* that will give us the opportunity to learn more about each other, both now and in the future. This issue presents the development and challenges of BP in Turkey.

At EABP, we are busy preparing for the 17th EABP Congress and General Assembly in Bologna, Italy. The congress – *Sense and Sensation: The Fullness of Experience in Body Psychotherapy* – will offer an opportunity for conversations between members of USABP, EABP, and the *IBPJ* team.

I encourage members from both associations to take up subscriptions to *IBPJ* as it develops, and to support the continued dialogue and collaboration that the boards and editorial team are excited to be involved in. I look forward to meeting many of you in Bologna, and also through your contributions to future issues of *IBPJ*.

Once again, warm congratulations to the new editorial team at *IBPJ* on their first issue as a team!



---

**Carmen Joanne Ablack MSc**, has a particular interest in mental health, social responsibility, educational matters, and access to professions. She is current President of EABP and former chair of the Chiron Association for Body Psychotherapy (CABP). She is also a member of the Black, African and Asian Therapy Network (BAATN) Leadership Group in the UK. She has been published on a wide range of areas including clinical contemporary practice in psychotherapy, intercultural communications, diversity dilemmas, trauma, access and regulation.

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## A Message from the USABP President

*Christopher Walling*



---

The United States is currently witnessing the rise of a more finely tuned appreciation for the body's role in healing trauma and complex PTSD. As increasing numbers of clinicians are integrating somatic elements in their work, we are experiencing a growing interest in body psychotherapy and in our USABP organization.

It is therefore a great pleasure to see the spring issue of the *IBPJ* embrace the importance of research and the need for significant scientific validation of the mind-body connection. It is also most appropriate that this issue features an article by Dr. Sue Carter, Fellow and Past President of the International Behavioral Neuroscience Society, and Director of the Kinsey Institute for Sex Research at Indiana University. Her contribution, titled *The Embodiment of Love*, is timely, as this issue itself is the love child of an all-new European-American editorial team who continue to forge ever-closer ties between the United States and European Body Psychotherapy Associations.

As our teams come together to build a common mission and vision for the *IBPJ*, our goal is to reach our colleagues around the world to evolve an important tool for cross-pollination. We feel it is time to move the integrated approach of body psychotherapy and somatic psychology to the center of the therapeutic dialogue, and establish a foundation for our voice to be heard internationally. Our field of body psychotherapy has huge potential to bring much-needed change in healthcare practices, and stimulate advances in culturally responsive treatments. The *IBPJ* editorial team is working to show that we are prepared to lead the way to systematic investigation of body-based clinical work, and reach out to practitioner-scholars across disciplines.

It is also our key goal to expand the *Journal's* reach by using communication tools that were not available to our predecessors. In support of our mission, we invite you to visit and post on our Facebook and Instagram pages as we increase our social media presence.

On behalf of all of us, we hope you enjoy this spring issue of the *IBPJ*. Let us collectively step out and lead the way as a cohesive and supportive community of clinicians, researchers, trainers, and authors.



---

**Christopher Walling, PsyD, MBA, SEP** is a licensed clinical psychologist, and an active leader in the biobehavioral sciences. His work integrates the developmental, neurobiological, and somatic aspects of the lifespan. Dr. Walling is President of the United States Association for Body Psychotherapy, the hub of somatic psychology, and Associate Deputy Editor for the *International Body Psychotherapy Journal*. His clinical focus in the behavioral sciences examines the intersections of neuro-psychoanalysis, affect regulation, and body psychotherapy. Dr. Walling is a Clinical Associate at the New Center for Psychoanalysis in Los Angeles, California. He currently serves on the Scientific Advisory Board for the Kinsey Institute for Sex Research at Indiana University, and as Chairman of Education for the Alzheimer's Research and Prevention Foundation. Dr. Walling maintains a private practice in Los Angeles, California

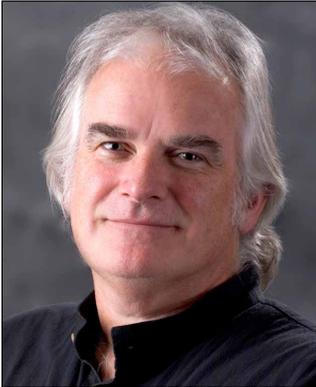
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## Why Research?

**Barnaby B. Barratt**

Submitted 26<sup>th</sup> March 2019



It is an honor to be invited to write an introduction for this Special Issue of the *IBPJ* on the importance of research. I would also like to take this opportunity to commend the dedication of the EABP Science and Research Committee, chaired by Dr. Herbert Grassmann, who is founder of the SKT Institute (for Structural Core Therapy and Somatic Memory) and Director of the European Institute for Somatic Trauma Therapy, as well as Professor of Psychosocial Studies and Body-Mind Healing at the Parkmore Institute. Under the devoted editorship of Madlen Algefari, this Committee generated the papers for this most important issue of our *Journal*. Allow me to explain why I write “most important,” and why I believe that the work of this Committee is crucial

to the future of the clinical practices that we cherish.

As I have suggested elsewhere (Barratt, 2010, 2015), the challenge of research in body psychotherapy meets with a paradoxical attitude on the part of many practitioners. On the one hand, there is the attitude: “We know what we do, and we know that it is effective, so why worry about research?” Sometimes there is a secondary aspect to this attitude, which says: “In any case, research from the neurosciences, from attachment studies, on the psychodynamics of embodied sensuality, and so forth, shows that we are on the ‘right track,’ so why worry further about research?” On the other hand, there is the attitude: “We are doing research with every client or patient that we engage in treatment, so why does it need to be formalized?”

Here I would like to suggest that the former attitude is, especially in the context of the current socioeconomic developments of capitalist structures throughout the North Atlantic regions, short sighted, as I will soon indicate.

The latter attitude is perhaps understandable, but also needs to be challenged. There is an important sense that it is indeed the case that we are, as practitioners, all doing research. With every client or patient that we see (I prefer the term “patient;” after all, these are people who come to us as healers because they are suffering), we listen to understand their dynamics, we consider and reconsider the theoretical assumptions we bring to address their plight, and we are open to modification of the underlying theorizing that might inform our engagement with them. This is indeed the essence of a research attitude! Hopefully, we treat each patient afresh, and we try diligently not to impose upon them dogma that has been generated by previous theorizing, even as we try to make use of the wisdom inscribed in the theorizing that we have learned. But keeping our efforts within the confines of our consulting rooms is not going to advance the precious field of body psychotherapy; we need case histories, and we need them accessible in a systematic and thoughtfully reflective as well as self critical form. This is, I believe, the importance of the work of Dr. Courtenay Young (and all those who have supported him) in his ardent appeal for the systematic collection of carefully crafted descriptions of the treatments we do.

The former attitude – “We do good work that seems aligned with important findings from other disciplines, so why worry?” – could well forecast the virtual disappearance of our field and of the wisdom we have accumulated. Consider it this way. There are two reasons that other fields of scientific endeavor do research: first, to advance the knowledge within that field; second, to advance that field in relation both to competing disciplines and in relation to the wider forum of societal recognition and respect.

Body psychotherapy, as a discipline that we know to be of invaluable worth to our patients, cannot advance unless we know ourselves to be advancing. As I have written previously, one of the main impediments to this field is that it is organized into fiefdoms (I intend no disrespect, but sociologically this surely does describe our organizational history thus far). The only way to transcend this problem is for us to have articulate research by which we can compare and appreciate our different theories and methodologies, thus empowering us to communicate better with each other.

Finally, let us address bravely the fact that we need research if we are to advance our modes of healing against the mainstream current. The latter favors the quick fix of manipulative “therapies” and the blandishments of the unbelievably powerful pharmacological industry. The capitalist force of European and North American cultures is not going to value body psychotherapy because we are more existentially relevant, or because our healing is psychodynamically deeper and more spiritually refreshing. (Here I will skip the issues facing the Southern hemisphere, although they are parallel in most respects.) Rather, the prevailing cultural force is, for example, going to favor drugging the traumatized patient, coaching him or her with carrot and stick technologies, and engineering his or her return to functioning as “another brick in the wall.” The only way to combat the malignant force of current socioeconomic and political trends is for us to take a stand outside our consulting rooms, and for this, we need research and the publication of research.

It is for these reasons that I urge us all to support the sort of work that is addressed in this issue of our *Journal*. Our work is a precious gift to humanity. We need to unite in sustaining it, promoting it, and advancing it.

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**Dr. Sue Carter** is an internationally recognized expert in behavioral neuroendocrinology who has studied the endocrinology of love and social bonds for more than three decades. She is Director of The Kinsey Institute and Rudy Professor of Biology at Indiana University. Dr. Carter's research program has discovered important new developmental functions for oxytocin and vasopressin, and implicated these hormones in the regulation of long-lasting neural effects of early social experiences. Recently, she has been examining the role of oxytocin and vasopressin in mental disorders such as autism, schizophrenia, anxiety, and depression. According to Google Scholar, her work has been cited in nearly 25,000 scientific articles. Dr. Carter also happens to be the wife of USABP's new Director of Research, Dr. Stephen Porges. We are most grateful for her contribution to this issue.

## Love As Embodied Medicine

C. Sue Carter

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### ABSTRACT

As a sentient species, humans are on the threshold of novel insights into the origins of the magnificent obsession we call “love.” It is well established that healthy relationships can protect against disease and restore the body in the face of illness. Without positive relationships, especially in early life, humans fail to flourish, even if all of their basic biological needs are met. “Love lost” is one of the most powerful forms of stress and trauma. However, the mechanisms through which love protects and heals are only now becoming apparent. Love is most easily understood through the lens of our evolutionary past and in light of our contemporary physiology. At the epicenter of this story is a mammalian hormone, oxytocin, and an even more ancient molecule, known as vasopressin. These biochemical building blocks of love are not unique to humans and are shared with other highly social species. Through the study of social behavior in other mammals, we are also learning that the same physiology that lies behind the healing power of love, reduces inflammation, regulates the autonomic nervous system, the immune system, and even regulates the microbiome. Furthermore, the oxytocin-vasopressin system is regulated by experience across the lifespan, helping to explain the lasting physical consequences of both love and adversity. By examining the biology of social bonds and parenting, we are uncovering pathways that allow humans to experience and embody love.

*Keywords:* oxytocin, love, monogamy, nurture

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As a sentient species, humans are on the threshold of novel insights into the origins of the magnificent obsession we call “love.” It is well established that healthy relationships can protect against disease, and restore the body in the face of illness. Without positive relationships, especially in early life, humans fail to flourish, even if all of their basic needs are met. “Love lost” is one of the most powerful forms of stress and trauma.

For as long as I can recall, I have been mesmerized by this set of curious puzzles. What is love? How does “love casteth out fear” and how does love heal? This gradually became my life’s work as I trained myself to become a scientist. I was guided on this path by a series of events, the most relevant of which were probably the co-incidence of living in that strange vessel known as the female body, with the capacity to “fall in love,” and eventually the experience of motherhood. Each of these experiences left me with more questions than answers, a few of which I share here.

Insight into the mechanisms through which love protects and restores requires awareness of mammalian evolution and neurobiology. The new science of love allows us to say that the causes and consequences of love – or its absence – are grounded in an ancient biology that operates largely below the level of human consciousness. To bring these questions into scientific focus required uncovering a kind of organic Rosetta Stone. We needed to find another creature that shared with humans the capacity for something that resembled “love.”

*“I hope we don’t lose sight of one thing. It was all started by a mouse.”*

- Walt Disney

Remarkably, the origins of much of our current understanding of the science of love began in studies conducted in a small field mouse known as the prairie vole. Decades ago, my colleagues and I uncovered evidence that both in nature and in the laboratory, prairie voles were capable of forming life-long pair bonds – living together until one or both members of the pair died. Prairie voles lived together until “death parted them,” and they shared with humans several other features of a human family.

In prairie voles both parents nurtured the young, with fathers carrying out all aspects of infant care except nursing. Older siblings also baby sat for younger siblings. Juvenile prairie voles moved out of the family to find mates and scrupulously avoided incest. Prairie voles exhibited the traits that humans associated with extended families, constructed around an apparently monogamous pair.

But, we soon discovered that monogamy like love can be a paradox. In the 1980s, in the early days of our studies, DNA fingerprints became possible. Like a bad outcome on a TV reality show, DNA revealed that prairie voles were having sex outside of the pair bond. Monogamy, or at least the traits associated with monogamy, were real and they were based in biology. However, monogamy was not simply about sexual exclusivity. In fact, sexual preferences were **not** the defining feature of monogamy. We did find that sexual interactions could facilitate pair bonding. But at the core of the prairie vole family were invisible social bonds and what we were observing was more accurately called “social monogamy.” I came of age in a romantic era, and this part of the prairie vole story initially was a disappointment to me. But awareness that selective social behaviors were the central feature of social monogamy, and apparently more important than sexual monogamy, also opened avenues to understanding the physiological basis of social attachments.

Over the decades that followed we, and then many others, conducted experiments showing that the capacity for pair bond formation was regulated by emotional states, and these depended on physiology. Nature is conservative, and reuses neural and endocrine systems. We now know that the neurobiology of pair bonding in voles indeed had parallels with what humans call “love.” We also found that prairie voles, like humans, had high levels

of a molecule known as oxytocin. Prairie voles also had heart rate patterns similar to those found in humans. The parasympathetic branch of the autonomic nervous system is regulated in part by oxytocin and both are associated with the capacity to sustain safe relationships. Prairie voles also were exquisitely sensitive to the effects of early nurture, another process that required oxytocin. The basic neurobiology of social bonding was centered around oxytocin, and shared by humans and prairie voles. Through good luck, and with help from many brilliant collaborators, we had stumbled upon a rodent model that allowed us to examine the chemistry of love.

As these stories became public, oxytocin was termed by the Media, “**the** hormone of love.” It certainly would have been easier to understand the neurobiology of love if oxytocin were acting alone. Of course, that is not the case. Many molecules and neural systems work behind the scenes to support love. We were able to show that among the other factors essential for selective social attachments was a second ancient molecule, known as vasopressin.

Pair bonding required a pair of hormones. Bonding in voles, as in humans, also occurred in the context of other physiological processes, including those associated with a sense of safety or fear. These are basic and very old emotions and the story of love has its biochemical origins long before the existence of humans or even of primitive mammals.

### **The Evolution of “Love” Began over 600 Million Years Ago**

Oxytocin and vasopressin began to appear over 600 million years ago, originating from an ancestral peptide that probably helped animals successfully move from the sea to life on dry land. Oxytocin and vasopressin are similar in structure and interact dynamically with each other’s receptors. However, these molecules are difficult to study. They have sticky sulfur chemical bonds that make them hard to accurately assay. Furthermore, the actions of oxytocin and vasopressin are quickly changing, adaptive, and also strongly affected by emotional context. Under conditions of safety, oxytocin promotes social engagement. But in a context of anxiety or fear, it is possible that oxytocin functions more like vasopressin, possibly by binding to and stimulating vasopressin receptors.

Although oxytocin and vasopressin were derived from a common ancestor, their general physiological functions are strikingly different. Vasopressin is at least 100 million years older than oxytocin, and has functions that are more primitive than oxytocin. Vasopressin is strongly associated with adaptive functions that protect against dehydration, regulate blood pressure, and increase reactivity to other threats. Vasopressin is associated with the neurobiology of anxiety, fear and avoidance learning. Vasopressin and its receptors are foundational to aggression. Both males and females synthesize vasopressin. However, in areas of the brain implicated in defensiveness, vasopressin production is increased by androgens, which helps to explain sex differences in the expression of aggression.

The same novel properties that give oxytocin and vasopressin great power, also create serious challenges for understanding their functions. The oxytocin-vasopressin system is constantly changing across the life cycle. Oxytocin can directly affect the development of the brain and cardiovascular system, and programs the immune system. Receiving love in early life can influence behavior and physiology across the lifespan, in part through changes in the receptors for oxytocin and vasopressin.

As one example, my colleagues and I have demonstrated that the genes for the oxytocin receptor in voles are “epigenetically” tuned by early experience. In the presence of sensitive parenting, the genes in a baby vole that regulate the oxytocin receptor are more likely to be available for stimulation, and these changes can last for a lifetime (Perkeybile, Connelly et al., 2019).

### **Parenthood: The Biological Prototype for Love**

The evolutionary and biochemical prototype for love and social bonds is the mother-child interaction. Processes that help to define mammals, including lactation and parental care of their young, are facilitated by oxytocin. The same physiological pathways that permit social bonds are shared with parental behavior, birth and lactation. Oxytocin is generally associated with positive social behaviors, including social engagement and bonding. Oxytocin also may induce a sense of safety, reduce reactivity to stressors, block fear, and increase trust. But even in maternal behavior, oxytocin does not work alone.

Vasopressin also is important to normal birth, parenting and care of the young. Vasopressin can increase protective behaviors and aggression, which in some cases benefits the family. Although generally directed toward intruders, the emotional states that lead to aggression may escalate and spill over into violence within the family. Vasopressin is made primarily in the brain and is a classic “stress hormone” with receptors in the cardiovascular system, kidneys, and throughout the body. States of chronic arousal or stress are especially dangerous. Medical disorders such as preeclampsia, in which pregnant women retain water, have high blood pressure, and sometimes premature labor, have been linked to excessive emotional stress and to vasopressin. Furthermore, understanding fear or stress-induced release of vasopressin or hypersensitivity of the vasopressin receptors may help to explain premature birth – among the world’s most serious medical mysteries.

Due to its primitive characteristics, vasopressin can be a double-edged sword. Generally, oxytocin tempers fear and increases both trust and social behavior. But in individuals who have a history of neglect, trauma, or extreme stress, oxytocin’s actions may paradoxically trigger the vasopressin system, enhancing fear and protective responses. The unique properties of the oxytocin and vasopressin systems allow these two molecules to be highly adaptive and to dynamically support individual survival, as well as emotions that are associated with love. However, stimulating the vasopressin receptors may induce the dark side of love, including jealousy, territoriality, and aggression.

### **The Healing Power of Love**

*“Only love can break a heart. Only love can mend it again.”*

- From the 1962 popular song by Gene Pitney

Good relationships are powerful medicine with health benefits that are recognized throughout most cultures. Epidemiological studies searching for secrets for longevity showed that individuals, especially men living in psychological isolation, were more likely to die after a heart attack than those with companions. After the death of a partner, especially in the elderly, the second member of the pair may become vulnerable to disease. Correlational studies such as these do **not** prove that oxytocin is the magic that explains social support. However, oxytocin does facilitate social engagement, and under some

conditions, can increase a psychological sense of safety. The cardioprotective effects of the autonomic nervous system, and especially the parasympathetic nervous system, are regulated by oxytocin. This integrated system allows a dynamic balance between growth and restoration, while enabling the body to respond quickly and adaptively to acute stress.

Experimental studies support the importance of oxytocin in the cardiovascular systems. Mice that are genetically deficient in oxytocin develop abnormal hearts. Oxytocin is part of the mechanism guiding normal heart development. In tissue culture (and thus even in the absence of a central nervous system) oxytocin acts on undifferentiated stem cells, transforming these cells into clusters of miniature hearts beating in synchrony. Furthermore, in laboratory models of atherosclerotic plaques, oxytocin reduces inflammation. Through processes such as these, oxytocin might be able to prevent or even reverse the effects of heart disease, with some of the benefits occurring locally at the site of damage.

Many other beneficial practices are associated with oxytocin. For example, exercise is one of the most reliable ways to both protect against disease and to release oxytocin. Oxytocin in turn helps to restore heart rate and blood pressure to normal, with potential benefits to the cardiovascular system. Heart disease is only one of many disorders that may benefit from the healing power of both exercise and oxytocin. It has been shown in animal models that exercise is beneficial in slowing the growth of breast cancer. Remarkably, animal studies suggest that this effect of exercise also is mediated by oxytocin.

Oxytocin is a central component of the immune system. The thymus is a source of oxytocin and expressed an abundance of oxytocin receptors. Early experiences “educate” the immune system through functions that require the presence of oxytocin. In a group of volunteers deliberately exposed to a treatment that causes inflammation, a concurrent exposure to oxytocin blocked symptoms such as fever. The capacity of oxytocin to reduce inflammation also is likely to be a factor in the beneficial effects of this molecule. But before we become excited about oxytocin as a “wonder drug,” the full picture that is emerging from this literature needs to be considered.

### **Biochemical Magic Beneath the Power of Love?**

Oxytocin was essential to human evolution and the development of the massive human cortex. Even in modern humans, oxytocin continues to facilitate the birth, growth, and nurture of immature babies. Oxytocin helps, directly and indirectly, to promote healing and restoration. For example, oxytocin has anti-inflammatory properties. Oxytocin also regulates the immune system and the generally protective vagal branch of the autonomic nervous system. Vagal pathways, regulated by oxytocin, are necessary for social communication and engagement through actions on the muscles of the face and head. Oxytocin is secreted in the presence of extreme stressors, and may protect against “shut-down” responses to trauma. Furthermore, the autonomic nervous system regulates all of our internal organs, as well as the distribution of blood and nutrients throughout the body. Through effects on the autonomic nervous system, oxytocin regulates oxygen to the brain, thus supporting human cognition, culture, and eventually civilization. The autonomic nervous system is one portal through which the peptide systems and love may be accessed and influenced. Thus, oxytocin’s actions on the autonomic nervous system are critical components of the healing power of love.

### **Does Oxytocin Have a Dark Side?**

A number of studies link social support and other methods for reducing stress to reductions in cancer. Studies of certain breast cancer cell lines suggest that oxytocin can inhibit tumor growth. However, under other conditions (at present not well identified), oxytocin appears to increase cellular proliferation and may stimulate the growth of cancers. The strongest evidence for the capacity of oxytocin to increase the growth of malignant and nonmalignant tissue comes from studies of cells from the prostate. The conditions under which oxytocin is protective, or alternatively promotes the proliferation of cancers, may depend on the type of subcellular processes that are stimulated.

The pathways for negative effects of oxytocin, especially on processes that might cause tumor growth, are not well identified. Furthermore, it is likely, that large doses of oxytocin, and chronic exposure to oxytocin, have different consequences from effects seen when this molecule is produced internally. Studies of individual and sex differences in endogenous oxytocin and the oxytocin receptor are missing from our current understanding of both the benefits and dangers associated with this molecule. Furthermore, as discussed above, the complex interactions between oxytocin and vasopressin and their receptors could be another important source of variation in the response to oxytocin treatments, which at present remains largely unexplored. Because, the relationship between oxytocin and the growth of cancer cells is not well understood, this has to be a concern in the use of oxytocin as a “drug.”

Adding to the complexity of this emerging story is the capacity of reproductive steroids, including estrogen, progesterone and testosterone to regulate sensitivity to the actions of oxytocin and vasopressin. Dynamic changes in these steroid hormones, especially around the time of birth, prepare the maternal brain for oxytocin and facilitate attachment to the baby. Actions of steroid hormones also lie behind sex differences in anatomy and behavior, including positive forms of infant care and defense of the young. Steroid-peptide interactions are at present not well understood, but probably differ between males and females. In some cases the responses to oxytocin and vasopressin are in opposite directions in men and women.

### **Love Lost or Found**

Love is one of nature’s most rewarding experiences. But what happens when love is absent or lost. Behaviorally, the effects are well documented. The absence of love or a loving relationship, especially in early life, is associated in later life with patterns of self-defense and a sense of threat. If not repaired, this loss can inhibit the later capacity for love. With knowledge of the mechanisms beneath either the presence or absence of love, there is an opportunity to inform both optimal parenting and responsible interventions. Because of the evolved and conserved nature of love, awareness of mechanisms through which negative or positive experiences across the lifespan affect this system will help us understand, predict, and possibly heal the consequences of neglect or trauma.

Love is intrinsically beautiful, but also complex and mysterious. Although love can be difficult to define, the list of love’s functions is long. Love influences all aspects of human existence. Love is powerful medicine. The mechanisms through which love protects and heals are only now being discovered. Throughout life, oxytocin influences sociality, and social experiences influence oxytocin. Knowledge of the neurobiology of love helps to explain the exceptional reproductive success of humans and also our resilience in the face

of fear and aggression. The emotional and physical health and longevity of our species, and perhaps our planet, depends on our capacity to understand and apply our knowledge of the biology of love, especially in this time of trauma.

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**Dr. Sue Carter** is an internationally recognized expert in behavioral neuroendocrinology. She is Director of The Kinsey Institute and Rudy Professor of Biology at Indiana University. Dr. Carter studies social bonding, male and female parental behavior, the social control of stress reactivity, and the social control of reproduction. Her research program has discovered important new developmental functions for oxytocin and vasopressin, and implicated these hormones in the regulation of long-lasting neural effects of early social experiences. She also has a long-standing concern regarding the consequences of medical manipulations for human development and parent-child interactions, including the use of pitocin to induce labor and the consequences of breast-feeding for the mother and child. Recently, she has been examining the role of oxytocin and vasopressin in mental disorders such as autism, schizophrenia, anxiety, and depression.

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# Towards A Greater Understanding of Science and Research Within Body Psychotherapy

Courtenay Young, Herbert Grassmann

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## ABSTRACT

This three-part article looks at:

Part 1: The history of the EABP Science and Research Committee initiatives

Part 2: The types of research appropriate for body psychotherapy

Part 3: Future developments for a better research culture in body psychotherapy

Research into the effectiveness of the many modalities of psychotherapy is absolutely essential if that branch (or mainstream) of psychotherapy is to have any standing within the general psychotherapy community, with universities, with governments and ministries of health, or with the general public. Until fairly recently, the field of body psychotherapy was quite strong on theory. It was also good enough in the clinical practice of its many modalities and methods, but it has been decidedly poor with respect to any proper research.

In this article, different aspects of body psychotherapy research are explored. Research in the field of body psychotherapy is seen as an essential part of developing a professional culture which must be fostered in both training and practice. We also need better connections with research departments in universities. Therefore, apart from being sufficiently trained in, and hopefully able to demonstrate the professional clinical competencies<sup>[1]</sup> of a body psychotherapist, there is an additional role and set of competencies a researcher-practitioner must develop and foster. This is important in view of the fact that there are often negative perceptions, or lip service, given to the need for research within the psychotherapy community in general, especially within the humanistic and body-oriented (somatic) psychotherapies. Some of this broader background, and more recent developments with respect to research into body psychotherapy are mentioned, but this article is focused on the development of a solid research-practitioner culture in body psychotherapy, for now, and especially for the future.

*Keywords:* body psychotherapy research, evidence-based, practitioner-based research, research training module, practitioner research network, case studies

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## PART I

### History of the EABP

#### Science and Research Committee Initiatives

Body psychotherapy (or somatic psychology as it is known in the USA, Australia, etc.) is a well-established and unique set of psychotherapeutic approaches and body-related procedures that have developed separately over the last 100 years or so, and have come together into one integrative branch (or mainstream) of psychotherapy.

The foundations of body psychotherapy are: 1) a holistic concept of human nature; 2) a bio-psycho-social model of disease; 3) somatically-oriented considerations of aspects of developmental psychology, attachment theory, cognitive theory (an embodied mind) and various neuropsychological scientific theories; and 4) a general theory and various types of praxis in psychotherapy, which, in addition to conscious and unconscious cognitive and emotional processes, consistently encompasses processes of body experience, body expression, and body communication, and methodically includes the client's body in aspects of their treatment in a variety of ways. Body psychotherapy is characterized by these fundamental orientations towards the client's body-mind. Body psychotherapy has developed historically from psychologists and psychotherapists interested in working with their client's body in a number of different ways: character analytical, affect-related, psycho-somatic, body-oriented, perceptual, movement-oriented, and other sociocultural attitudes.

The basic assumption within body psychotherapy is that bodily experience is the foundation of subjective experience. Our body-self experience constitutes the core of our sense of identity. Object relations are based on the early configuration of relationships, which take place through the developing body and result in the development of motor affective schemata or somatopsychic character structures. Life experiences continually and constantly influence the structure of a person's body, as well as that of the person's psyche.<sup>[2]</sup> We are not stuck in any particular fixed position or pattern, though we can be constrained within certain somatic limitations. Body psychotherapy can help to expand those limitations.

In the case of defense mechanisms against unconscious psychological material, both mental and bodily processes are functionally identical; not only emotional and cognitive but also sensorimotor and vegetative processes can be at the root of any psychological pain or distress.<sup>[3]</sup> There are numerous other descriptions of body psychotherapy,<sup>[4]</sup> and what we might mean by body psychotherapy,<sup>[5]</sup> descriptions of body psychotherapy such as:

*Body psychotherapy helps people deal with their concerns not only through talking, but also by helping people become deeply aware of their bodily sensations as well as their emotions, images, and behavior. Clients become more conscious of how they breathe, move, speak, and where they experience feelings in their bodies. People seek body psychotherapy for the same reasons they seek talking or any form of psychotherapy (e.g., anxiety, depression, relationship problems, sexual difficulties), but also for physical problems (e.g., headaches, lower back pain).*

Or as a definition of body psychotherapy,<sup>[6]</sup> or as body psychotherapy vs. somatic psychology,<sup>[7]</sup> etcetera, etcetera. Given that body psychotherapy is now an increasingly established method or mainstream of psychotherapy, we must consider whether it has a

sufficient scientific base, or whether it has a sufficiently solid research base to establish a degree of scientific validity (see later). This is the *raison d'être* and the mission of the EABP Science & Research Committee.

The basic considerations for creating a Science and Research Committee (SRC) within the European Association of Body Psychotherapy (EABP) came out of the following concepts:

- Our BP community of (mostly) EABP and USABP members does not have a clear position on the balance between clinical practice and scientific research. Most of us identify ourselves more as practitioners and, as such, we tend to be critical about various aspects of the scientific or research world;
- Most of us had, in our body psychotherapy training, certain charismatic teachers who taught “as if they were preaching a truth that was in their genes and thus we should love and admire them. They are part of our history.” They may well deserve a valid place in our brains, our behaviors, and our practices, but not necessarily in our minds. We must be able to examine their theories and “findings” critically;
- We have developed various ways of life and practice whereby many of us clinicians have chosen to work outside of our national healthcare systems: partially for ideological reasons, partially because of external rejection, and partially because of economic and social conditions;
- Neuroscience and other scientific disciplines are becoming more and more interested in what we think and what we have been doing in body psychotherapy. However, they tell us that we need to get real and to demonstrate how our theories and practices actually work. For example, the concept of *embodiment* was originally a working term in computer science, yet now, it is fundamental to our psychological/psychotherapeutic practice;
- In order to demonstrate to the scientific world, and to other disciplines, and to governmental and health services, what is clinically relevant in our body psychotherapy practice, we will have to stand up and explain our various concepts and theories, and compare our different methodologies;
- We must learn the value of a systematic, science-based approach, not just as another way to train ourselves about how different we are, and how critically we might think, but also in order to be able to discuss specific questions, observations, data, hypotheses, tests, and theories, which are the formal parts of each scientific method. We also need to stand up for our theories, our practices, and ourselves. We must be able to demonstrate their value.

### **SRC Historical Background**

In the late 1990s and early 2000s, the first EABP Scientific Committee met a couple of times with Michel Heller as Chair. At the 2001 General Assembly in Travemünde, on his initiative, an amount of SF 5,000 (about €4,380) was voted to dedicate to the Scientific Committee from the annual budget. Since then, these amounts have been used only partially and spasmodically for several projects that were not necessarily related

to science. That particular Scientific Committee has not met since. There was then a discussion group just before the EABP Conference and General Assembly in Vienna, October 2010, and it was decided to reconvene a new EABP Scientific Committee. Herbert Grassmann was appointed as its EABP Board representative.

### **SRC Purpose**

The 2010 revised EABP Scientific & Research Committee (SRC) decided that its purpose was to be more of a task-focused committee:

1. Holding, advising, recommending, deciding, defining, supporting, and initiating a variety of scientific and research projects in body psychotherapy;
2. Supporting EABP and its members in all matters relating to scientific and clinical research connected with body psychotherapy;
3. Helping to express and publish our body psychotherapy/somatic psychology clinical knowledge in ways whereby other researchers can replicate or modify our observations, using other psychotherapeutic methods or experimental procedures;
4. Publishing and promoting BP/SP scientific and research projects, via the EABP website, with EABP funds, or by any other means.

This new SRC then met in Amsterdam on a number of occasions, essentially twice a year for the next four years. One of the main features started during that period was developing the scientific symposia as a significant adjunct to (or component of) the EABP Biannual Congresses, which have since attracted considerable interest. The first symposium was in Cambridge, UK in 2012, and these symposia continued in Lisbon in 2014 (see Endnotes), Athens in 2016, and, most recently, Berlin in 2018. In between these symposia, every year, two SRC in-person meetings are held, and there are also regular monthly Skype meetings in between.

### **SRC Aims**

- To find different ways to promote research in the field of BP/SP using the three main categories of science: experimental research, empirical research, and clinical research, as we need to be able to demonstrate the value and the soundness of our work, etc.
- To make links with academic researchers (in universities, etc.) and clinical practitioners (among EABP and USABP members) that can support or help with BP/SP research, possibly working together towards building a Collaborative Practitioners Research Network (CPRN), etc.
- To act as a reference and collection point for all BP/SP research projects, e.g. *EABP Bibliography of Body Psychotherapy*, the EABP website list of research projects, a proposed international database of BP research projects, the Student Research Prize(s), a database of research projects (including student theses), membership in the Society for Psychotherapy Research (SPR), a somatic psychotherapy division of the APA, etc.

- To help standardize paradigms, vocabulary, and reference terms in connection with BP/SP and psychotherapy, e.g., which descriptors do we use? Body psychotherapy (BP), somatic psychology (SP), body-oriented psychotherapy (BOP) or (BOPT), etc.
- To help the design of research projects that can be used by EABP or USABP members in order to help and support their clinical practice in BP/SP, etc.
- To ensure that there will always be a space for science and research components in all of the EABP (and associated FORUM, Council, ISC, USABP, etc.) conferences and symposia, and to ensure that some conferences are possibly scientific conferences as opposed to being clinical, professional, or developmental, etc.
- To support and promote scientific publications about BP/SP in various journals, books, websites, etc.
- To encourage the teaching of basic and appropriate scientific principles in all body psychotherapy / somatic psychology training courses, and especially in EABP FORUM schools, etc.
- To help establish body psychotherapy as a scientifically valid modality in psychotherapy, and to help get BP/SP generally accepted as an effective and efficacious method of psychotherapy, equal and parallel to all other mainstream modalities or methods of psychotherapy, etc.
- In furtherance of these aims, to make sure that the “Body Psychotherapy Competencies” document (developed by Gill Westland, Clover Southwell, and Michaela Boening in July 2012) is circulated, published, reviewed, critiqued, and amended (if necessary) on a European-wide basis, as well as on an international basis (including the USABP), etc.

### **SRC Structure**

- Numerically limited to a chairperson (ideally an EABP board member) plus a maximum of six other members, each with reasonably defined roles and capacity to collaborate in order to have a workable team;
- A commitment from each committee member to attend at least one or two face-to-face meetings each year and some of the monthly Skype meetings;
- The committee can choose to be supplemented by appointed consultants (e.g., from the USABP for international developments and partnerships, conferences, or for a special project, or simply as observers, advisors, etc.);
- The Committee reports regularly to the EABP Board and receives comments and suggestions from the Board;
- Membership (involvement) of a wider SRC/Consultants Group/Network is currently being left open, and is certainly open to all other members of the EABP and USABP Research Network, and to others as new ideas or projects come online in various ways. This includes EABP/USABP members and non-psychotherapists.



**Members of the EABP Science and Research Committee (SRC)**

*Center front:* Courtenay Young *Left to right:* Christina Bader Johanson, Zoe Schillat, Frank Röhricht, Maurizio Stupiggia, Herbert Grassmann, Biljana Jokić

**Current SRC Members and their Roles**

*Herbert Grassmann.* SRC Chair; contacts between EABP and USABP; contributed to scientific symposium at the Lisbon Congress, 2014.

*Courtenay Young.* Publishing books, articles, etc.; helping to promote basic scientific understanding about appropriate research (possibly/especially) in FORUM schools; wanting to see a Practitioners Research Network; has given presentations about BP to SPR; contacts with EAP's SRC and their project to develop the professional competencies of European psychotherapists.

*Frank Röhricht.* MD; FRCPsych Germany/United Kingdom, Consultant Psychiatrist (MD, FRCPsych); body psychotherapist; Visiting Professor at the University of Hertfordshire, School of Psychology, and Honorary Professor at the Centre for Psychoanalytic Studies, University of Essex; presented at the symposium in Lisbon; contacts with universities; research projects for EABP.

*Maurizio Stupiggia.* Member of the EABP Research Network; Vice-President of the Italian Association for Body Psychotherapy (AIPC); Assistant professor at Westdeutsche Akademie of Dusseldorf; Guest Professor at the University of Bologna in group theory and technique, and Professor of general psychology at the University of Genova; trainer in Biosystemic psychotherapy, and co-founder, with Jerome Liss, of the Societe Internazionale Biosistemica; produces and promotes video projects and video sessions on how to use videos in a theoretical and observational context.

*Christina Bader Johansson.* MSc; accredited EABP body psychotherapist and Swiss Chartered Psychotherapist (Eidg. Anerkannte Psychotherapeutin); chartered physiotherapist and teacher. Originally from Sweden, she worked in private practice near Zürich before moving back to Sweden in 2017. She was President of the Swiss National Association of the EABP (CH-EABP) for six years, and worked in Kosovo, teaching body psychotherapy to psychologists. She has written four books on body psychotherapy and integrated physiotherapy (in Swedish and German). Currently, she offers supervision in body psychotherapy on Skype. She has helped promote basic scientific understanding about appropriate research and is interested in Grounded Theory.

*Zoe Schillat.* Clinical psychologist and psychotherapist; studied systemic, psychodynamic, and body psychotherapy in Germany, where she has worked as a registered psychotherapist for over 25 years; currently developing a Greek Research Network.

*Biljana Jokić.* Graduated in psychology from the University of Belgrade, where she was awarded a PhD in psychology (subfield: social cognition). In parallel to her academic education and career, she received a certificate from the Serbian body psychotherapy school Tepsynthesis, and became a full member of both the Serbian Union of Associations for Psychotherapy and the European Association for Body Psychotherapy. Biljana has been involved in research projects since the 90s.

Research is a crucial element in advancing our collective knowledge of psychology, psychotherapy, and especially body psychotherapy. Body psychotherapists often struggle to engage in meaningful relationships with the psychology and psychotherapy research literature, and with the community of scholars who produce it.

There are important reasons, as well as trends, for the current disconnection between body psychotherapy and research, although body psychotherapy is not the only form of psychotherapy that has significant gaps (or even gulfs) between practice and research.

Historically, most professional training programs in body-oriented psychotherapy/somatic psychology were developed outside the formal academic settings where most psychological research occurs. Becoming more research-oriented as a field has distinct advantages, especially in the current climate that requires any psychological practice to be evidence-based. Part of the challenge in doing so is that many standard, or normal research paradigms and methods do not match the values, skills, and experience of our unique group of psychotherapy practitioners.

We will have to learn a new scientific language and a left-brain set of concepts quite different from our empathic, receptive, and intuitive skills as clinicians. Then, we can find ways to bridge the gap between scientific research and clinical practice in our field of body psychotherapy. But first, we have to understand a number of basic concepts about science and research, and some of its terminology. It is our hope that the next few pages will assist people without a science/research background, to “cultivate a better research mind” (Caldwell & Johnson, 2015). We hope that no one will be offended.

### **What Is the Scientific Method?**

The scientific method requires that any proposition be **testable** and **repeatable**. A proposition, assertion, or explanation is phrased, first as a **hypothesis**, and that hypothesis is then put to the test.

Theories about practice are a wider domain consisting of a system of interlocking hypotheses. The scientific method itself is characterized by observations (measurements), hypotheses (explanations), reasoning (logic), prediction (expectation), testing, and assessing test results: “Was our hypothesis correct?” “Did we get it wrong?” “Should we do more study?” “Can (ideally) someone else replicate our findings?”

The output of all these processes will not yield any specific answers – a point that many researcher seeking proof of their theories find quite hard to accept. The scientific process does not give us proof; rather, it is a gathering of a body of knowledge. This accumulating body of knowledge can improve our next set of predictions or hypotheses. Sources of uncertainty are gradually reduced, and processes are increasingly understood.

As Thomas Kuhn (2012) pointed out in *The Structure of Scientific Revolutions*, theories may change, but the criterion for the establishment of the new theory is that it can explain (or predict) something that an earlier theory did not explain.

*There exist general principles of scientific method that are applicable across all of the sciences productivity and perspective. These general methodology principles involve deductive and inductive logic, probability, parsimony, and hypothesis testing as well as science’s presuppositions, limitations, and bold claims of rationality and truth. ... One purpose [of this book] is to increase productivity by fostering a deep understanding of the general principles of scientific method. For instance, although few scientists are aware of this tremendous opportunity, parsimonious or simple models are often more accurate than their data, and this greater accuracy can increase repeatability, improve decisions, and accelerate progress. The other purpose is to enhance perspectives on science by interrelating the sciences and humanities. A humanities-rich version of science is more engaging and beneficial than a humanities-poor version (Gauch, 2012, p. xii).*

Thus, a method for reducing the uncertainty in prediction is one that consistently produces sound knowledge. Scientific knowledge does that. It is not based on gut sense, faith, or personal testimony. It is, rather, a set of methods designed to be unbiased, and to lead to increasing valid knowledge on a given subject. It therefore stands to reason that scientific thinking is a fundamental building block of most scientists, managers, engineers, and other professionals – and, in particular, healthcare professionals.

Unfortunately, this is not often the case. Many, perhaps even most, of these professionals are not taught the scientific method properly: there are PhDs who have graduated from colleges of chemistry, physics, and biology without ever having taken a course in the scientific method of designing a valid scientific experiment.

### **What Is Scientific Thinking?**

Scientific thinking is based on three things: a) using empirical evidence (empiricism); b) practicing logical reasoning (rationalism); and c) possessing a skeptical attitude (skepticism) about current presumed knowledge leading to attitudes of self-questioning, holding only tentative conclusions, and not being dogmatic. Science is not merely a collection of facts, concepts, and useful ideas about nature and the world around us, nor even the systematic investigation of nature (although both are common definitions of science). Science is a way of investigating nature – a way of knowing about nature – that discovers reliable knowledge about it. In other words, science is a method of discovering reliable knowledge about nature.

Reliable knowledge is knowledge that has a high probability of being true because its veracity has been justified by a reliable method, and not just by experience. Some people make a distinction between belief and knowledge; what one believes is one's knowledge, but the important distinction is whether one's knowledge or beliefs are true (accurate) and, if true, are demonstrably true.

Every person, from childhood, has some knowledge, some experience, and some beliefs, but not all of a person's knowledge is reliably true, can be relied on, or is justified. In fact, most individuals believe in things that are untrue, or unjustified, or both. Most people possess a lot of unreliable knowledge and worse, often act on the basis of that unreliable knowledge!

Other ways of knowing (and there are many in addition to science), are not reliable because their discovered knowledge cannot be justified. Science is a method that allows a person to possess, with the highest degree of certainty possible, reasonably reliable knowledge (justified true belief) about nature and the world around us. The method used to justify knowledge scientifically, and thus make it reasonably reliable, is called the scientific method.

Empirical evidence is evidence that one can see, hear, touch, taste, or smell; it is evidence that is susceptible to one's senses. Empirical evidence is important because it is evidence that others besides you can experience. It is repeatable and can be checked by anyone. Empirical evidence is the only type of evidence that possesses these attributes, and is, therefore, the only type used by scientists and critical thinkers to make vital decisions and reach sound conclusions.

Scientists and researchers always try to use logical reasoning. Logic helps people reason correctly, but it is a complex topic and not easily learned; many books are devoted to explaining how to reason correctly, and we cannot go into the details here. However, most people do not reason logically, because they have never learned or been taught how to do so. Logic is not an ability that humans are born with, nor one that will gradually develop and improve on its own, but it is a skill or discipline that must be learned within a formal educational environment. Emotional thinking, hopeful thinking, and wishful thinking are much more common than logical thinking, because they are easier and more congenial to human nature. Most individuals would rather believe something is true because they feel it is true, hope it is true, or wish it were true, rather than deny their emotions and accept that their beliefs are false or based on fallacies (see Kuhn, 2010).

### **What Are the Basic Research Skills?**

The basic research skills – to observe, measure, compare, contrast, organize, classify, analyze, infer, hypothesize, predict, experiment, evaluate, and apply, etc. – are all essential steps towards establishing better scientific thinking. These process skills are a means for learning, and are essential to the conduct of all proper science. Perhaps the best way to teach process skills is to let students carry out scientific investigations, and then point out the process skills that they used in the course of their investigations. Look for and encourage the use of the following skills in your research:

**Observing.** An observation is simply a record of sensory experience. Observations are made using all five senses. Scientists use observation skills in collecting their data. Most observations are initially qualitative or quantitative.

**Measuring.** Measuring is the process of making observations that can be stated in numerical terms. All scientific measurements should be compared with these.

**Comparing.** Comparing involves assessing different objects, events, or outcomes for similarities. This skill allows students to recognize any commonality that exists between seemingly different situations. A companion skill to comparing is contrasting, in which objects, events, or outcomes are evaluated according to their differences.

**Contrasting.** Contrasting involves evaluating the ways in which objects, events, or outcomes are different. Contrasting is a way of finding subtle differences between otherwise similar objects, events, or outcomes.

**Organizing.** Organizing is the process of arranging data into a logical order so the information is easier to analyze and understand. The organizing process includes sequencing, grouping, and classifying data by making tables and charts, plotting graphs, and labeling diagrams.

**Classifying.** Classifying involves grouping items into like categories. Items can be classified at many different levels, from the very general to the very specific.

**Analyzing.** The ability to analyze is critical in science. Students use analysis to determine relationships between events, to identify the separate components of a system, to diagnose causes, and to determine the reliability of data.

**Quantification** is the process of using numbers to express observations, rather than relying only on qualitative descriptions. This is possibly more precise, and allows mathematical logic to be applied to the data.

**Inferring.** Inferring is the process of making explanations or interpretations based on our observations, or drawing conclusions, based on reasoning comparative experiences.

**Hypothesizing.** Hypothesizing is the process of developing testable explanations for phenomena. Testing either supports a hypothesis or refutes it.

**Predicting.** Predicting is the process of stating in advance the expected result of a tested hypothesis, or making an educated guess about an outcome. A prediction that is accurate tends to support the hypothesis.

**Experimenting.** Given a problem, forming a hypothesis, predicting an outcome, testing the hypothesis, and evaluating the hypothesis are all parts of experimentation. Experimenting is also identifying and designing an appropriate experimental procedure to test a prediction or hypothesis. It includes understanding the limitations and scope of an experiment (for example, sample sizes, identification of variables, and measurement uncertainties).

**Relationships.** The process skill of relationships deals with the interaction of variables and assessing the influence and counter-influence between the variables.

**Evaluating.** An evaluation of the results of an experiment can assess its effectiveness.

**Application.** The application of the results of the experimentation must then be translated into useful (clinical) practice in order to benefit humanity. Research findings are only as valuable as how well they can be put into practice to improve outcomes.

**Communicating.** All steps of the above process need to be communicated with others, often using referents (terms the other person understands).

## PART II

### Types of Research Appropriate for Body Psychotherapy

It is not good enough nowadays just to say that “*All methods of psychotherapy are equally effective*” (viz., Rosenzweig’s (1936) “common factors” theory);<sup>[8]</sup> and/or “*All deserve prizes*” (viz., Lambert’s (1992) “Dodo bird conjecture”),<sup>[9]</sup> as these hyperboles are such global statements that they are somewhat meaningless (rather like Epimenides’ paradoxical “All Cretans are liars”).

There are many psychotherapeutic approaches (some lists record about 156<sup>[10]</sup> and others report about 400<sup>[11]</sup> – even though this second figure may be somewhat apocryphal), and these methods and modalities can be grouped into various “mainstreams”, with different criteria, categories, sub-categories, client groups, and philosophical and epistemological backgrounds, etc.

However, one of the increasingly crucial points of differentiation is the size and the type of the evidence base for that method or modality of psychotherapy. Of course, this is not indicative of anything in itself: some of the newer methods will have naturally built up less of an evidence base, and some of the older psychotherapy methods were not really interested in research and thus they carry a smaller evidence base. And some of the more prolific psychotherapies use an evidence base that may be appropriate for them, but are not appropriate for many other psychotherapies. So, ultimately, numerical comparisons can be somewhat useless.

#### Psychotherapy Research

It is, therefore, becoming increasingly crucial and vital for all psychotherapeutic methods involving professional practice, and (no matter where, when, how, on whom, or by whom the psychotherapy is applied) to have a sound and solid research background, with respect to both theory, but also especially with respect to aspects of clinical practice. With increasing pressures on global health service budgets, primarily from expanding and aging populations, there is an absolute necessity to be able to prove (or demonstrate) both the efficacy and effectiveness of any particular form of treatment, using both qualitative and quantitative methodologies.

- **Efficacy** is the extent to which an intervention does more good than harm (under ideal circumstances), or it describes how a treatment performs in an idealized or controlled setting (usually, a clinical trial), i.e., **whether it works or not**.
- **Effectiveness** assesses whether an intervention does more good than harm when provided under usual circumstances of healthcare practice, or it describes how a treatment is used in a real-world setting where patient populations and other variables cannot be controlled, or (essentially) it describes **how well it works**.<sup>[12]</sup>

This is especially relevant for the therapeutic and/or helping professions, since the field is currently divided into so many different overlapping sectors and segments, all arguing the benefits of their own particular form. In addition, there is the burgeoning spectrum of Big Pharma, busily churning out different pills and potions for different diagnoses. In one respect – possibly the only one – they are way ahead of the psycho-sociological therapeutic

sector, as they have been forced to prove the effectiveness and efficacy of their products. This they do mainly by using randomized controlled trials (RCTs), comparing a random sample of people with a particular problem or diagnosis who are using the product against a control sample of people with the same diagnosis, but who are not using the product, or using a placebo. This scientific approach and method is in accordance with the established scientific method for assessing such pharmaceutical products. That is it!

However, this principle and methodology have also become the basis for what are often referred to as empirically supported therapies (ESTs).<sup>[13]</sup> Unfortunately, it is, and has always been, impossible to control (or isolate) the multiple variables in a person-to-person therapeutic encounter, let alone in an intense therapeutic relationship stretching over time, especially with many encounters and different levels of emotional reactions.

The main proponents of using RCTs in therapy have been the numerous and various cognitive behavioral therapies (CBT). By the process of manualization (doing the same thing, to different people, by different people, at different times), they have tried to introduce a scientific rigor to their methodology and their research. Unfortunately, all the different types of people with different types of problems cannot be placed into the format of one-size-fits-all, and people with dual diagnoses (or multiple problems) cannot be used in such studies — something that is conveniently and frequently overlooked.

There have been a number of different attempts to break this hegemony of the RCTs as being the best (or only) form of appropriate research, especially for research into the more philosophical, psychological, and sociological disciplines. At this point, it may be interesting to note that the profession of psychology (and thus also of psychotherapy) are **not** classified within the sector of the health professions, but in the legal, social, and cultural professions, and, furthermore, in the sub-group of social and religious professionals (ESCO-08: 2634).<sup>[14]</sup>

There is, therefore, a lot of confusion – probably or possibly deliberate – between clinical psychology, psychotherapy, counselling, and psychological counselling, and the cognitive behavioral therapies (CBT). These claim to have the best (or only) evidence-based therapy, as the CBTs' empirical base has been founded on a very large number of randomized controlled trials (each one for a single diagnosed category). While all these studies may possibly show that CBT (and/or its variants) are somewhat more effective than a control group (where there has been no therapeutic input), or the placebo effect (which can affect up to about 33%), RCTs are totally the wrong method for assessing the efficacy or effectiveness of any proper psychotherapy. This is because the impersonal manualization process (designed to ensure the possibility of consistent outcomes) effectively eliminates the most efficacious and effective factor in therapy – the quality of the therapist-client relationship.

There are, as well, considerable problems with the overlap between the professions of psychology and psychotherapy, and these vary considerably, depending on which side of the Atlantic you are standing, even though there are also different laws and regulations about psychotherapy in different European countries.

In Europe, there is an increasingly strong initiative for the profession of psychotherapy to be seen as both different and separate from the professions of psychology or psychiatry. This initiative is the *raison d'être* and the domain of the European Association of Psychotherapy (EAP).<sup>[15]</sup>

The Society for Psychotherapy Research (SPR),<sup>[16]</sup> backed by its excellent journal of now more than 25 years standing,<sup>[17]</sup> has helped to establish the wider – and separate – field of psychotherapy (as opposed to the field of psychiatry or clinical psychology), but very few articles about body psychotherapy (or somatically-based psychotherapies) have appeared in it. It is still quite RCT-oriented, and RCTs are very expensive and difficult to carry out without substantial financial and institutional backing. This can be changed.

However, the final difficulty lies in the gulf between research and practice: this gulf is found in many areas, but is extremely poignant for the therapeutic professions. Earlier, the well-acclaimed *Handbook of Psychotherapy* (1994), edited by such prominent UK-based figures as Petruska Clarkson and Michael Pokorny, had only 23 pages (out of 542 – just about 4%) on practitioner research. A chapter by Jenifer Wilson and Michael Barkham.<sup>[18]</sup> starts:

*Psychotherapy practitioners are pragmatists, interested [only] in the theory and research that 'fits' with their current belief system and with their observations of their own practice. It is commonplace to bemoan the lack of interest shown by most practitioners in reading or using research findings (p. 49).*

There is a more recently published edited book, *Psychotherapy Research: Foundations, Process, and Outcome* (Gelo, 2015), which builds on the previously published books by John McLeod, *Qualitative Research in Counselling & Psychotherapy* (Sage, 2011)<sup>[19]</sup>; *An Introduction to Research in Counselling and Psychotherapy* (Sage, 2013); *Doing Research in Counselling and Psychotherapy* (Sage, 2014); and the book by Mick Cooper, *Essential Research Findings in Counselling and Psychotherapy: The Facts Are Friendly* (Sage, 2008),<sup>[20]</sup> as well as the more detailed work of the SPR (as previously mentioned). But these books and articles are mostly written for psychotherapists who are interested in general research (a relative minority).

There is slightly more of an interest in modality-oriented and cross-modality research, but again, most practitioners do not do any research, and most researchers do not have much contact with (or understanding of) practitioners and/or practitioner organizations. All these aspects provide a somewhat difficult and confusing backdrop to the issue of science and research in the clinical practice of psychotherapy, and especially in the practice of body psychotherapy. There are also a number of other (more general) considerations:

*The Professional (Core) Competencies of a European Psychotherapist* stipulates (in Domain 12) that: "A European psychotherapist is [*needs to be*] competent to:

### §12.1: Be aware of psychotherapy research

**12.1.1: Awareness of psychotherapy research which involves:** recognising the value of research in the systematic evaluation of psychotherapy practice; being aware of what psychotherapy research has been done and how it impacts on current practice; being aware of different research parameters and methodologies; being aware of appropriate research methods, especially for one's own modality of psychotherapy; etc.

**12.1.2: Make use of psychotherapy research which involves:** having the ability to access sources of information from a wide range of resources (books, journals, internet, etc.) that can inform one's practice; being able to evaluate research and other evidence to inform one's own practice; utilising or adapting any significant and

appropriate findings to improve one's practice; changing one's practice in the light of any newly evidenced developments; etc.”

These professional competencies would also, quite naturally, apply to any European professional body psychotherapist, and there have been some efforts to articulate the specific competencies of a body psychotherapist, but – as yet – nothing totally definitive has emerged, even though an excellent start was made by Boening, Westland, and Southwell (2012), and there has also been a more recent Italian initiative in 2018. However, neither of these are definitive.

Another set of considerations comes from Caldwell and Johnson (2012). This starts from a similar perspective: that, while there is often a gulf between clinical practice and research (p. 28), there are also some common principles, like constructivism – especially in qualitative studies (p. 29) – open-mindedness, healthy scepticism and transparency (p. 30), plus inter-rater reliability (p. 31), as well as thinking systematically and critically. The authors therefore suggest a number of different ways (or possibilities) that can be used to develop a better research mind (p. 33-34) ... “*which is highly related to a clinical mind.*” These can include relatively simple and easy methodologies accessible to any practitioner, and can also be done in collaboration with other practitioners and researchers. Their observations are well worth considering.

### Body Psychotherapy Research

The first real indication that a *social* profession such as psychotherapy – as opposed to a medical or health profession – actually needed a substantive evidential research base was when the European Association for Psychotherapy (EAP) required all European mainstreams and modalities of psychotherapy – represented by the various modality-based European-wide organizations (EWO) – to have their methods scientifically validated by answering in full, the EAP's *15 Questions about Scientific Validity*.<sup>[21]</sup>

This new requirement was initially so astonishing a concept that the general reaction from the European psychotherapy community at the time was echoed by a published journal article (Young & Heller, 2000) exclaiming about the “scientific ‘what’ of psychotherapy,” and claiming that “psychotherapy was a ‘craft’, not a ‘science’ – but a ‘craft’ that was certainly informed by science, and possibly even (at some point) informing science.” This view is still valid.

Even now, this basic attitude towards research in and about psychotherapy (and especially from modality-oriented clinicians) has hardly changed during the last 20 years or so. There is still something of this (intellectual) gulf between psychotherapy research and practice, and it is sometimes very difficult to differentiate whether such arguments are valid or biased. When we come to examine body psychotherapy, it is probably the latter.

However, the EAP *15 Questions about Scientific Validity* were actually proposed by a very well-known body psychotherapist and the founder of Biosynthesis, a recognised body psychotherapy modality, David Boadella,<sup>[22]</sup> who was (at that time) also the chairperson of the EAP Scientific Validation subcommittee, and these *15 Questions* were based (somewhat diplomatically) on an excellent compendium: *Psychotherapies: eine neue Wissenschaft vom Menschen [The Psychotherapies: A New Human Science]*, edited by Alfred Pritz, which was acclaimed as “*without doubt the best single book on psychotherapy as a human science, in any language.*”

These *15 Questions* initiated an incredibly complex socio-political and professional process of validation and acceptance for a number of the very different European-based psychotherapeutic modalities, presented by their relevant professional associations, and conducted through a process of self-assessment and peer-review within the European-Wide Organizations Committee (EWOC). So far, about 36 different modalities of psychotherapy have gone through (or have undergone) this process, with only about three modalities being rejected completely, while several were required to provide further information and evidence before final validation.

In 1999, EABP developed its submission for body psychotherapy as a mainstream within psychotherapy,<sup>[23]</sup> and since then, a number of other body psychotherapeutic modalities within EABP: first, Biosynthesis, then Hakomi, Biodynamic Psychotherapy, Bioenergetic Analysis, Psycho-Organic Analysis, Bodydynamics, Unitive Psychotherapy, Character Analytic Vegetotherapy, Postural Integrative Psychotherapy, and also Concentrative Movement Psychotherapy, etc., have all been similarly accepted by the EAP as being scientifically valid.<sup>[24]</sup> Some of the European professional associations representing different body psychotherapy modalities are also represented separately within EAP, rather than as subsidiaries of EABP.

All these different sets of answers to the *15 Questions* could be used in a very interesting research project in its own right: comparing and contrasting how the different types of psychotherapy, or different types of body psychotherapy, consider the scientific validity of their methodologies.

From a very different perspective, EABP's sister organization, the USABP, was founded in 1996 at a conference held in Beverley, MA, followed by (roughly) bi-annual conferences: 1998 in Boulder, CO, 2000 in Berkeley, CA, 2002 in Baltimore, MD, 2004 in Tuscon, AZ, and so forth. The largely unadvertised proceedings of these early conferences also added something quite substantial to the richness of available information about the body psychotherapy/somatic psychology mainstreams in the USA. However, there has so far been very little organization and/or collaboration between the different aspects (or components) of the field of body psychotherapy or somatic psychology (as it is often referred to in the USA, especially academically). Some excellent work has been done by Serge Pringle, interviewing a large number of people from different BP modalities (see *Conversations*)<sup>[25]</sup>.

Back in Europe, Michael Heller edited a post-conference book, *The Flesh of the Soul*, based on the EABP 1999 Travemünde Congress,<sup>[26]</sup> and another body psychotherapy Congress-based book followed, based on the UKCP 2004 Conference, *About a Body*.<sup>[27]</sup> Most recently, there was the book on the 2014 EABP Conference in Lisbon, *The Body in Relationship: Self – Other – Society*, published by Body Psychotherapy Publications.<sup>[28]</sup>

Prior to these BP conference publications, only the body-oriented psychotherapy journal, *Energy & Character*, with David Boadella as its publishing editor, in its several different incarnations, had been published continuously since the 1960s, containing (mostly unedited) articles about the practice and theory of body psychotherapy, with, however, only a few articles that can be considered research articles: i.e., this canon cannot be counted as research. Otherwise, there were several other published research articles, extant in several different places and in different, often quite short-lived, journals, which together provided some sort of a very tenuous start for a research-based, and/or evidence-based, body psychotherapy.

The *EABP Bibliography of Body Psychotherapy* was started in 1994 to bring together all of these different entries into an accessible and coherent whole. This bibliography is now available online, with a search function that lists titles, authors, languages, abstracts, and

other relevant factual information, but it does not provide access to the actual published articles, chapters, books, tapes, films, and websites, etc. themselves. It has considerably more than 5,000 entries<sup>[29]</sup> and is steadily growing, almost exponentially. However, among the various categories, a search that mentions research currently reveals only 173 books and chapters; 180 journal articles; 2 theses & dissertations; 26 conference papers; 10 films; tapes and videos; and 12 websites (i.e., only about 7.7% of the total).

A small selection of articles pertinent to body psychotherapy science and research from sources such as these were re-published into an edited book, *About the Science of Body Psychotherapy* (Young, 2012), and a significant number of other articles have also since been listed (many with hyperlinks to the originals) on the EABP website ([www.eabp.org](http://www.eabp.org)) in the Research section, which forms *The Research Base for Body Psychotherapy*.<sup>[30]</sup>

Given these considerations, there have only been a few RCT studies in body psychotherapy (Lowe, 2001; Nickel et al., 2006; Röhrich & Priebe, 2006; Lahman et al., 2009; Lahman et al., 2010; Röhrich, Papadopoulos & Priebe, 2013). These are listed on the EABP website under the tab “The evidence-base for Body Psychotherapy.”<sup>[31]</sup> There have also been a few other proper published research studies (e.g., Mattsson et al., 1998; Monsen & Monsen, 2000; Allmer et al., 2007; etc.) also listed on the EABP website.

There have also only been a few meta-studies about body psychotherapy research. John May published a 2005 review in the USABP Journal;<sup>[32]</sup> there was another research article published in 2006 in German;<sup>[33]</sup> and the third article, in 2009, by Frank Röhrich, in the Taylor & Francis peer-reviewed journal.<sup>[34]</sup> This latest article was later extended into a chapter in the *Handbook of Body Psychotherapy & Somatic Psychology* (Marlock et al., 2015).

*The USABP Journal* (under the editorship of Jacqueline Carleton) began to publish peer-reviewed articles on body psychotherapy in 2002. This journal has now been revamped into the *International Body Psychotherapy Journal*.<sup>[35]</sup> Subsequently, Taylor & Francis has published a journal, *Body, Movement & Dance in Psychotherapy*, which started in 2006.<sup>[36]</sup> This is a properly peer-reviewed scientific journal, which adds a more professional touch to this web of more effective, properly peer-reviewed articles about the various science and research aspects of body psychotherapy. (Note: This journal publishes both a combination of body psychotherapy and dance movement psychotherapy articles.)

As a more recent addition, in their own different ways, three or four major books about this particular mainstream of body psychotherapy have been published: *The Emergence of Somatic Psychology & Body-Mind Therapy*, by Barnaby B. Barratt (Palgrave Macmillan, 2010); Michael C. Heller’s *Body Psychotherapy: History, Concepts, Methods* (W.W. Norton & Co, 2012); and *The Handbook of Body Psychotherapy & Somatic Psychology* (North Atlantic Books, 2015), edited by Gustel Marlock and Halko Weiss with Courtenay Young & Michael Soth.

This latter, fairly massive tome is a totally new and revised edition of the original (2006) *Handbuch der Körperpsychotherapie* (published in German by Schattauer).<sup>[37]</sup> The publication of this English-American edition of the *Handbook* in 2015 helped further to establish the field of body psychotherapy and/or somatic psychology, especially in the USA and other predominantly English-speaking countries. This edition of the *Handbook* is now being translated back into German.

This sort of listing, which is not complete, includes peer-reviewed journal articles on other body-oriented therapy research projects (mainly dance movement and movement [psycho]therapy) and body psychotherapy research articles published in the *USABP Journal*.

There have also been many other books and articles published recently – too numerous to mention here – and all of these should eventually be listed in the *EABP Bibliography* (there is also a self-entry function on the website database for anyone to add new listings). However, it can be noted that, as with any or all of these listings, there has been no proper evaluation of all these different and varied entries and studies. We may not know that they exist, and we are not sure how good all these entries are.

### **EABP-SRC**

All these initiatives in the science and research of body psychotherapy helped the European Association for Body Psychotherapy (EABP) accept a proposal to re-establish a Science & Research Committee (SRC) at the Congress and AGM in Vienna in 2010. What has developed since then is presented and described herein.

There have been four scientific symposia organized by the EABP-SRC since then: one at the 2012 Congress in Cambridge, UK;<sup>[19]</sup> one at the 2014 Congress in Lisbon, Portugal;<sup>[40]</sup> one at the 2016 Congress in Athens, Greece<sup>[41]</sup>; and the latest at the 2018 Congress in Berlin<sup>[42]</sup> These symposia have helped the Congress participants and, to a certain extent, EABP members to become gradually more aware of what research can mean to – and what types of research are appropriate for – body psychotherapy clinicians and practitioners.

Besides the *EABP Bibliography of Body Psychotherapy* and *About the Science of Body Psychotherapy*, and, as mentioned, a number of other published articles (including those available on the EABP website) that all go toward establishing the current research base of body psychotherapy, there have been several attempts to develop other initiatives with respect to body psychotherapy research. One of these initiatives was to try to set up a Body Psychotherapy Collaborative Practitioner Research Network (BP-CPRN), and hoping to bridge something of the gap between research and practice: “[A CPRN] ... can transform perceptions of psychotherapy research, strengthen connections between members, and encourage some continuous development and co-creation among participants.”<sup>[43]</sup> However, this initiative hasn't yet provided much activity.

In 2014, the SRC established a set of “*Guidelines for Writing Body Psychotherapy Case Studies*,” a contribution towards research that any practitioner can easily undertake.<sup>[44]</sup> Several BP case studies were presented at the 2016 Scientific Symposium of the Athens EABP Congress. It was then decided to extend this initiative into a new, specific publication on *Body Psychotherapy Case Studies* prepared for the 2018 Berlin Congress.<sup>[45]</sup> In this same scientific symposium, Christina Bader Johansson, member of the EABP-SRC, presented on Grounded Theory, and Courtenay Young presented on case studies being a legitimate form of research. He also presented the new edited book on case studies from Body Psychotherapy Publications.<sup>[34]</sup>

In 2017, the EABP-SRC promoted a questionnaire for EABP members and other body psychotherapists about their interest and participation in research, especially research pertaining to body psychotherapy. This provided something of a more factual basis for the broader picture about attitudes and interests regarding research, as well as about the knowledge and skills to do research by the body psychotherapy community. The results of this survey were presented in the scientific symposium at the Berlin 2018 EABP Congress by Biljana Jokic.<sup>[46]</sup>

One of the four sections in this 2017 survey asked body psychotherapist participants about: a) participation in training modules about research or experience of research methods

and/or techniques during one's training (Q.19); b) involvement in any research project about BP that includes one's clinical work (Q.20); c) involvement in any kind of research project – designing a research study, designing a questionnaire/guide for an interview, videotaping a session for research, collecting data, statistical analysis, writing a research report based on quantitative data, or writing a case study.

A research article about this survey has since been submitted to *The International Body Psychotherapy Journal* in early 2019: *Body Psychotherapy Practice and Research: A Survey Among Body Psychotherapy Practitioners* by Biljana Jokić, with Frank Röhrich and Courtenay Young.

All this input about different aspects of body psychotherapy research build on, and, it is hoped, extend the previous initiatives that have been presented herein, and, on the basis of these presentations, several distinct types of research appropriate for clinical practitioners in the body psychotherapy community can be identified relatively easily.

In the next part of this article, the focus shifts towards achieving a better understanding of the current status of research within the whole of the body psychotherapy community; and also towards developing a better body psychotherapy research culture. Finally, this article points at certain challenges for future developments for research in and about body psychotherapy, and the need for further networking and capacity-building types of research.

\* \* \*

### **PART III**

#### **Future Developments towards a Better Research Culture in Body Psychotherapy**

Research activities within the European body psychotherapy community are currently coordinated mostly by the EABP Science & Research Committee. There are also recently developed guidelines or protocols (still in the decision-making process) about how EABP could evaluate and promote any proposals for grants for body psychotherapy research, although it hasn't really ever allotted any money in its annual budget for research projects.

So far, the EABP, as an organization, has offered a Body Psychotherapy Student Final Paper Award every two years since 2012: the access links to the downloadable PDFs of the papers are available on the EABP website under the "Research" tab options.<sup>[47]</sup> It is hoped that these submissions will, over time, help build the research base with new material, and be published in other forms, or built upon further, especially if translated into English. The USABP also offers two Alice K. Ladas Research Awards biannually: one for Outstanding Research in Advancing the Profession of Body Psychotherapy and one for Outstanding Research in Advancing the Profession of Body Psychotherapy by a Student.<sup>[48]</sup> The criteria for these are available on the USABP website.

The main focus of the EABP-SRC has, as mentioned, been on promoting the concepts of body psychotherapy research and bottom-up research, especially with projects by body psychotherapy practitioners, by body psychotherapy organizations and institutes, as well as by working to create a Collaborative Practitioner Research Network (CPRN).

With respect to this last point, the SRC has been attempting to form a growing network of body psychotherapy practitioner-researchers all over Europe, and to involve other countries and continents. All body psychotherapy researchers, trainers, trainees, and practitioners

are invited to initiate, conduct, and support research activities in body psychotherapy. It is particularly worth pointing out that a growing number of people involved in body psychotherapy are working with universities, or cooperating with other researchers at universities. The Koemeda-Lutz (2006) study is such an example.

Currently, the prospective network includes people with potential affiliations with about eight to ten different universities, which we hope will become an excellent starting point for more university-based and cooperative research activities. This last concept, while an excellent idea (see here<sup>(49)</sup>), has not yet been taken up properly, even though it was fairly strongly promoted by Sheila Butler (an original member of the EABP-SRC). The development of such a potential community is very promising, and the reasons for the current lack of interest, if available, might help toward a practical understanding of the gap between research and practice.

It is necessary to go on trying to build, not only the capacity to do research, but also to improve the platform for sharing and disseminating body psychotherapy research. In order to reach out to other participants, we have to look at the current status of research in the broader body psychotherapy community of national training and accrediting organizations. We will also need people to teach and develop body psychotherapy research, and these people will need to have conventional qualifications (MA, PhD, etc.), as well as having undertaken a fairly eclectic BP training.

There are also proposals emerging for conducting a wider, relatively straightforward, but longer-term outcome survey on body psychotherapy. Initially, these proposals were greeted conceptually, but there has been a level of inertia and a lack of resources for implementation. Again, the reasons for this lack of interest, if available, might help further a practical understanding of the gap or gulf that exists between research and practice.

### Psychotherapy Outcome Studies

A meta-analysis of nearly 400 psychotherapy outcome studies demonstrated convincingly that psychotherapy is more efficacious than not having therapy: “*On average, the typical therapy client is ‘better off’ than 75% of untreated individuals*” and “*Few important differences in effectiveness could be established among many quite different types of psychotherapy*” (Smith & Glass, 1977). More recent meta-studies have not changed these findings, though the emergence of a plethora of randomized control trials, largely coming from the many variations of cognitive behavioral therapies (CBTs) has complicated the picture.

So, it is necessary to get something that is quite fundamental established **now!** CBT practitioners do not (really) consider themselves psychotherapists; they do not join any psychotherapy-based professional associations, they do not experience the therapy that they practice, and they are more technicians than therapists. That is not to say that they do not do good work. Many of the people referred to them only need: i) a perceptual change, or ii) a behavioural modification, or possibly, iii) a chance to reflect with a professional on their personal difficulties. However, CBT does not call itself psychotherapy! Most psychotherapists do not consider CBT to be psychotherapy, but see it as more of a series of techniques, performed by people who do not fully enter into a psychotherapeutic relationship with their clients. The subject-object mindset within CBT does not allow for a proper psychotherapeutic alliance relationship. So, when talking about psychotherapy research, we must consider what we mean by psychotherapy. This paper assumes that we are talking about body psychotherapy and research into this mainstream of psychotherapy.

Outcome research is one form of research, perhaps one of the more significant forms that might be appropriate to body psychotherapy, as we are, to a certain extent, still trying to establish body psychotherapy as a legitimate psychological treatment. Any form of treatment should have a clearly identified and attainable goal: “*The ultimate goal of [any psychological] treatment should be [better] interpersonal functioning that allows for pleasure, interdependence, and intimacy in relationships.*”<sup>[50]</sup> Looking at the totality of a person – their whole body-mind – as we do, we are perhaps not so interested in symptom reduction, but more in increased mental health and well-being. Yet most of the scientific literature on psychological outcome studies is largely based on average scores of symptom-based outcome measures, which ignores individual differences – another possible reason for clinicians’ general lack of interest in research.

Mental health is multi-factorial and complex; it is influenced by a large number of things, including our age, our genetic and family background, employment, education, relationships, living conditions, as well as a number of lifestyle factors that include diet, exercise, habits (such as alcohol and smoking), sexual health, social life, etc. Anxiety and depression are usually the resultant symptoms of almost overwhelming life stress and stressful events, and our ability or inability to cope with them. Psychotherapy of any sort is therefore interested, primarily, in helping the client/patient increase their adaptability and resilience to such stressful life events.

Psychotherapeutic interventions are multiple, relational, often nonverbal as well as verbal, and the style of the intervention, or skill of the therapist, is often as important as the intervention itself. The receptivity of the client/patient is also another major factor and (despite CBT’s rejection of the concept of both positive and negative transference), the type or quality of the interaction between the psychotherapist and the client/patient remains the most significant factor in any successful therapy.

In order to determine the success of any type of psychotherapy, we must therefore look at the actual outcomes, and not just by way of what is measured in symptom-reduction, or single-symptom studies, as most people have more than one symptom. Neither can we use double-blind studies, nor control groups, selective studies (which exclude certain types of issues), nor comparative studies with different types of psychotherapies. We are therefore much more interested in looking at body psychotherapy outcome research.

### **Body Psychotherapy Outcome Research**

This type of study requires a measurement of some sort before the therapy starts, and measurement of a similar sort at the end of the therapy. Ideally, the type of measurement should be fairly wide, and not look at just one factor such as anxiety or depression, or symptom reduction, but more at a measurement of wider mental health such as the level of problems the person is facing, their ability to function, and (perhaps) whether there is any significant risk to be considered. We would ideally need to tap as wide a population of therapists and clients as possible so as to get some significant results. A small number could only be done as a trial or sample study. There would also need to be a degree of homogeneity: i.e., not comparing apples with pears (or cars).

Given the fairly large number – about 650+ EABP members, plus 450+ USABP members, plus other possible clinical members – who have all been educated to roughly the same level, and are nearly all practicing various forms of body psychotherapy (mostly

in private practice), it seems eminently feasible to encourage as many as possible of these clinical practitioners to perform some collective outcome research on body psychotherapy with their clients.

This could be done by using something like the UK-standard CORE Information Management System (CORE-IMS),<sup>[51]</sup> a relatively simple check-box form (five-point Lickert scale, with 34 measures over four domains: well-being; problems; functioning, and risk), for the client to fill in *before* the first and then (say) *before* every third or sixth session. The CORE system already has a huge database of results, mainly from UK-based NHS counseling and psychotherapy services for comparison, and this CORE-IMS system also has the advantage of being properly translated into a great number of different languages.

This sort of outcome study, which takes a client only about three minutes to fill in, and then about three minutes for the therapist to score, would probably show nearly all the clients' scores improving steadily, which would then, if done in sufficient numbers, give us some excellent evidence on the effectiveness of body psychotherapy, especially with the possibility of a follow-up form (at, say, three months and/or six months) to show if the beneficial effects are lasting. There are further forms that can be used to enhance this type of outcome study. Such a study, spread over ten or more European countries, as well as several other countries and continents, would clearly be able to establish the effectiveness of body psychotherapy in general, as well as the effectiveness of different body psychotherapy modalities. It can also demonstrate how well each practitioner and/or client is doing, given different circumstances and search criteria.

If such a standard outcome form were also combined with (for example) a specifically body-oriented research study form, then we might also be able to demonstrate some of the physical and experiential changes that BP clients might have experienced/be experiencing during the progress (process) of their psychotherapy. A large study such as this could also help to generate other research studies in body psychotherapy.

Research activities and their outcomes are often presented at body psychotherapy conferences and in body psychotherapy journals, like the *International Body Psychotherapy Journal (IBPJ)*<sup>[52]</sup>; the journal for *Body, Movement & Dance in Psychotherapy*,<sup>[53]</sup> and, it is hoped, *Psychotherapy Research* (the journal of the Society for Psychotherapy Research [SPR]),<sup>[54]</sup> but, let it be noted, very few research articles about body psychotherapy have been published in the SPR Journal. Occasionally, articles about body psychotherapy and/or somatic psychology may have also appeared in other non-specific-modality journals – for example, in the *International Journal of Psychotherapy* (Brenner et al., 2006; Young, 2007; Young, 2009; Young & Steckler, 2007), but these are usually not research articles.

Some of the universities that have a body psychotherapy/somatic psychology degree and/or Master's degree and even Ph.D. doctoral programs have students who produce research articles, dissertations, and theses. Some of these documents have been published outside the university (e.g., Matulaité, 2013), but again, these studies are relatively few and far between, and often not very accessible (although ResearchGate is gaining in popularity and lists quite a number (90+) of body psychotherapy articles, if you search under "Publications").<sup>[55]</sup> It is therefore probably true that all of these sources could significantly add to the research base of body psychotherapy. But, what about improving the culture of body psychotherapy research?

## **History of Body Psychotherapy Research**

The original level of research within body psychotherapy was almost non-existent, as was the initial concept of body psychotherapy (Young, 2012). There was, and still is, a considerable level of differentiation between the different types (or modalities) of body psychotherapy, so many of the early research initiatives would have originally been confined to these modalities: e.g. Bioenergetic Analysis,<sup>[56]</sup> or Orgonomy,<sup>[57]</sup> or other modalities within what now is being considered as the wider mainstream of body psychotherapy. It is difficult, without any proper evaluation, to know whether these early studies are useful. They were, furthermore, probably done without much proper training in research, as research did not figure largely in the various modality-based body psychotherapy training courses. Or, they were done within such a tight modality-based framework that any results are not easily transferable to other modalities, or available to other modalities.

Equally, the topics were quite individualistic and idiosyncratic; there was no overall planning and the topics varied widely. Until they are all resourced (as described), they cannot be searched, classified, or evaluated easily. One of the future tasks of the EABP-SRC (or perhaps some student or graduate from a BP/SP university) could use something such as the *EABP Bibliography*, or the *Research-Base of Body Psychotherapy* to collate and evaluate these studies. Then we could see whether there are any holes, and do something about it.

Some of the topics of interest for research within the wider field of body psychotherapy and somatic psychology might include:

### ***Effectiveness studies in applied body psychotherapy***

- Process and outcome research in body psychotherapy
- Body psychotherapy with, for example, women who have experienced violence
- Effectiveness and rehabilitation of depressive patients using body psychotherapy
- Body psychotherapy and the treatment of obesity and/or eating disorders
- Body psychotherapy with patients who suffer from substance abuse

### ***Research concerning training in body psychotherapy***

- The integration of research in body psychotherapy training curriculum
- Training processes and the personal development of trainees
- A survey of different models of training in BP or within EABP
- The development of intuition and empathy in BP training

### ***Research on theoretical foundations of body psychotherapy***

- Research on the identity, theory and methodology of body psychotherapy
- The integration of different perspectives of body psychotherapy
- The influence and meaning of body psychotherapy in the 20<sup>th</sup> and 21<sup>st</sup> centuries
- The inclusion of body-oriented awareness in other psychotherapies

However, the success of any one of these topics depends entirely on a significant number of people becoming interested and having sufficient time, energy, and money available.

## Body Psychotherapy Case Studies

As has been noted, case studies are a legitimate form of qualitative research, and have formed the historical basis of much psychotherapy research. Only such studies can indicate what happens (or might have happened) behind the closed door of the therapy room. There are a number of different forms of case study, and they can serve a number of different purposes. There is also a certain uniqueness about case studies, as no one except body psychotherapists (or their clients) can write a proper body psychotherapy case study.

In 2014, the EABP-SRC produced some guidelines for writing body psychotherapy case studies (Young, 2014),<sup>[34]</sup> and a couple of years later, helped sponsor the production of *Body Psychotherapy Case Studies* (Young, 2018). It is hoped that there will be several more similar volumes. But this is only one type of research, and in itself does not help establish body psychotherapy as a legitimate form of psychotherapy. However, these case studies do help to inform others about body psychotherapy, and how the body is seen and can be worked with in body psychotherapy. Case studies actually have considerable value, even though some scientists will dismiss them as being insufficiently objective (or too subjective), and thus not forming part of proper science.

## Status of EABP Research

Clinical research in body psychotherapy needs body psychotherapy practitioners who are interested in sharing their practices and engaging as research practitioners. This can be done within a collaborative body psychotherapy research network.

In addition to being body psychotherapy practitioners, their roles as researchers need to be developed and fostered. Several requirements will probably need to be met to enhance practitioner research among body psychotherapists, trainers, and trainees:

- To acknowledge research as important for body psychotherapy practice
- To get information about current research from journals, books, symposia, etc.
- To engage in research training and to improve knowledge and skills
- To participate in research activities and projects
- To create networks of research practitioners and institutions
- To present, publish, and share research results and experiences

All these aspects of research are seen as essential (necessary, but not necessarily sufficient) for fostering a better research culture within the professional community of body psychotherapists. Since EABP is the main professional network of body psychotherapy training and accrediting organizations, it is necessary to better understand the current status of research in this community. Therefore, a survey was undertaken to determine the status of research in body psychotherapy (Jokić et al., 2019).

In the survey, about 440 practitioners from different countries expressed their experiences about research in body psychotherapy. There were about 18 preliminary questions about the respondent's training, modality, and practice. They were then asked:

- Q.19 Whether they had had any training about research methods and/or techniques?
- Q.20 Whether they had been involved in any BP research project concerning their work with clients?
- Q.21 Whether they had been involved in any kind of research project (i.e., designed

a research study; designed a questionnaire for an interview; video-taped a session for research; collected data; analyzed statistics; written a research report; or written a case study)?

Q.22 Whether their place of employment had an institutional review board or other committees to oversee research projects?

Q.23 Had they ever sent a research article to a journal for publication?

Q.24 Had they ever had a research article published in a journal?

Q.25 Whether they read research papers (regularly; periodically; rarely; almost never)?

Then, there were a number of questions/statements focusing on attitude, interest, information, and competence regarding research in body psychotherapy that were rated.

This sort of overview helps to determine the current status of research in body psychotherapy and thus give a good ground to discuss further what might be needed in order to strengthen the role of body psychotherapy research as an important part of normal professional practice. There are, almost certainly, significant numbers of body psychotherapy practitioners doing what they were taught to do, without thinking about it or questioning it.

Given this limited space in this article, something of an overall picture about research was first presented. Subsequently, the focus became more specific, on the actual practitioners of body psychotherapy. Research in the profession of body psychotherapy is generally seen as very important and meaningful for body psychotherapists at all levels. Interest in doing research seems to be slightly lower, but is still above average. Information about research was rated in the middle of the scale, and competence in research was reported below average, across all groups of trainers, practitioners, and trainees.

On the basis of the data available, and by the help of cluster analysis, three distinct research roles or identities can be discovered within the body psychotherapy community (as surveyed). These different research roles show a specific profile regarding the chosen four variables: 1) acknowledging the importance of research for the profession; 2) interest in doing body psychotherapy research; 3) the level of information about research; and 4) the research competence of the body psychotherapist. According to this form of self-report from body psychotherapists, three different relationships to research can be described:

- The **research-practitioner** includes practicing body psychotherapists who see research as important. They could describe themselves as interested, competent, and well-informed about research.
- The **research-learner** includes body psychotherapists who see themselves as not very well informed about current research in body psychotherapy, and also describe themselves as not having enough research competencies. However, they see research not only as very important, but they are also very interested to learn how to engage in research. They would like to acquire competence in research.
- The **research-distant** includes body psychotherapists who say that research is more or less important, but they describe themselves as not very well-informed, nor competent in research. They express very little interest in body psychotherapy research, and thus tend to avoid research.

One has to bear in mind that the proportion of those who might be classified as “research distant” might in reality be much higher. If somebody is not interested in research, he or she is thus more likely not to have responded to the questionnaire, as opposed to others who may have interest in research. Taking this bias into account, it is nonetheless important to highlight that there is a significant potential of interest and competence in research, expressed by the data.

Since it is assumed that trainers in body psychotherapy would normally play a key role in supporting trainees to develop their professional identities as body psychotherapists, which includes (or should now include) a scientific and research-informed basis about their professional practice, it is necessary for such trainers to have some experience and understanding of appropriate body psychotherapy research. Some results of the survey indicate how practitioners could have: a) participated as a counselor or psychotherapist in a research project, b) participated as a researcher in a research project, or c) conducted their own research project.

Participating in research as a potential practitioner or as a trainer means taking the opportunity to systematically study and investigate actual body psychotherapy practice. Body psychotherapy practitioners can participate in both small, and large-scale studies, or they can become part of research conducted within health service institutions or smaller-scale therapy centers. Since body psychotherapy trainers are seen as crucial for helping trainees acquire positive attitudes toward research in body psychotherapy, focus should be given to the research experience of body psychotherapy trainers, as well as introducing a research module about appropriate BP research into the normal modality-based BP training – see “Possible Contents of a Scientific & Research Module” (Young et al., 2018).

The survey also gave us insight as to how many body psychotherapy practitioners have already participated in a research project. However, the survey also showed that a significant number of BP practitioners have never participated in any research processes or projects. Some have participated only once or twice in research, whereas only a small minority of body psychotherapy practitioners have participated either several times, or often, in research projects.

Finally, this survey showed that the research participation of body psychotherapists is relatively low. Given the fact that many practitioners see themselves as ready to do research, the actual participation in research is not as high as the self-reported levels of competence and interest might suggest. This could indicate a willingness to participate, but only a few actual opportunities being offered.

The role of the BP professional associations (like EABP, USABP, EABS,<sup>[58]</sup> EFBA-P,<sup>[59]</sup> EAPOA,<sup>[60]</sup> etc.) becomes extremely significant here, as they could easily promote some forms of research (as outlined) among their members.

## Discussion

The results of this recent EABP-SRC research survey underlines the fact that research is seen as very important for the profession of body psychotherapy, and that there is an interest in learning and participating in research projects within the various groups of trainers, trainees, and practitioners. However, there is still a lack of real research experience and information about possible research opportunities within the field of body psychotherapy.

The results of this survey also showed that, on one hand, there is a considerable strong group who see themselves as well prepared to conduct research, or as interested

and motivated learners, but, on the other hand, real research experiences are not often reported. This gap between a positive attitude and interest towards research and a lack of real research experience or opportunity can be interpreted as (a) either the tendency of just giving socially expected answers; or (b) showing real potential for research, which can be developed in the future.

If a research culture in body psychotherapy is to be further developed, a number of research activities or opportunities on different levels is needed. The survey also revealed that for many practitioners, research knowledge and research skills must be improved. This can only really be done with help from the various professional associations. Therefore, more opportunities to participate and engage in research activities must be offered. This could be done (a) by creating and promoting the Clinical Practitioner Research Networks (CPRN), (b) by conducting more research projects (e.g., case studies, outcome research, prizes for dissertations, etc.), and also (c) by encouraging/requiring members to get some necessary Continuing Professional Development (CPD) credits in this area of science and research.<sup>[61]</sup>

Lastly, the results suggest that information about research, and training in research, has to be better addressed from within the training curriculum. If trainees get an opportunity to reflect upon, and to learn about, body psychotherapy from the perspective of a research-practitioner early enough in their training and practice, they will then, step-by-step, acquire significant research competencies. Starting out at the beginning of their training, they may thus become more competent throughout their working career.

There is therefore a very significant proposal coming from the EABP-SRC, currently going to the FORUM of Body Psychotherapy and the Council of National Associations, to develop a generic training module about BP science and research that will become integrated into the usual BP four-year training curriculum, irrespective of the different BP modalities. This module would be taught at the university Master's degree level. This is a revolutionary new concept, and quite a different type of intervention: an inclusion of specific content into all aspects of training, rather than just requiring training schools to achieve normal training standards.

By educating body psychotherapists (for example) to identify the factors related to psychotherapeutic change, practical hints can be recommended for better processing, as well as outcome research leading to more cost-efficient learning and practice. It can therefore be contended that, possibly, research-oriented practitioners can do qualitative research, which may improve their effectiveness and be more significant to their clinical practice, as opposed to quantitative research, which is more concerned with overall efficacy, and uses data collection methods beyond the scope of individual practitioners.

*As change is multi-faceted, it is undesirable to rely on any single measure of change. To obtain an understanding of a particular outcome, it is generally best to employ more than one measure. For example, a phenomenon which is tapped only by a single measure will be extremely vulnerable to the specific noise, and unreliability carried by that one measure and findings may be an artefact of that one measure. Without the availability of a parallel measure, it is sometimes difficult to unravel this problem. Another issue concerns the frequency with which any phenomenon is tapped. A simple rule is to measure as often as possible. Two reasons underlie this rationale. First, how a particular measure performs can be better understood the more often it is used. Secondly, in line with current psychotherapy research, practitioner-scientists should be tapping the process of change. By*

*implication, a measure used only once or twice (that is pre- and post- psychotherapy) is unlikely to summarise adequately any **process** of change. ...*

*Thirdly, we would recommend the adoption of multiple methodologies (that is, methodological pluralism). Psychotherapy research is unlikely to be sufficiently informed by practitioner-scientists selecting on principle [just] one approach rather than another. Differing psychotherapeutic approaches are tools employed towards enabling clients to achieve improved well-being. The issue is being able to select a method or approach that is most appropriate to the phenomenon under investigation. And fourthly, we would encourage piloting of any procedures: implementing what may seem a very simple and straightforward evaluation procedure can throw up unforeseen obstacles. Often, the introduction of smaller components of a study in stages enables the evaluation of whichever aspect of the study is causing difficulties in implementation (Wilson & Barkham, 1994, p. 65-66).*

Some of the more common quantitative research methods, involving large amounts of data collection, are usually outside the possibilities of any single practitioner, or of a smaller training organization. Therefore, it would be necessary to utilize the wider multi-modal facilities of national professional psychotherapy associations and larger international modality-based psychotherapy associations to demonstrate the efficacy of any body-oriented psychotherapeutic method. However, while the research design of a large outcome study can be undertaken relatively easily by an individual practitioner, the research really comes into value only by the organization of and collection of lots of similar data, and the size and significance of such a project depends on the overall numbers of individual participants, and also the number of client data sets that each participant contributes.

## **Conclusions**

This article can, we hope, become a good starting point with which to reflect upon the importance of developing clinical research in body psychotherapy and introducing appropriate training about research into body psychotherapy training organizations, into different modalities, and in different countries. In all the various modality-based BP organizations, associations, and sub-groups, considerable and sustained efforts will also be needed to strengthen the role of appropriate practitioner-based research into current professional body psychotherapy practice.

The whole concept of research, therefore, has to be addressed explicitly both by currently practising body psychotherapists, as well as within the various body psychotherapy training organizations, and their training curricula. The scientific literature on body psychotherapy and body-oriented therapies, and on many specific topics of interest to such, can be selected, added to, and made available in order to further education and practice critical reading, not only just of BP theories and concepts, but also of various empirical studies on the discussed issues.

Furthermore, body psychotherapy trainees, once educated in appropriate research, can easily learn and practice basic methods of inquiry – for example, in interviewing or creating appropriate feedback questionnaires, which they can then apply with their clients. Specific qualitative and quantitative research competencies need to be understood during their training, and then practiced, in order to evaluate or investigate body psychotherapy activities. Connections with other reflective and investigative processes, like supervision, can easily be established and used for small-scale inquiries in specific topics of interest. The regular use of standard outcome measures, especially if coordinated across modalities and in different countries, can also be used to demonstrate the effectiveness of body psychotherapy.

All these integrated research activities, especially during BP training, would also require body psychotherapy trainers to have had some basic knowledge and competencies in the field of research. Opportunities for getting further training, especially with respect to training people in research competencies, should, therefore, be offered by body psychotherapy associations and organizations in a way that takes in all the different needs in the various sub-groups (or modalities) into account.

A body psychotherapy training organization that is ready to introduce an appropriate research module into their body psychotherapy training courses may have a need to share ideas with other body psychotherapy training organizations about how to integrate such a standardized research module into their different training courses. They might also be interested in sharing appropriate and easy-to-use research tools and procedures, or literature on body psychotherapy research, with other organizations.

Trainers (who might consider themselves as learners in this area) might also be more interested in getting specific training in research skills and methods in counseling and psychotherapy. Trainers, who are more distant with regards to research, might need more space and time in which to discuss any of their concerns or worries. Others might just initially be somewhat insecure about research, and might try to avoid it, essentially (and perhaps only) because they never had a proper opportunity to receive good training in research, or to introduce research activities into their body psychotherapy practice. These colleagues might also need to consider a more in-depth reflection about the role of research for their profession, especially in ways that were not shameful or threatening to their already expert status as an experienced body psychotherapy practitioner.

Even though research still plays a relatively minor role within the whole field of body psychotherapy, there are some definite potentials for further development, some of which have been identified here. It seems that a relatively high proportion of the body psychotherapy practitioners have some competencies and have expressed some interest in doing research, but only a few have yet initiated anything practically or communally. New initiatives can be proposed on an individual level, but would probably be more effective on an institutional or organizational level, like establishing cooperative activities with (perhaps) appropriate university-based research institutions, or participating in international collaborative research projects initiated by the relevant professional associations.



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This extended article is dedicated to the memory of

**Christa D. Ventling**

an indefatigable body psychotherapy practitioner (Bioenergetic Analysis), feminist, and international researcher, who sadly died in November 2018 in Basel, Switzerland.

\* \* \*

It is also dedicated to the memory of

**Joop Valstar**

past-President of EABP and member of the EABP-SRC (2010-2016), who hosted many Board, Committee, and SRC meetings in his beautiful house in central Amsterdam.

He died peacefully and elegantly in May 2018.

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## ENDNOTES

<sup>1</sup> Body Psychotherapy Competencies (2012): <http://www.eabp.org/pdf/BodyPsychotherapyCompetencies.pdf>

<sup>2</sup> "Psyche" here means soul, persona, sense of personal identity, etc.

<sup>3</sup> This short introduction is condensed from the "Basic Curriculum for Body Psychotherapy," approved by the general meeting of the German Association of Body Psychotherapy on 22nd September 2011.

- <sup>4</sup> 'What Is Body Psychotherapy? A European perspective': <http://www.eabp.org/docs/WhatIsBodyPsychotherapy.pdf>
- <sup>5</sup> Common Ground in Body Psychotherapy: A dialogue and debate. <http://www.eabp.org/docs/CommonGroundBodyPsychotherapy.pdf>
- <sup>6</sup> Definition of Body Psychotherapy: <http://www.usabp.org/Definition-of-Body-Psychotherapy/>
- <sup>7</sup> Body Psychotherapy vs. Somatic Psychology: <http://www.usabp.org/Body-Psychotherapy-versus-Somatic-Psychology/>
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- <sup>11</sup> Different types of psychotherapy: <http://www.psychologytoday.com/intl/therapy-types/integrative-therapy>
- <sup>12</sup> Efficacy vs. Effectiveness: see: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3726789/> or <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3726789/>.
- <sup>13</sup> Empirically Supported Therapies (EST): see Chambless, D.L. & Hollon, S.D. (1998). "Defining empirically supported therapies", *Journal of Consulting and Clinical Psychology*, 66, pp. 7-18.
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- <sup>15</sup> European Association of Psychotherapy: <http://www.europsyche.org>
- <sup>16</sup> Society for Psychotherapy Research (SPR): <http://www.psychotherapyresearch.org>
- <sup>17</sup> Society for Psychotherapy Research (SPR) Journal: founded in 1991: <http://www.psychotherapyresearch.org/general/custom.asp?page=SPRJournal>
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- <sup>36</sup>Body, Movement & Dance in Psychotherapy journal: <http://www.tandfonline.com/loi/tbmd20>
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- <sup>39</sup>**Programme: 1st Scientific Symposium, 2012, Cambridge, UK**

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| <p><b>Opening:</b> Herbert Grassman<br/>Chair of EABP Scientific Committee</p> <p><b>09.00 - 10:30: Session 1:</b> Sheila Butler (Chair)<br/>A: Joop Valstar<br/>B: Frank Röhricht<br/>C: Rae Johnson &amp; Christine Caldwell<br/>D: Sheila Butler<br/>E: Audience Participation</p> <p><b>11:00 - 12:30: Session 2:</b> Frank Röhricht (Chair)<br/>F: Courtenay Young<br/>G: David Tune<br/>H: Stefan Priebe<br/>I: Elisabeth Sedlmayr-Langer<br/>J: Audience Participation</p> <p><b>13:30 - 15:00: Session 3</b><br/>K: Helen Payne<br/>L: Maurizio Stupiggia<br/>M: Eric Wolterstorff<br/>N: Sheila Butler</p> <p><b>Closing Plenary:</b> Herbert Grassman + SRC<br/>Audience Participation</p> | <p>The science of body psychotherapy: relevance, method, future perspectives</p> <p>What am I doing anyway? A clinician's perspective.</p> <p>What could I be doing? Research informed practice</p> <p>The Research Mind 101<br/>Bringing the themes together<br/>Open facilitated discussion<br/>Evaluating therapeutic processes and outcomes in BP research projects</p> <p>What are we not doing?<br/>Process research – pros and cons<br/>Are randomised controlled trials the only gold that glitters?<br/>The Criteria of Evaluation</p> <p>Open facilitated discussion<br/>Other relevant scientific findings, projects, and developments<br/>From Practitioner to Practitioner-Researcher<br/>Effects on Body Image<br/>Build Nations, End War<br/>Building Bridges: What is happening in other fields</p> <p>The Body Psychotherapy Practitioner Research Network<br/>Open facilitated discussion – audience participation</p> |
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**40 Programme: 2nd Scientific Symposium, 2014, Lisbon, Portugal: Research Perspectives for Body Psychotherapy: Social / Emotional / Isolation**

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| <p><b>09.00 - 11:00: Session 1: Sheila Butler (Chair)</b><br/>                 1: Herbert Grassmann (Chair: SRC)<br/>                 2: Maurizio Stupiggia<br/>                 3: Ana Karina Figueira Barreiros</p> <p>Audience participation</p> <p><b>11:00 - 11:45: Session 2: Courtenay Young (Chair)</b><br/>                 4: Frank Rohricht<br/>                 5: Audience participation</p> <p><b>11:45 - 13:00: Session 3: Sigmar Gerken (Chair)</b><br/>                 6: Sheila Butler<br/>                 7: Audience participation<br/>                 8: Stephan Bishof, Chair of EABP Forum<br/>                 9: Joop Valstar<br/>                 10: Herbert Grassmann<br/>                 11: Joop Valstar</p> | <p>Update on the work of the SRC - 2012-2014<br/>                 Theory and evidence-base for BP work in social and emotional isolation.<br/>                 Case Study: Understanding the change process in BP from the patient's perspective<br/> <i>Open facilitated discussion</i><br/>                 Efficacy Study: An exploratory randomized controlled trial of BP for patients with chronic depression.<br/> <i>Open facilitated discussion</i><br/>                 Interactive workshop on how to design and implement an evidence-based case study project for BP practitioners, and how to access training<br/>                 Overall guideline leaflet on practice research based on Evidence-Based Case Study to APA Standard: Case Study Research: J. McCloud<br/>                 Group discussion with practice-based examples for exploration<br/>                 Training and research opportunities: Science &amp; research seminars for EABP members<br/>                 The Wilhelm Reich Foundation</p> |
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**41 Programme: 3rd Scientific Symposium, 2016, Athens, Greece: Embodied Self in a Disembodied Society**

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| <p><b>Part 1: 09:00 - 11:00</b><br/>                 Herbert Grassmann (Chair: SRC)</p> <p><b>Part 2: 11:30 - 13:00</b><br/>                 Christine Bader Johansson<br/>                 Svetlana Djordjevic<br/>                 Courtenay Young</p> | <p>Welcome &amp; Introduction<br/>                 Overview of 25 years of psychotherapy research – “landscape”<br/>                 Overview of 25 years of Body Psychotherapy research – “landscape”<br/>                 Embodiment and research: thinking outside the box<br/>                 Case Study of Female Emancipation<br/>                 Role of Embodiment in the Therapeutic Process<br/>                 Re-Embodiment without Touch</p> |
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**<sup>42</sup> Programme: 4th Scientific Symposium, 2018, Berlin, Germany: Building Bridges**

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| <p><b>Part 1: 15:00 - 16:30</b></p> <ol style="list-style-type: none"> <li>1. Herbert Grassmann (Chair: SRC)</li> <li>2. Biljana Jokic</li> <li>3. Christina Bader Johansson</li> </ol> <p><i>Audience participation</i></p> <p><b>Part 2: Roundtable</b></p> <ol style="list-style-type: none"> <li>1. Herbert Grassmann (Chair: SRC)</li> <li>2. Karin Schreiber-Willnow</li> <li>3. Rae Johnson</li> </ol> | <p>Welcome &amp; Introduction</p> <p>EABP's Members Research</p> <p>The Art &amp; Science of Being a Body Psychotherapist: Grounded Theory<br/>Discussion &amp; Questions<br/>Dogma &amp; Discussion</p> |
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<sup>43</sup> EABP Collaborative Practice Research Network: <http://www.eabp.org/research-cprn.php>

<sup>44</sup> EABP-SRC Guidelines for Writing a Body Psychotherapy Case Study: [www.eabp.org/research-case-study-guidelines.php](http://www.eabp.org/research-case-study-guidelines.php)

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<sup>46</sup> To be published in the International Body Psychotherapy Journal.

<sup>47</sup> EABP Student Final Papers Awards: 2012-2018: <http://www.eabp.org/research-scientific-student-thesis-prize.php>

<sup>48</sup> USABP Alice K. Ladas Research Award: <http://www.usabp.org/Alice-K-Ladas-Research-Award/>

<sup>49</sup> EABP Collaborative Practice Research Network: <http://www.eabp.org/research-cprn.php>

<sup>50</sup> David M. Allen. (2012). Why Psychotherapy Efficacy Studies are Nearly Impossible. *Psychology Today*: <https://www.psychologytoday.com/us/blog/matter-personality/201212/why-psychotherapy-efficacy-studies-are-nearly-impossible>.

<sup>51</sup> CORE-IMS (Clinical Outcome Research & Evaluation – Information Management System): <http://www.coreims.co.uk>

<sup>52</sup> International Body Psychotherapy Journal (IBPJ): <http://www.ibpj.org>

<sup>53</sup> International Association of Gestalt Psychotherapy (IAGP): <http://www.iagp.com>

<sup>54</sup> Society of Psychotherapy Research (SPR): <http://www.psychotherapyresearch.org>

<sup>55</sup> ResearchGate lists about 140 articles (1-Feb, 2019) [http://www.researchgate.net/search.Search.html?type=publication&query=Body Psychotherapy](http://www.researchgate.net/search.Search.html?type=publication&query=Body+Psychotherapy)

<sup>56</sup> See EABP Bibliography (<http://www.eabp.org/bibliography>): 'Search' for 'Bioenergetic Analysis research': 338 Chapters & Books; 360 Journal articles; 14 Theses & dissertations; 113 Conference presentations; 15 films, tapes & videos; 15 websites: as of 1st Aug 2018.

<sup>57</sup> Journal of Orgonomy: 'Science': <http://www.orgonomy.org/sciences.html>

<sup>58</sup> European Association for Biosynthesis (EABS): <http://www.biosynthesis.org/>

<sup>59</sup> European Federation for Bioenergetic Analysis Psychotherapy (EFBA-P): <http://www.bioenergeticanalysis.net>

<sup>60</sup> European Association for Psych-Organic-Analysis (EAPOP): <http://www.eapoa.com>

<sup>61</sup> There is an overall requirement of about 250 hours of CPD spread over five years, with a number of different categories of CPD, with an additional requirement that no more than a certain percentage of the total can be spent in any one category.

# A Survey of Body Psychotherapy Practitioners Practice, and Research Resources

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## ABSTRACT

Psychotherapy practice and research are supposed to complement each other; however, links between them are usually only weakly developed. This study was designed and conducted with the aim of collecting information about body psychotherapy (BP) practice, and about research resources among body psychotherapists (BPs). A total of 404 body psychotherapists from 36 countries participated in an online survey.

The findings revealed a great diversity of BP modalities currently practiced within and across different countries, especially diversity in respect to body psychotherapists' socio-demographic characteristics: 66.4% of participants were over 50 years old, suggesting a shortage of young people involved in both BP practice and research. Most therapists provide BP for adults in the format of individual sessions in private practice. Only a few BP practitioners work in mainstream healthcare settings. The results also suggest significant research knowledge, experience, and interest in research among BP practitioners; however, a lack of application of these research resources in body psychotherapy is noticeable. Results are discussed with an emphasis on the practical implications: i.e., the possible role for BP training schools to strengthen the research culture among practitioners, the importance of sharing BP experiences and research among different countries (and languages), and the need to develop collaborations between practitioners and academic groups in order to strengthen research capacities and accumulate knowledge about the intriguing construct of applied embodiment in BP.

*Keywords:* body psychotherapy, professional practice, empirically supported psychotherapies, survey, psychotherapists

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## Introduction

The importance of connecting research and clinical practice is usually recognized as a two-way process: therapists are supposed to base their practice on research findings, and researchers deduct hypotheses from therapeutic practice (Stricker, 1992; Drabick & Goldfried, 2000). In reality, in the field of psychotherapy in general, therapeutic and research activities seem to be rather weakly connected. This was already identified a few decades ago (Barlow, 1981; Goldfried & Wolfe, 1996; Williams & Irving, 1999), and, to a certain degree, this situation has remained unchanged (Boisvert & Faust, 2006; Hershenberg, Drabick & Dina, 2012).

It is, however, important to acknowledge that there are essentially two different types of research studies conducted within psychotherapeutic contexts:

1. Studies with practitioners *as collaborators* in research (where their clients are subjects): these studies are focused on therapeutic processes, therapeutic outcomes, and mediating factors that influence the effectiveness of a particular therapeutic approach;
2. Studies about practitioners *as subjects* of research: here the main focus is on practitioners' approach and how they manage their practice, the therapeutic relationship, and the way that their therapeutic practice is connected (if at all) with research.

The above statement regarding the weak connection between the practice and research is primarily related to the first type of research studies.

Psychotherapists usually state that they have insufficient time to do research, that they consider their clients as inappropriate for research, or that they think that research results are not informative, understandable, or relevant for their particular practice (Tasca *et al.*, 2015; Vachon *et al.*, 1995). Based on the empirical findings that practitioners rarely include any kind of research in their practice, the second type of research studies could also be considered as a tool for strengthening the research culture among professionals. This would furthermore support gathering knowledge about practitioners' motivation, their attitudes, their capabilities for obtaining data from their clients, and the ways in which they foster effective therapeutic relationships. In order to obtain this information from practitioners, some attempts have already been made (Cook *et al.*, 2010; Cruz & Hervey, 2001; Johnson, Sandberg, & Miller, 1999). In general, research results have provided some useful information about the main problems and possible solutions in improving the research culture among psychotherapeutic practitioners (e.g., organizing workshops, including research lessons in therapeutic training, etc.).

One specific challenge that has been identified is that the majority of practitioners surveyed previously were not sufficiently motivated to participate in research, and they did not make use of the opportunity to express their opinions and attitudes toward the topics relevant to improving their practice.

The problem of a weak connection between psychotherapeutic practice and research is a general phenomenon recognized across many different psychotherapy modalities. There are nevertheless differences in the way that the term "empirically supported psychotherapies" has been used over the last few decades, emphasizing that some modalities are regarded as being empirically "better" supported than others. Aspects of psychotherapy research have also been subjected to criticism with respect to the applied research methods and the corresponding scientific value of results on the efficacy or effectiveness of specific modalities or approaches (Westen, Novotny, & Thompson-Brenner, 2004; Wampold, 2015).

### **What is the Situation Concerning Body Psychotherapy?**

The EABP Science and Research Committee (SRC) has been listing diverse published research articles in support of the evidence base for body psychotherapy (BP),<sup>1</sup> and there is also the EABP *Bibliography of Body Psychotherapy* with over 5,000 entries.<sup>2</sup> It can be noted

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<sup>1</sup> <https://www.eabp.org/research.php>

<sup>2</sup> <http://www.eabp.org/bibliography/>

that a promising line of experimental research has been developed in clinical settings for chronic depression, chronic schizophrenia, and somatoform disorders (Röhrich & Priebe, 2006; Nickel *et al.*, 2016; Röhrich *et al.*, 2013; Priebe *et al.*, 2016; Martin *et al.*, 2016; Savill *et al.*, 2017; Röhrich *et al.*, 2017; and Galbusera *et al.*, (in press) 2018). However, due to the rigor of experimental design and the fact that few authors have conducted these studies, numerous psychological disorders are still beyond the scope of this approach, while at the same time there are not many case studies that could be used as a starting point for further examination. It is worthwhile to mention an example of a complex multi-center outcome study in outpatient settings that included clients with various diagnoses; however, due to the complexity and time-consuming nature of this study design, similar attempts are rather rare (Koemeda-Lutz *et al.*, 2008). Furthermore, it is noticeable that some body-oriented psychotherapy approaches are more empirically supported than others (e.g., there is a greater number of research publications relating to Dance Movement Therapy (DMT) and Dance Movement Psychotherapy (DMP).

In other words, although BP itself (as a whole) has established a certain significant level of empirical support, it requires further and more substantial studies, and an accumulation of knowledge that could be used for the further development of BP practice. This level of research would contribute to the wider understanding of human functioning based on the embodiment approach, as distinctive from other non-somatically-oriented psychotherapy modalities.

### **Current Study**

So far, it has been impossible to ascertain exactly how many BP practitioners are capable of and interested in research but are facing obstacles, or to determine what exactly their research experience is related to. In addition, although body psychotherapy practice consists of a wide variety of interventions, we have very little systematic knowledge about any of the specific elements of body psychotherapy practice, i.e., about practitioner and setting characteristics, and, more precisely, exactly how practitioners practice the various modalities of BP. Therefore, this study focused on gaining information about BPs practice and research, in all its varieties, depending on modalities and approaches, or with respect to general socioeconomic and cultural contexts.

Specifically, this explorative study about BPs practices and research resources was designed to provide relevant and highly structured information about:

1. EABP membership structure (e.g., demographics, formal education, professional experience)
2. Therapeutic practice (e.g., approaches, methods, clients' character structure)
3. Research resources (e.g., experience, motivation, attitude)

Based on previous research (Cruz & Hervey, 2001), one of the anticipated obstacles for this study was a possibly low response rate. However, we concluded that the research outcomes would be useful, regardless of the response rate. If the response rate was low, this would indicate a low level of interest in research in BP, which would imply a need for further specific activities in order to raise awareness of the importance of research in the field of BP. In contrast, a high response rate would provide insight into both therapeutic practice and research resources, and the responses could also be used to plan further activities, both in

terms of possible collaborative international projects, and in creating educational programs in collaboration with BP training schools across the world.

## Method

### Instrument

The e-questionnaire was designed to be in line with previous similar research, especially a study from the Dance Movement Therapy Association, due to the similarity of both study goals and psychotherapy modalities (Cruz & Hervey, 2001). In order to increase the response rate, and to collect data according to defined categories, we decided to include mostly multiple-choice questions, with the possibility to choose the option “Other,” including comment descriptions. Furthermore, two open questions were added in order to collect more detailed information about the person’s research experience, and any interest in participating in BP research projects in the future. The questionnaire was deliberately kept reasonably short, so that the estimated time for completion was within 15 minutes. For the purpose of preventing possible language barriers during data collection, we translated the English version into eight other languages: Albanian, French, Italian, Greek, German, Russian, Serbian, and Spanish. The questionnaire<sup>3</sup> included three sections in line with specified goals of the study:

1. Socio-demographic data
2. Body psychotherapy practice
3. Research attitudes, experience, and interests

### Sample and Procedure

The plan was to invite all EABP members to take part in the survey study. According to data from the EABP’s AGM *Grey Book* in 2016, there were ten national associations with 534 full EABP members in total, and an additional 102 in other membership categories: Candidate Members, Associate Members, and Student Members (Table 1).

**Table 1:** EABP Members (AGM *Grey Book* 2016)

| National Associations | Full members | Candidate members | Associate members | Student members | Total |
|-----------------------|--------------|-------------------|-------------------|-----------------|-------|
| AABP (Austria)        | 27           |                   | 8                 |                 | 35    |
| DGK (Germany)         | 262          | 3                 | 17                |                 | 282   |
| PESOPS (Greece)       | 61           | 14                | 13                | 18              | 106   |

<sup>3</sup> Link to the Google form in English: BP\_Questionnaire\_Eng

|                       |            |           |           |           |            |
|-----------------------|------------|-----------|-----------|-----------|------------|
| ILABP (Israel)        | 44         | 6         | 1         |           | 51         |
| AICP (Italy)          | 10         | 2         |           | 1         | 13         |
| NVLP (Netherlands)    | 35         |           | 1         | 3         | 39         |
| SABP (Serbia)         | 16         |           |           |           | 16         |
| CH-EABP (Switzerland) | 55         | 2         | 9         | 4         | 70         |
| SEABP-UK              | 16         |           |           |           | 16         |
| Spain                 | 8          |           |           |           | 8          |
| <b>Subtotals</b>      | <b>534</b> | <b>27</b> | <b>49</b> | <b>26</b> | <b>636</b> |

There were also another 89 full EABP members and 52 in other membership categories, directly affiliated to EABP (i.e., not in national associations), for a total of about 777 EABP members).

We also decided to invite BPs from other associations not directly affiliated with EABP (e.g. USABP, Bioenergetics, Biosynthesis, Concentrative Movement Therapy, Rubenfeld Synergy, etc.) who had collaborated with EABP through the *International Body Psychotherapy Journal* (IBPJ), USABP and EABP congresses, or other events, so that their email addresses were archived in the EABP database.

After creating and testing the nine electronic forms (languages listed above) on Google Drive, we organized data collection using multiple channels of communication from October through December 2017:

- Three rounds via EABP mailing list
- Two announcements in the EABP newsletter
- Additional invitations via EABP Council, National Associations, and the EABP Board members' mailing lists

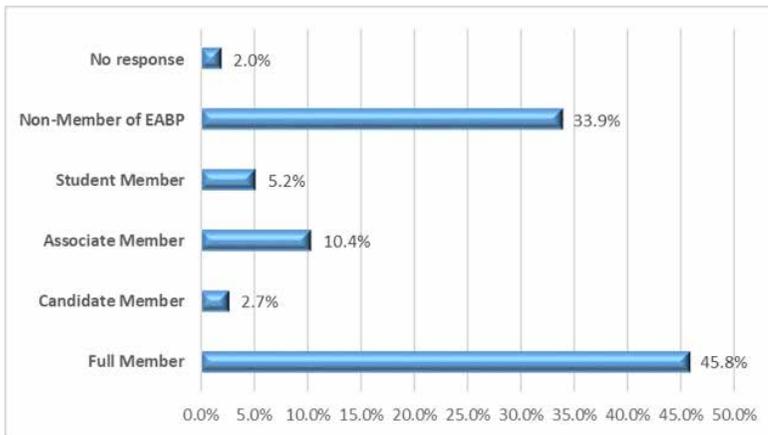
### Data Analysis

Data from the nine databases were first controlled and adjusted so as to have equal numbers of columns for each question, back-translated into English, and finally merged in order to have all data in one database. Due to the goals of this exploratory study, types of variables, and data distribution, mostly descriptive statistics were provided, with additional testing for statistical significance where relevant.

## Results

### Response Rate

In total, 404 participants completed the questionnaire. Given that EABP conducted the research, it is not surprising that the majority of respondents were affiliated with EABP (Figure 1). However, 33.9% were not EABP members: most of them from non-European countries, and some from European countries, mostly France (17), Germany (15), UK (13), Italy (10), and Greece (7).



**Figure 1:** Percentage of respondents per EABP Membership categories

In total, 259 EABP members completed the questionnaire. Assuming that all EABP members (777) were informed about the survey, the response rate for this subpopulation was 33.3%.

### Geographical Distribution of Body Psychotherapy Practice

In total, participants stated having their practice in 36 countries, and identified 36 nationalities. The majority of practitioners (80.2%) were from European countries, including Russia (7) and Israel (17), and their national associations (NA) were also affiliated with EABP. Other participants were from USA (18), Canada (5), Mexico (3), Brazil (9), Chile (2), Venezuela (3), Algeria, Mozambique, South Africa, Israel, Australia, and New Zealand (one participant from each country).

In line with data about the total number of NA members across countries, a majority of participants in the survey practiced in Germany (56). However, the distribution of responses did not follow any expected proportions based on NA memberships: Greece (56), UK (31), France (27), Italy (27), and Switzerland (22), followed by Netherlands (16), Serbia (12), Portugal (11), Austria (10), and Spain (10).

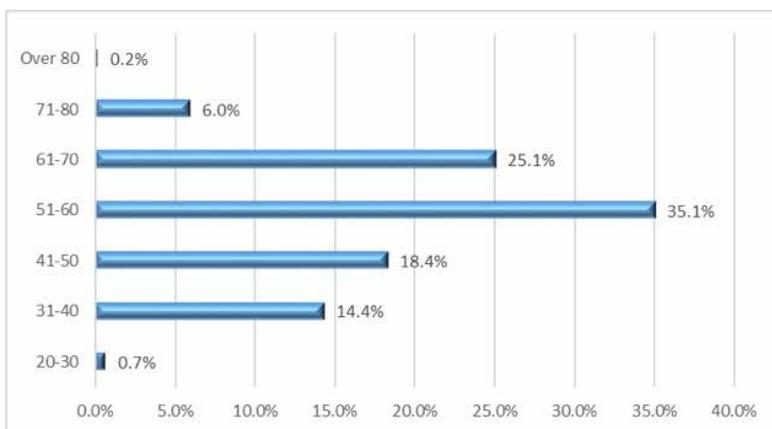
Due to the uneven distribution across countries (22 countries were represented with less than 10 participants), we tested the impact of “regions” (e.g., Northern, Southern, Eastern, and Western Europe) on questionnaire responses. Since this did not provide any statistically significant results, further analysis would take into consideration those countries with 20 or more participants (Table 2), as illustrations of diversity.

**Table 2:** Body psychotherapist participants per country

| Country        | Number of Body Psychotherapists |
|----------------|---------------------------------|
| Germany        | 56                              |
| Greece         | 56                              |
| United Kingdom | 31                              |
| France         | 27                              |
| Italy          | 27                              |
| Switzerland    | 22                              |

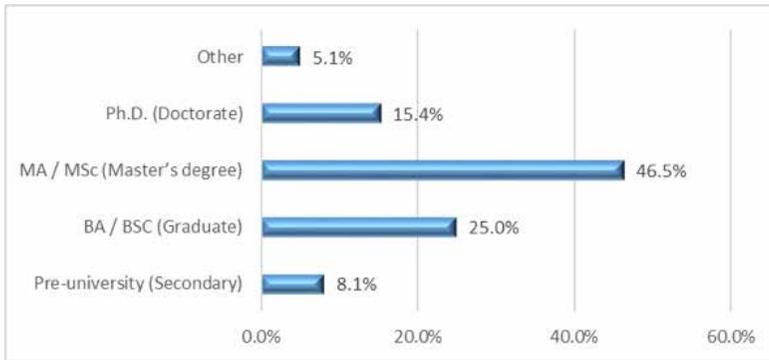
**Other Socio-Demographic Data**

Two-thirds of participants were women (68.3%) and 66.4% of participants were over 50 years old (Figure 2).



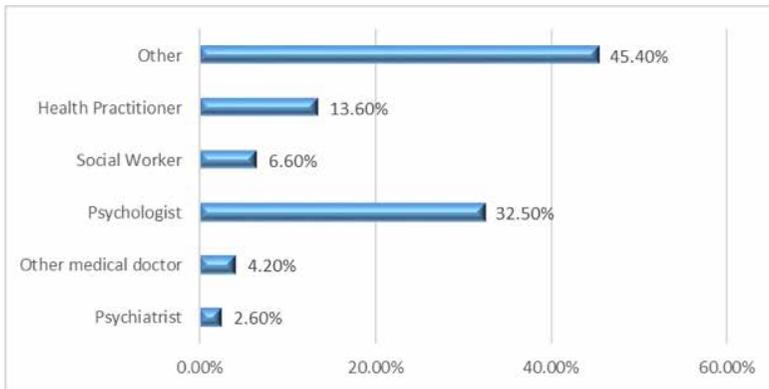
**Figure 2:** Age categories

As expected, the majority of participants had obtained (at least) a Bachelor’s degree, while more than 60% had also obtained a higher degree (Master’s or Doctorate) (Figure 3).



**Figure 3:** Highest level of education

The analysis of participants’ primary professions identified some significant variations: psychologists were the largest group with 32.5%, and 45.4% checked “Other” (Figure 4); this latter group includes various kinds of psychotherapists (e.g. counsellors, coaches, etc.), body-oriented therapists (e.g., physiotherapists, massage therapists, etc.), educational professions (e.g., teachers, lecturers, etc.), people with a background in the social sciences (e.g., sociologists, educators anthropologists, etc.), business-related professions (e.g., business people, managers, marketers, economists, administrators, etc.), artists (e.g., musicians), and people with technical skills (e.g., engineers, IT professionals, etc.).



**Figure 4:** Primary profession (before BP training). Multiple responses.

A further breakdown of figures by nationalities revealed that the BPs from Germany had most frequently (43.6%) checked “Health Practitioner,” “Other” (32.7%), or “Psychologist” (25.5%),<sup>4</sup> whereas psychologists were predominant among BPs in Italy (76%) and Switzerland (50%). In France, 74.1% checked “Other”; and in Greece, 61.1% checked “Other,” and only 20.4% chose “Psychologist.”

<sup>4</sup>This is probably because of the German law about practicing ‘psychotherapy’: people without a specific psychology degree need to qualify as a ‘Heilpraktiker’ (health practitioner) in order to practice professionally.

## Body Psychotherapy Practice

### Body Psychotherapy Modalities

Results from the different BP modalities also showed a high level of diversity (Figure 5). Many participants checked more than one option, or implied a kind of eclectic approach, which most often included some variation of “Reichian” (29.3%). As expected, BP modalities varied across countries: BPs who practice in Germany/France (43.6% / 44.4%) checked “Biodynamic (Boyesen).” In France, the second most represented modality (40.7%) was “Biodynamic (Marcher),” which was also checked by 29.1% of the BPs from Greece. However, in Greece, the most frequently listed option was “Neo-Reichian” (41.8%), which was also checked by 22.2% in France. BPs from Italy most often (74.1%) checked “Functional (Rispoli),” and BPs from the UK most often (48.4%) marked “Biodynamic (Boyesen),” but also (45.2%) “Relational (Chiron).”



Figure 5: Body Psychotherapy Modalities

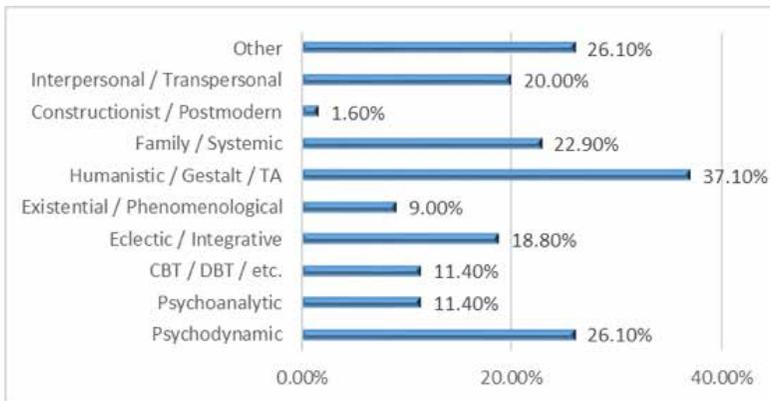
Among the option “Other” many different BP approaches were listed: Radix (14), Serbian School Tepsynthesis (11), Somatic Experiencing (Levine) (5), Psychomotor therapy (Pesso) (3), Postural Integration (Painter) (5), Sensorimotor Psychotherapy (Ogden) (2), Rubinfeld Synergy (2), Breath psychotherapy (6), Functional Analysis (Will Davis) (2), Embodied Relational Therapy (Totton) (2), Holotropic Breathwork (Grof) (3), Organismic Psychotherapy (Brown) (2), Body-centered (2), Process-Oriented (Mindell) (2), and Craniosacral Therapy (Sills) (2).

*Other specific approaches (each mentioned by one participant):* Strozzi Somatics, SKT, SHEN Physioemotional Release Therapy, Sexual Grounding Therapy, Rosen Method Bodywork, Relaxation (Jacobson), Relational Trauma Therapy, Relational (not Chiron), Personale Leibtherapie (Dürckheim), PBSP (Pesso Boyden System Psychomotor), Orgonomia Abierta, Orgone Therapy, Neuro-phytotherapy Character Analysis, Konzentrative Bewegungstherapie, Jin Shin Jyutsu, Inner Space Techniques IST, Heilende Kräfte im Tanz (Fischer), Formative Psychology (Keleman), Focusing (Gendlin), Emotional Reintegration (Bolen), Core Evolution (Pierrakos), Conscious Body & the Energy Medicine of Selves (Judith Hendin), Calatonia, Body-oriented Psychotherapy (Downing), Body-Mind Medicine; Body-Awareness Therapy.

In addition, different kinds of “*integrative approaches*” were noted: “Integrative Trauma Treatment,” “Integrative Somatic Training,” “Integrative BP,” or just “integrative” (2). Various unspecified or eclectic approaches mentioned were: “*Studied most of the above in my PhD program;*” “*own approach;*” “*Eclectic training in other BP modalities;*” “*It was a real mix of several of those above and others;*” “*I integrate all of the above;*” “*I have integrated a range of theories and practices from different body psychotherapy modalities. I call myself a Body Psychotherapist and do not adhere to any particular school;*” “*Eclectic training influenced by Chiron, Boadella, Boyeson, and Speyer;*” “*different Russian approaches;*” “*a synthesis of the above approaches.*” And other responses generally included other types of “therapies” – Yoga, Threefold Way, Tanatotherapy, Humanitarian, Family Constellations, Qi Gong Israel, etc.

**Body Psychotherapy and Other Psychotherapy Modalities**

Results show that many body psychotherapists combine BP and other psychotherapy modalities: approximately 1/3 of them (36.8%) practice almost exclusively BP (i.e., 90-100% of work), while others use a combination of psychotherapies (Figure 6).



**Figure 6:** Received trainings in other forms of psychotherapy

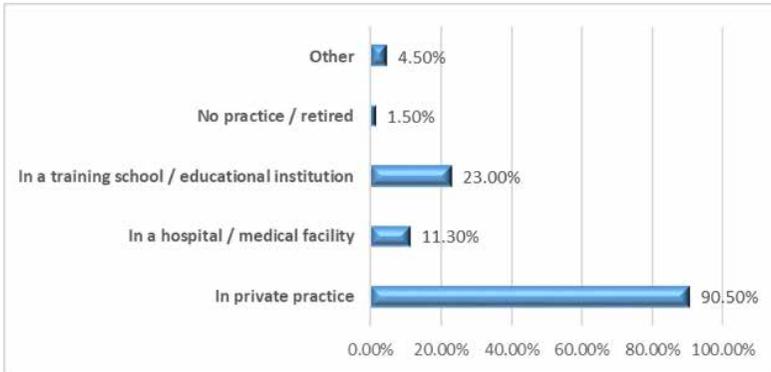
Within the option “Other” above, we discover EMDR (7), psychodrama (5), hypnotherapy / hypnosis (6), individual psychology/Adler (2), art therapy (2), and traumotherapy (2). The other modalities mentioned by one participant each are: Accelerated Experiential Dynamic Psychotherapy (AEDP), Acceptance and Commitment Therapy (ACT), communicative movement therapy, conversational model, expressive arts, FESTHALTEN, HEAL model, intersubjective self-psychology, Jungian, narrative practices, NLP, positive psychotherapy, psycho-energetic, psychogenealogy, psychoneuroimmunology psychosomatic, Psychosynthesis, Rheumatic Physical Psychotherapy, Transactional Analysis, Voice Dialogue & the Psychology of Selves (Hal & Sidra Stone), and yoga therapy.

**Professional Experience**

Results showed an average of 18.57 years of professional psychotherapeutic practice in general (SD = 11.98; range: 1 to 50), and only a slightly lower average of BP practice (mean = 16.23, SD = 11.35; range: 0.5 to 50). About two-thirds of the participants noted additional professional experience as trainers (64.8%) and/or supervisors (65.2%).

**Location of Body Psychotherapy Practice**

The majority of BPs work in private practice, while less than 25% are also active in educational institutions, and an even smaller proportion in medical facilities (Figure 7). The option “Other” includes various institutions that are closely related to social work or medical facilities: e.g. day center for refugees, counseling center, charity for cancer care, cancer center, autistic children’s center, charity in London, addiction center, well-being service for members, yoga studio, individual session rooms, run community classes, professional psychotherapy center, and with non-governmental organizations (NGOs).



**Figure 7:** Location of BP practice

The analysis per country showed that among BPs from Germany, 23.2% were engaged in medical facilities, while this was the case for 18.5% from Italy, 18.2% from Switzerland, and 12.9% from the UK. Again, this sort of differentiation is due mostly to the legal status of psychotherapists in these countries.

Engagement in training institutes comprised 17.9% of BPs from Germany, 19.2% from France, 16.4% from Greece, 25.9% from Italy, 31.8% from Switzerland, and 19.4% from the UK.

### Client Categories and Body Psychotherapy Methods

A majority of BPs work with adults (compared to children, adolescents, or the elderly). Less than one-third also work with adolescents, one-fifth with the elderly, and a small minority with children (Figure 8). Approximately half of BPs work with groups, and one-third with couples or families (Figure 9).

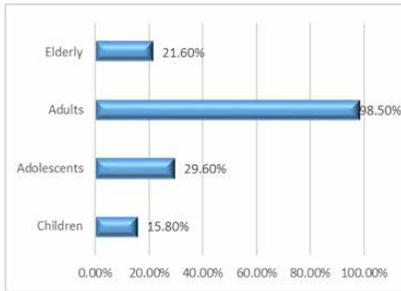


Figure 8: Client categories. Multiple responses.

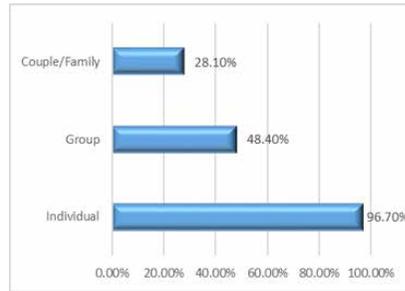


Figure 9: BP method. Multiple responses.

The categories “Working with Children” and “Working with Adolescents” are more frequently represented among BPs in France and Italy than among BPs in other countries, while “Working with the Elderly” mainly occurs in France, followed by the UK, Germany, Switzerland, and Italy. “Working with Groups” is present in almost all countries registered in this study (34). It is the most frequently marked option among BPs from Germany (60.7%) and Italy (55.6%), where 37% work also with couples and families (mentioned by BPs from 22 countries) (Table 3).

Table 3: Percentage of therapists working with certain client categories and BP settings per countries

| Country        | Client categories |             |         | BP setting |          |
|----------------|-------------------|-------------|---------|------------|----------|
|                | Childrens         | Adolescents | Elderly | Groups     | Families |
| Germany        | 10.7              | 12.5        | 23.2    | 60.7       | 16.1     |
| Greece         | 5.5               | 23.6        | 12.7    | 49.1       | 30.9     |
| United Kingdom | 6.7               | 16.7        | 26.7    | 26.7       | 26.7     |
| France         | 48.0              | 48.0        | 36.0    | 48.0       | 32.0     |
| Italy          | 19.2              | 53.8        | 19.2    | 55.6       | 37.0     |
| Switzerland    | 4.5               | 27.3        | 22.7    | 45.5       | 45.5     |

**Use of Technology**

Two-thirds of participants (66.2%) use Skype in psychotherapy, and approximately one-third use email (34.6%) and/or video recording (30.9%) in their psychotherapy work, while 26.8% use audio recording as a psychotherapeutic tool.

**Research Resources**

**Attitudes Toward Research**

Results show that attitudes towards research are basically positive (Table 4). However, the highest average grade was for the statement “Research is important for improving the evidence base for BP.”

**Table 4:** Attitudes towards research

| Statement   | N   | Min | Max | Mean | Std. Deviation |
|---|-----|-----|-----|------|----------------|
| Research is important for the survival of the profession.   | 401 | 1   | 5   | 4.24 | 0.94           |
| Research is important for improving the evidence-base for BP.   | 402 | 1   | 5   | 4.40 | 0.83           |
| Research provides credibility for the work we do in BP.   | 401 | 1   | 5   | 4.35 | 0.91           |
| Research provides communication about clinical interventions that might be applicable to other clients. | 397 | 1   | 5   | 4.26 | 0.88           |
| Research is important for better understanding of the BP process and outcomes.                          | 402 | 1   | 5   | 4.28 | 0.89           |

Note: Likert 5-point scale was employed (1 - completely disagree, 3 - neither agree nor disagree, 5 - completely agree)

**Research Experiences**

Approximately two-thirds of the participants stated they had undergone some degree of training, or had attended course modules about research methods during their university studies or psychotherapy training, but less than one-third have ever been involved in any kind of research projects about BP that included practical work with clients, or have published a research article (Table 5).

**Table 5:** Research experience

| Question  | % of "Yes" |
|---|------------|
| Did you have any training or courses about research methods and/or techniques during your university studies or psychotherapy training? | 64.6       |
| Have you ever been involved in any research project about BP that includes your practical work with clients?                            | 31.2       |
| Have you ever sent a research article to a journal for publication?   | 28.7       |
| Have you ever had a research article published in a journal or book?  | 27.2       |

We tested the effect of educational levels on the results above. There were no statistically significant differences depending on the level of education for the proportion of those who had ever been involved in research projects about BP that included practical work with clients. However, there were significant differences for training and courses, and for publishing scientific papers or books.

As expected, the percentage of those who *had some training or courses in research methods* increased with the level of education: 25.8% in the secondary school group; 57.7% with a BA/BSc, 77.6% with a MA/MSc, and 75% with a PhD: ( $\chi^2(4, 391) = 49.75, p < .001$ ). An analysis of 61 open-ended responses revealed that all participants stated that they had some kind of research experience from universities, mostly related to final papers, master or doctoral theses. Five of them noted university or scientific laboratory affiliations, while no one mentioned research experience during their BP training.

The same trend with educational levels was identified for the proportion of *those who had ever sent an article to a journal*: 12.9% in the secondary school group, 16.1% with a BA/BSc, 29% with a MA/MSc, and 59% with a PhD ( $\chi^2(4, 388) = 37.77, p < .001$ ). Similar results were obtained concerning *published articles or books* – 9.7% in the secondary school group; 16.3% in the group with BA/BSc, 26% in the group with MA/MSc, and 59% in the PhD group ( $\chi^2(4, 384) = 41.12, p < .001$ ).

The analysis of open-ended responses related to publishing showed that out of 22 participants who listed their papers or commented on anything concerning their publishing work, 10 said they had one or two articles published in a journal, mostly specific for the field of BP (e.g. *IBPJ, Body, Movement, and Dance, Psychotherapy, Energy & Character*, or chapters in a book). Four participants noted more than five books or other publications (one participant listed 25 book chapters and articles) in various journals.

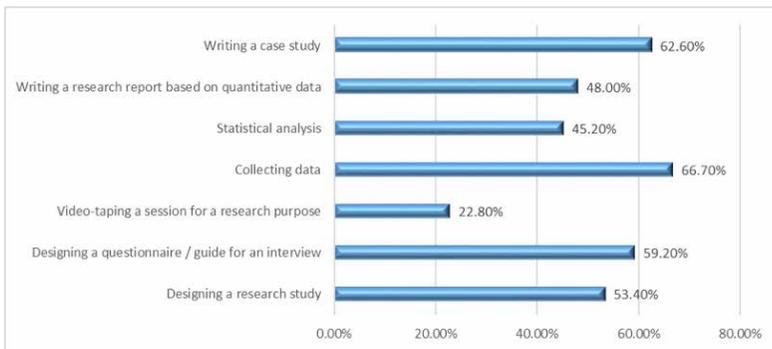
We also checked whether there were any differences among countries with more than 20 participants, and this revealed significant variations (Table 6). Research training was noted by more than 2/3 of BPs from Italy, Switzerland, and the UK, while this was the case with less than one-third in France. Research experience related to BP follows a similar pattern, except in Greece, where it was a relatively rare experience, compared with the percentage of those who had been trained for research. Publishing was most often noted in Italy, the UK, and Switzerland.

**Table 6:** Research experience (percentages of participants per countries)

| Country        | Research trainings | BP research project | Published article |
|----------------|--------------------|---------------------|-------------------|
| Germany        | 50.0               | 33.9                | 25.5              |
| Greece         | 61.8               | 18.2                | 17.3              |
| United Kingdom | 67.7               | 22.6                | 40.0              |
| France         | 30.8               | 19.2                | 19.2              |
| Italy          | 77.8               | 59.3                | 46.2              |
| Switzerland    | 72.7               | 72.7                | 36.4              |

Results regarding the habit of *reading about research in BP or any other type of psychotherapy* did not reveal a statistically significant difference with respect to the level of education. In total, 27.3% of participants stated that they read about research on a regular basis; 44.2% periodically, 24.3% rarely, and 4.2% never.

To find out more specific information about research experience, we asked participants about their *involvement in specific research activities, regardless of field*. A majority had experience collecting data, writing case studies, and/or designing a questionnaire or guide for an interview. More than half the sample had experience designing a research study, and somewhat less than half had experience writing a research report based on quantitative data, and/or conducting statistical analysis (Figure 10).



**Figure 10:** Percentage of participants who reported having experience in specific research activities regardless of the field (multiple responses). Percentage of participants who checked listed options.

We also analysed open-ended responses related to *specific experience from research projects in BP*. Out of 17 participants who had specifically noted experience in research projects in BP, seven stated that they participated in some kind of BP outcome research: some comparing methods between centers in different countries; some examining one specific approach. Examples were:

- *We are currently beginning a study on the effectiveness of our approach.*
- *Right now, I am finishing my own research project on the effectiveness of BPT.*
- *Participation in Switzerland in joint research with Germany on the impact of psychotherapies; comparison of methods.*
- *One RCT in an outpatient setting and a two-center RCT in day hospital settings about the effectiveness of a psychomotor therapy intervention.*

Two participants specifically stated they had obtained a grant awarded by EABP or USBP:

- *Project supported by EABP: Support people with disabilities to reach their full potential.*
- *Student Research project on compassionate presence with people in comatose states near death. Won USABP award in 2008.*

Others mostly described attempts to examine specific interventions, e.g., *“Project in GP practice to offer counseling and body awareness for people with hypertension, then checking if blood pressure levels decrease;”* *“Reviewing and developing BP theory and practice that integrates neurobiology research and utilizing ‘wounded researcher; concept (Romanysym);”* *“Therapy for people with PTSD. A body and movement observational instrument has been developed and is currently researched for reliability and validity, and a systematic review and meta-analysis is being conducted;”* *“Research on management of occupational stress from a psychosocial and psycho-corporal approach;”* *“Along with two other colleagues, conceptualized, designed study and protocol for Somatic Experiencing®-Informed Therapeutic Group for the Care and Treatment of Biopsychosocial Effects on Gender Diverse Identity. Work is currently in peer reviewed journal review process.”*

Some participants (16) described their experience in “Other therapies, clinical research, and related fields,” e.g., *“Small research project with GP surgery clients with hypertension;”* *“Immunology, field trials, and clinical research;”* *“Experience in research in oncology;”* *“17 years of psychological research in the areas of testing (intelligence, concentration), communication in rehabilitation, communication and dealing with new technologies in vocational retraining;”* *“Data collecting for standardization of personality tests;”* *“Catamnesis research in Switzerland;”* *“Neuroscience;”* *“Good practices and methodology for family crisis management in Scandinavian countries. Comparison with Greece;”* *“The charity I’m working with in London is half-funded by welfare organizations and the state, and at the end of each period it provides information on attendance, approach, effectiveness, etc.,”* *“I research in medicine not in BP”*

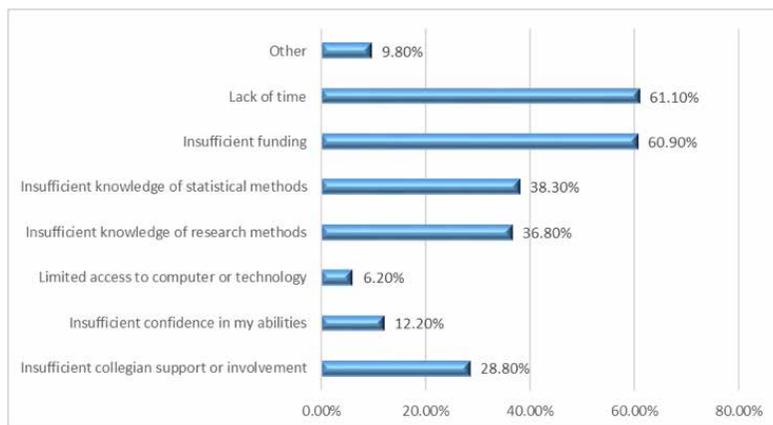
### **Other Research Fields**

Four participants stated they had experience in market research, and another eight described various other fields and research topics, e.g., *“political science research (13 years);”* *“My research experience is in the engineering field;”* *“Research on assistance that new teachers receive within the school system;”* *“Done interviews with families of forced disappeared people in Chile.”*

There were also (10) general comments such as: *“Research is part of my life;”* *“I have carried out and published a qualitative survey. I have also supervised undergraduate students;”* *“I am*

*finishing my pilot study, which I did over the last four years. I am in the process of writing it. I wrote a design, collected data, and worked with questionnaires.”*

We also – most significantly – asked about “possible barriers of conducting research in BP.” The majority stated lack of time and insufficient funding, but more than one-third also noted insufficient knowledge of statistical methods, or more generally insufficient knowledge of research methods (Figure 11).



**Figure 11:** Perceived barriers in considering the possibility of carrying out research in BP (multiple response). Percentage of participants who marked listed options.

An analysis of open-ended responses regarding the option “Other” revealed a lack of interest / insufficient motivation (13); lack of clients (4); as well as lack of trust in the possibility of conducting research with valid and reliable results for different reasons (6). Examples were:

- *To be credible, research in psychotherapy requires very tight design and multi-center studies or involving several professionals, and that is difficult. “Case studies are not ‘scientific’ enough!”*
- *The philosophical and political challenge of defining and upholding a shared model of research for BP by practitioners across BP modalities that can be considered research in fields beyond BP;*
- *Statistics/scientific attitude and inner attitudes of body psychotherapists do not fit well together;*
- *Not sure that doing research benefits the profession. It does no harm, but there is so much around politics and funding even if there is a strong evidence base for something;*
- *Not really scientific, irrelevant results;*
- *Lack of confidence in evidence-based measurements as effective ways to develop the field of psychology without killing off the unmeasurable and artistic aspects of the field;*
- *Invasive methods (often video and audio recordings) in sessions.*

Others indicated a lack of support from the academic institutions (4). Examples were:

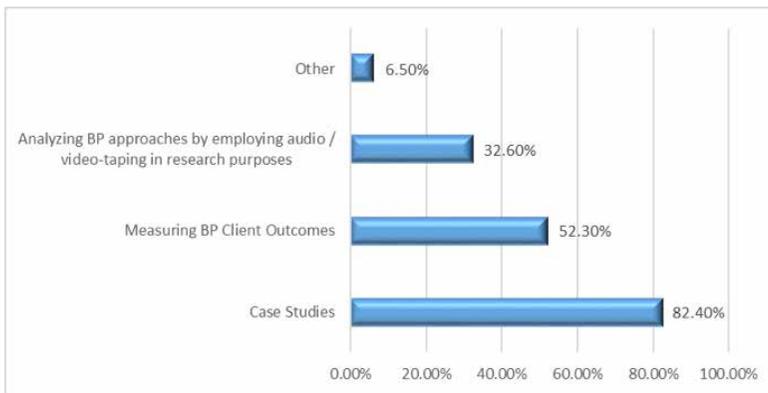
- *Lack of interest at universities;*
- *Lack of connection between BP practitioners and academic colleagues;*

- *Insufficient academic interest to carry it on, which was my case;*
- *Insufficient affiliation with a college or university or other means to support data processing and interpretation.*

Support from others. Examples were:

- *Involvement of other colleagues (physicists, physicians, neuroscientists, etc.);*
- *Insufficient understanding and support from leading organizations.*

Finally, we asked about “an interest in joining some of the projects that the SRC is considering” for the future. A majority expressed an interest in case studies, more than half of the sample was interested in measuring BP outcomes, and approximately one-third in analysing BP by employing audio/video taping (Figure 12).



**Figure 12.** Interest in joining some of the research projects planned by the SRC

The option “Other” (8) was mostly related to specific methods for BP research, e.g.:

- *I am interested in defining new research methods that allow for a more phenomenological approach to the study of life;*
- *Focused on specific method of BP;*
- *Find the method that will provide deep BP work, but that’s at the same time simple and short;*
- *Developing suitable tools for BP research protocols;*
- *Development of assessment questionnaire and assessment practical tests relevant to BP as suggested above by SRC.*

Four participants suggested using physiological or endocrinological measures, such as blood pressure, heart rate variability, EEG, HRV, cortisol, and oxytocin. One participant emphasized that he was trained in “*certain instruments, such as HRV, audio scan, etc.,*” and one suggested a specific research topic: “*Find any physiological evidence for Reich’s character structures.*”

\* \* \*

## Discussion

Given the previously recognized problem of the weak connection between psychotherapy practice and research across the various modalities in BP (Barlow, 1981; Boisvert & Faust, 2006; Goldfried & Wolfe, 1996; Hershenberg, Drabick & Dina, 2012; Williams & Irving, 1999), the EABP SRC became inspired to initiate a specific survey among EABP members and other BP practitioners. Apart from gaining insights into the research experience and motivation of BP practitioners to participate in BP research projects, we also gathered information about BP practice in general, i.e., those who practice BP, where, and how. Since this research was intended to explore the implications for planning research projects and training programs, we will discuss results relating them to these practical goals where relevant.

After three rounds of data collection (via mailing list), two announcements in EABP newsletters, and through the additional help of colleagues from the EABP Board, Council, and national BP associations, a total of 404 BPs completed the questionnaire; two-thirds of them were EABP members and one-third non-members. The estimated response rate for EABP members (33.3%) was significantly higher than achieved in past research conducted amongst DMT practitioners (8%); (Cruz & Hervey, 2001). This difference does not necessarily (or exclusively) reflect the difference in real research interests between BPs and DMTs, but it is also a result of the difference in data collection procedures. In fact, based on past research results (suggesting possible low levels of motivation among psychotherapists to participate in any kind of research, including this kind of survey), we paid special attention to the process of data collection. We designed a questionnaire that was easy to complete (mostly multiple response questions, which lasted only up to 15 minutes), and maybe even more importantly, we offered the questionnaire in nine different languages to support our diversity, as EABP is constituted of people from different European nationalities – in our sample 36, from 36 different countries.

Diversity is also the keyword for BP practice. According to our survey results, psychologists are the most frequently represented profession, but many other professions are present, which also reflects different policies among different countries. While professions outside the socio-humanistic and medical disciplines are not accessible for psychotherapy training in some countries, there are no similar restrictions in others. Variation among countries are actually noticeable with respect to the majority of topics that we investigated in this survey, which we illustrated based on examples from those countries with at least 20 participants. The purpose of these illustrations is not to show the exact situation in any country, as the sample does not provide data that would allow generalizing results to any specific population of BP practitioners. It is, however, noticeable that BP practitioners from some countries are more engaged than others in certain activities: e.g., French BPs in working with children, adolescents, and the elderly, German BPs in working with groups.

Reichian influence dominated across the different BP modalities (as might be expected); and, at the same time, many responses indicated a mix of a few (or several) approaches. In addition, although one-third of the sample employed almost exclusively BP, the majority combined BP with other psychotherapy modalities (humanistic, psychodynamic, systemic, etc.). This actually seems quite typical among psychotherapists in general, as an online study that included more than 2,000 psychotherapists from North America also revealed that the majority apply an eclectic practical approach or theoretical orientation (Cook *et al.*, 2009).

BP practitioners usually work in private practice, and in individual settings with adults, which is also the most common situation in other psychotherapy modalities (Cook *et al.*, 2010; Cruz & Hervey, 2001; Johnson, Sandberg, & Miller, 1999). They are also quite familiar with Internet technology (IT) when used for psychotherapy purposes, with about two-thirds of them using Skype.

The results suggest that it would be useful to engage in activities to increase BP's involvement and visibility in educational and medical facilities. Equally, there is a need to enhance its presence in working with other groups (i.e., children, adolescents, and the elderly), and also in other settings (i.e. groups, couples, and families). We recommend fostering the sharing of experience between BPs from various countries (bearing in mind differences in national regulations, policies, languages, and socio-economic factors).

Since the sample was an *ad hoc* online sample, it was clear that it is not necessarily a truly representative sample for body psychotherapists, and therefore the results cannot be generalized to the whole population of BP practitioners. It could be argued that BPs who are interested in research would more often accept participation in this survey than those who are not interested. This might have significantly skewed the results, especially with respect to those questions related to experience and attitudes towards research. In this sample, most participants demonstrated awareness that research in BP is important – especially for improving the evidence base for BP.

66.4% of the participants were over 50 years old, suggesting that there is either a reason to assume that young BPs did not engage with this survey, or that BP practitioners in general are coming from an older population. This is somehow alarming and should be investigated further in future studies, as it might suggest that the field of BP is not significantly reaching out to young people.

Whatever the truth, this result is a signal that “something” needs to be done to attract more interest among younger people to get involved with BP in general. One way of gathering interest among psychotherapy, psychology, and related trainees is to strengthen academic perspectives and research activities in BP trainings. The importance of training of younger generations in order to overcome the gap between clinical research and practice is not exclusively related to BP, but it is a much broader problem (Hershenberg *et al.*, 2012).

Training schools in BP should and must play a far more specific role in improving this situation, and emphasizing the results of this survey regarding research experiences. Even though we found positive attitudes towards research in BP, the results show that around two-thirds of the respondents had had some kind of research training, but only one-third had participated in BP research, which included practical work with clients.

Additional analysis has revealed that research training is mostly related to university studies, and the level of academic education was also associated with the number of articles published. It appears, therefore, that research experience in BP is related to training in other (basic) disciplines and – very significantly – is not based upon training in BP schools. This is almost exactly the opposite of findings from previous research in DMT, where 84% of the survey participants had some exposure to a research course as a part of the DMT training (Cruz & Hervey, 2001).

Contrary to those findings regarding research experiences, the results of our survey suggest that the majority of BP practitioners read about research in BP on a regular basis, or at least periodically; this is similar to the findings from the DMT study. In addition, this is not

connected to the level of education. However, these results about the subjective estimation of the frequency in reading research papers might reflect a general tendency to choose a middle option when offered different options on a scale, especially when the subject is beyond one's expertise (Simonson, 1989) – meaning that the percentage of those who read actual research papers is probably somewhat less than the results indicated.

However, it is very encouraging to see that the majority of respondents stated they had written case studies or had collected data, and approximately half of the sample stated that they had experience designing a questionnaire or research study, conducting statistical analysis, or writing reports about their projects. Analysis of the corresponding open-ended responses showed that several participants had (or would have) participated in some kind of a BP “outcome study,” while others described various research projects in clinical and other fields.

The question, however, is why currently – according to the literature reviews (e.g. Röhrich, 2009 & 2013) – research in BP is conducted only by a very small group of individuals. If many body psychotherapists have some research knowledge and experience, why then do they miss applying it within the field of BP (or at least doing so more often)? Explicitly stated reasons for this discrepancy were mostly a lack of time and insufficient funding, which was also identified in similar past research (Royalty & Reising, 1986; Vachon *et al.*, 1995). It is important to note that more than one-third of respondents stated they had insufficient knowledge of statistical methods, or research methods in general. It is therefore important to emphasise that BP training schools should play an important role in the process of improving this situation.

Finally, we would like to address the issue of interest in research projects that are planned by the EABP-SRC. 82.4% of participants indicated that they are interested in case studies, which could be a good starting point for the development of a research culture among BP practitioners. In line with their announced plan, the EABP Science and Research Committee has recently published guidance for practitioners for case study research, and a collection of BP case studies to illustrate examples of good practice in BP case study research (Young, 2018).

More than half of the sample expressed an interest in BP outcome studies, which may be another possibility for taking part in continuous (longer-term) research projects. However, when considering such outcome studies, it is necessary to consider not just possible or desirable methods, but all their various strengths and weaknesses (see May, 2005; Slade & Priebe, 2001; Westen *et al.*, 2004). It is particularly important to plan such research in line with the characteristics of the population of interest – in this particular case, BPs mostly working in private practice, in various BP modalities, and in various countries. Practice-based research across a variety of settings is not suitable for a strictly experimental approach. Those observational studies could nevertheless – if carefully and systematically planned and conducted with the help of more experienced researchers – contribute to the pool of information that constitutes an evidence base for a certain modality of psychotherapy. Additionally, the findings of such research can serve as a basis for subsequent studies with more rigorous methodological designs that test the efficacy of BP. With regard to the latter, it will be crucially important that BP starts to connect with academic psychotherapy research groups that have an interest in body-oriented approaches and the embodiment theme, in order to provide the necessary expertise to apply for research funds, and to plan and conduct those studies.

To summarize the main findings of this survey, it can be concluded that body psychotherapists, as a diverse group of people from all around the world, expressed a high level of research interest, and a variety of research experiences. It is however demonstrably necessary to develop a much more profound research culture and resources within BP in order to become not just better empirically supported, but also better recognized as a leading psychotherapy modality – especially to address the fundamental issue of relational embodiment in clinical and other contexts.

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**Biljana Jokić** graduated in psychology from the University of Belgrade. She was awarded a PhD. from the same university (major: psychology; minor: social cognition). Parallel to her academic education and career, she received a certificate from the Serbian body psychotherapy school, Tepsyntesis, and became a full member of both Serbian Union of Associations for Psychotherapy and the European Association for Body Psychotherapy. Biljana has been involved in research projects since the 90s, collaborating with various local and international research teams on both scientific and market projects. Biljana is a senior researcher in the Center for Study in Cultural Development, Belgrade, and an associate at the Social Psychology Laboratory, University of Belgrade.

As the General Secretary of the Serbian Association of Body Psychotherapy (SABP), Biljana regularly participates in workshops organized by SABP in order to promote body psychotherapy in the region.

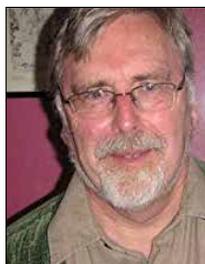
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*He has more than 25 years of clinical experience working as a psychiatrist and psychotherapist, and previously also in psychosomatic medicine, neurology and general practice. From 2000-2013 as Clinical Director, and since November 2013 as Medical Director, he has been involved with major service development programs as a clinical manager. He is one of the leading researchers in the international field of body image phenomenology and body psychotherapy in mental illness, and has published numerous papers and textbooks.*

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**Courtenay Young** trained in body psychotherapy in London in the early 1980s with teachers like Gerda and Ebba Boyesen, Clover Southwell, Bernd Eiden, Jochen Lude, Reiner Pervoltz, and others at the Institute of Biodynamic Psychology and Psychotherapy. External trainers were David Boadella, Jim Healey, Paul Boyesen, John Pierrakos, David Smith, and Jack Lee Rosenberg. He attained a Diploma in Psychology, and also worked further with Helen Davies and David Boadella. He helped David republish Wilhelm Reich: *The evolution of his work* (Arkana, 1985), and was the ghost editor for *Lifestreams: An introduction to Biosynthesis* (Routledge, 1987). After a period of working in residential settings with delinquent adolescent girls and psycho-geriatrics, he became the resident psychotherapist at the Findhorn Foundation, a spiritual community in Scotland, for 17 years. Here, he worked further with Diana Whitmore, Arnold Mindell, and Stanislav Grof. Since 2003, he has worked as a counsellor and psychotherapist in various NHS departments of Clinical Psychology in Scotland, and has had a private practice in Edinburgh and the Scottish Borders. He has been the General Secretary (1992-1999) and President of EABP (2000-2004), and a founding member of USABP, the lead writer for the (1999) *Scientific Validity of Body Psychotherapy*, and the English editor of *The Handbook of Body Psychotherapy & Somatic Psychology* (North Atlantic Books, 2015). He was the lead writer of the EAP's (2013) project to establish the core competencies of a European psychotherapist. He has written over 60 published articles; written and edited several other books, and is the director of Body Psychotherapy Publications. He is also currently the Editor of the *International Journal of Psychotherapy* ([www.ijp.org.uk](http://www.ijp.org.uk)).

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## **About Body Psychotherapy Case Studies – or the Lack of Them**

**Courtenay Young**

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### ABSTRACT

This is the text of a presentation at the Scientific Symposium at the 2018 EABP Congress in Berlin. It was accompanied by a slide presentation which can be accessed via the EABP website.

*Keywords:* body psychotherapy, case studies

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As has been mentioned – several times, by several speakers – case studies are a legitimate and extremely interesting method of “qualitative” or “descriptive” research – especially in the field of psychotherapy.

Case studies give us a unique insight into what goes on behind the closed door of the therapy room. They introduce a form of developmental “story” or “fable” – often over a period of time – about what has happened in a person’s therapeutic process – and possibly even why.

It is perhaps significant that early on, Freud published several case studies, as did other pioneers in both clinical psychology and the various forms of psychotherapy. It is perhaps unfortunate that some of the early pioneers – especially those in body psychotherapy – did not publish many case studies. It is also unfortunate that, from the 1930s onwards, for about 50-60 years, case studies were considered “unscientific”, “journalistic”, “subjective”, “biased”, “self-promotional”, etc. And, of course, they can be!

The driving force behind this devastating critique was the domination of psychology, and its desire and attempts to be considered a proper” science. This initiated the split between research and practice in psychotherapy.

*A good profession should position itself well on three legs:*

### **1. Good practice 2. An excellent academic base 3. Sound research**

Unfortunately, most psychotherapists were – and still are – not well trained in any form of research or scientific methodology. In our various modality-based training courses, our focus is – quite properly – on the “*therapia*” [*healing*] aspect of our work, and with developing our “craft” and the “skills” of our work as professional psychotherapy practitioners who help people to heal.

Unfortunately however, and for a number of reasons, we – as practitioners – do not study the science (the *logos* or knowledge) of our work with the human psyche. Since the 1920s

and 1930s, psychotherapists seem to have abdicated most of the research in their field to the psychologists. Thus, we now have a “*positivistically inspired research paradigm [that] privileges the deductive search for general context-independent knowledge by the quantitative, experimental comparison of groups, dealing with statistically simplified individuals.*” This is a quote from Daniel B. Fishman in the Forward to the relatively definitive *Case Study Research in Counselling and Psychotherapy*, by John McLeod (Sage, 2010). Fishman goes on to write that:

*In contrast, practitioners know that therapy knowledge always starts with . . . the contextually specific, qualitatively rich case, that is naturalistically situated, that deals with real persons (not statistical composites), and that generalizes via induction from the specific. Case-based knowledge is thus the polar opposite of knowledge based on group experiments – that is, qualitative vs quantitative; naturalistic vs experimental; context-dependent vs context-independent; inductive vs deductive; and individually-based vs group-based, respectively.*

As a result, there is a prominent, universal gap – or gulf – between practice and research, not only in body psychotherapy, but also in the profession of psychotherapy in general. There are increasing attempts within the scientific and research committees of the European Association for Psychotherapy (EAP) and the European Association for Body Psychotherapy (EABP) to close this gap, and case study research is one method with which to do so.

In the field of psychotherapy, and in the area of appropriate and useful research, we are beginning – thankfully – to move away from the (almost mandated) plethora of randomised controlled trials: the prescriptive manualisation of techniques; the use of control groups; the need for statistical analysis; and all the other paraphernalia that turn research into the lives, bodies, and souls (psyches) of ordinary but unique individuals into an objective, scientific, soul-less, and impersonal paradigm.

Some of the problems with these so-called objective scientific methods, and experimental and quasi-experimental research, can be summarised in terms of their advantages and disadvantages:

- **whilst** one may gain insight into the methodology, the method and results may be subject to human error;
- **whilst** intuitive practice can be supported and shaped by research, the personal bias of the researcher may intrude;
- **whilst** teachers / trainers may have their own particular biases, they can also be reflective about their experience;
- **whilst** choosing a particular sample or group to study, the sample may not be representative;
- **whilst** the researcher may have some control over variables, the results can become artificial;
- **whilst** humans are and always will be experimental, the results may only apply to one situation and may be difficult to replicate;
- **whilst** various methods can be combined with other research methods in order to produce some rigour, groups may not be comparable;
- **whilst** research can be used to determine what is best or what is most effective,

human responses can be difficult to measure and can also be very individual;

- **whilst** “objective” research provides for greater transferability than anecdotal research, political and cultural pressures may skew the results;
- **whilst** the health, mood, cultural background and life experience of the subjects of research may influence their reactions and thus the results, these variables – and their effects – may not even be known to the researcher;
- **whilst** the methods may be relatively easy to replicate, the “environment” of the research may be artificial and have little bearing on reality;
- **whilst** the controls may have to be tight so that it is easy to assess cause and effect, the participants may be aware of the “experiment” and may change their behaviour;
- **whilst** there is a risk of producing artificial results, or that the risk is that the results may only apply to that one particular situation, they may also be very difficult to replicate.

In a similar vein, the advantages and disadvantages of using case studies as a method of research are that:

- **whilst** case studies are a good source of discovering hypotheses, vital information may be missing making the “case” either hard to interpret – or rendering any interpretation very speculative;
- **whilst** case studies provide in-depth and detailed information about an individual or about individuals, the researcher’s own subjective feelings may influence the case study, or the information can sometimes become distorted to fit the researcher’s particular theories (researcher bias);
- **whilst** they can help to generate new ideas, they are difficult (impossible) to replicate and very time-consuming;
- **whilst** case studies provide rich and qualitative information, the person’s (peoples’) memories may be selective or inaccurate;
- **whilst** unusual cases can shed light on situations or problems that might be unethical or impractical to study in other ways, the individual in that case may not be representative or typical;
- **whilst** case studies provide insight for further research, any “results” cannot be generalised to a wider or different population.

With these limitations in mind, nothing in the above listings weighs definitively either “for” or “against” case studies as being “right” or “wrong”. Case studies are simply another way of finding out what works and what doesn’t – and as such can be seen as a “legitimate” form of study and research.

### The Case Study Method

This form of research originated out of clinical medicine (the *case history*, i.e. the patient’s personal history, also called the *ideographic method*). A case study:

- Describes the symptoms, the diagnosis (if appropriate), the treatment, and the eventual outcome (also called the *descriptive method* and in newer research, *explanatory case studies*);
- Uses the person’s own memories, the memories of friends and relatives, or records of various types such as diaries, photographs, letters, etc.;

- Often combines interviews and observations;
- Is an in-depth investigation of experiences that allows identifying interactions and influences about psychological processes. It opens up and explores aspects of human experience that can then be investigated using other types of research methods (qualitative study, inductive research).

A single case study allows a researcher to investigate a topic or a client’s particular process in much more detail than might be possible if he or she was trying to deal with a large number of research participants with the aim of “averaging”.

The case study is not considered (by some) as a “scientific” research method in itself, but researchers select methods of data collection and analysis that will generate material suitable for case studies, such as qualitative techniques (semi-structured interviews, participant observation, diaries); personal notes (letters, photographs, notes); or official documents (case notes, clinical notes, appraisals, reports). The data collected can then be analysed using different theories (grounded theory, interpretive phenomenological analysis, text interpretation, thematic coding, etc.).

All these approaches, as mentioned here, use preconceived categories in their analysis and they are ideographic in their approach, that is, they focus on the individual, without reference to any others or to a comparison group.

## Different Types of Case Studies

### Intrinsic versus instrumental case studies

- *Intrinsic case studies representing nothing but themselves.* They are chosen because these are interesting in their own right. The researcher wants to know about intrinsic issues in particular, rather than about a more general problem or phenomenon.
- *Instrumental case studies constituting exemplars of a more general phenomenon.* They are selected to provide the researcher with an opportunity to study the particular phenomenon of interest.
- *The research question identifying a phenomenon (stress, bereavement, fame, etc.).* The cases are selected in order to explore how the phenomenon exists within a particular case, or in other cases. In this form of case study design, individuals who are experiencing the phenomenon under investigation are all suitable cases for analysis.

### Types of case study subjects

|                     |   |
|---------------------|---|
| <b>Person</b>       | The study of a single individual, generally using several different methods   |
| <b>Group</b>        | The study of a single distinctive set of people, such as a family or small group                                      |
| <b>Location</b>     | The study of a single distinctive set of people, such as a family or small group                                      |
| <b>Organisation</b> | The study of a single distinctive set of people, such as a family or small group                                      |
| <b>Event</b>        | The study of a particular social or cultural event and the interpretations of that event by those participating in it |

### Types of case studies (according to Stacks, 2013)

- **Illustrative case studies.** These are primarily descriptive studies. They typically utilize one or two instances of an event to show the existing situation. Illustrative case studies serve primarily to make the unfamiliar familiar, and to give readers a common language about the topic in question.
- **Exploratory (or pilot) case studies.** These are condensed case studies, performed before implementing a large-scale investigation. Their basic function is to help identify questions and select types of measurement prior to the main investigation. The primary pitfall of this type of study is that initial findings may seem convincing enough to be released prematurely as conclusions.
- **Cumulative case studies.** These serve to aggregate information from several different sites collected at different times. The idea behind these types of studies is that the collection of past studies will allow for greater generalization without additional cost or time being expended on new, possibly repetitive studies.
- **Critical instance case studies.** These look at one or more sites for the purpose of examining a situation of unique interest with little to no interest in generalization, or to call into question or challenge a highly generalized or universal assertion. This method is useful for answering cause-and-effect questions.

### The Main Characteristics of Case Studies

#### 1. *Descriptive*

- a. The data collected constitute descriptions of psychological processes and events, and the contexts in which they occurred (qualitative data).
- b. The main emphasis is always on the construction of verbal descriptions of behaviour or experience but quantitative data may be collected.
- c. Provides high levels of detail.

#### 2. *Narrowly focussed*

- a. Typically, a case study offers a description of one single individual, but sometimes it can be about groups.
- b. Often the case study focuses on a limited aspect of a person, such as their psycho-pathological symptoms.

#### 3. *Combines objective and subjective data*

- a. The researcher combines objective and subjective data. Everything is regarded as valid data for analysis, and as a basis for inferences within the case study:
  - i. The objective description of the behaviour and its contents.
  - ii. Details of the subjective aspect, such as feelings, beliefs, impressions, and interpretation.

In fact, a case study is uniquely able to offer a means of achieving an in-depth understanding of the behaviour and experience of a single individual.

#### 4. *Process-oriented*

- a. The case study method enables the researcher to explore and describe the nature of developmental processes, which occur over time.
- b. This is in contrast to the experimental method, which provides a stilled “snapshot” of processes that may be continuing over time such as, for example, the development of language in children over time.

### Use of the Case Study

The case study method permits the collection of detailed descriptive data, which are usually qualitative in nature. It may also provide information on the unique features of particular individuals. The approach plays a major role in diagnosis and in the planning of therapy or treatment. Alternatively, case studies may be made of the typical representatives of groups.

Stiles (2007) suggests that “practitioners have expertise in and daily access to the phenomena that theories of counselling and psychotherapy seek to explain. Practitioners’ clinical experience can thus be accumulated and shared through *theory-building case research*.”

A prerequisite for such theory-building case studies is a rich collection of information about the client and their process of treatment. Theory-building from case studies involves: i) familiarity with the theory and the courage to change / adapt it; ii) selecting a suitable case, and giving reasons for the selection; and iii) having a rich case record.

Elliot (2002) provides a valuable list for collecting theory building information:

- a. Basic facts about the client, including demographic information, diagnoses, presenting problems, treatment approach, organization, etc.;
- b. Recordings of treatment sessions (verbatim transcripts of audio / video recordings) as a good source for grounding inferences since process-notes can be inaccurate;
- c. Sessional assessments, measurements of problems, goals, symptoms, etc.;
- d. Outcome assessments, descriptions of quantitative and qualitative measure of change;
- e. Post-treatment interviews to see if the benefits of therapy have lasted or whether they are temporary and disappear;
- f. Other documentation such as journals, diaries, poetry, artwork, letters, etc.;
- g. Analysing the materials of the case study, which involves a deep familiarity with the material;
- h. Focusing on the object of the study and interpreting it accurately;
- i. Collaboration with colleagues and university-based researchers;
- j. Applying the case to the theory, not the theory to the case;
- k. Reporting the case study properly.

Theories are only tools that practitioners can use and that need refining through case study observations. As practitioners, we are regularly privileged to witness people’s pain, their struggles, their courage and joy at a depth, and to a level of detail that are rarely possible in laboratory studies or in daily social life.

*Theory-building case study research thus offers a way in which these rich and valuable observations, and the understandings that they can engender, through accumulating and sharing these, in order to improve their future practice. Trainees can be easily and routinely taught the principles of critical inquiry as used in case study methodology to evaluate and refine their work by inviting them to reflect on questions such as “How is this a good or poor outcome case? What criteria can be used to define this? What are the strengths and limitations of this case? If the outcome was poor, what factors contributed to this? What could have been done differently?” The development of such critical inquiry and evaluation skills will have a direct effect on increasing the capacity of trainees to accurately evaluate their work in day-to-day practice (Widdowson, 2011).*

### Further Access to Case Studies

*Pragmatic Case Studies in Psychotherapy (PCSP)*, produced by Rutgers University Libraries, is a peer-reviewed, open-access e-journal and database. It provides innovative, quantitative, and qualitative knowledge about psychotherapy process and outcome, both for researchers and practitioners. However the input of “body-oriented”, “somatic”, or “body psychotherapy” on its search function yields little results. We can begin to change that.

Additionally, there are psychotherapy case studies published in *Psychotherapy Research*, the journal of the Society for Psychotherapy Research, which has been publishing research papers in psychotherapy for 25 years. Unfortunately, this journal seems to almost completely favour the “objective” type of research. Also unfortunate, is the fact that very few of their case studies are about body psychotherapy. We will have to change this as well.

There are other books and collections of psychotherapy case studies *but* very few are from body psychotherapists, or about body psychotherapy. Body psychotherapy case studies (e.g. Ventling, 2002; Guimón, 1997) tend to be obscure or unsuitable, and many are part of student dissertations or presentations within body psychotherapy training courses, and therefore have not been accessible. These are some of the reasons why the EABP Science and Research Committee (SRC) entered into this arena:

- Four years ago – in Lisbon 2014 – we published *Guidelines for Writing a Body Psychotherapy Case Study* in the book of the Lisbon Congress.
- The article *The Body in Relationship: Self – Other – Society* (Young, 2014) has been up on the EABP website for the last four years.
- Two years ago – in Athens 2016 – we presented a 3-hour scientific symposium, *Body Psychotherapy Case Studies*.
- We decided to gather the body psychotherapy case studies from the symposium in a new and specially produced book, *Body Psychotherapy Case Studies*. This book, sponsored by EABP, and edited by Courtenay Young, member of the EABP-SRC, is published by Body Psychotherapy Case Studies. It was launched at the 2018 Berlin Congress.

*Body Psychotherapy Case Studies* presents a collection of 15 body psychotherapy case studies, all of them vetted by the EABP-SRC. This is hopefully the first of many such collections that will add to the richness and complexity of understanding how we work, what works, and the many different ways in which we work in our field of body psychotherapy.

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**Courtenay Young** trained in body psychotherapy in London in the early 1980s with teachers such as Gerda and Ebba Boyesen, Clover Southwell, Bernd Eiden, Jochen Lude, Reiner Pervoltz, and others at the Institute of Biodynamic Psychology and Psychotherapy. He also worked with external trainers David Boadella, Jim Healey, Paul Boyesen, John Pierrakos, David Smith, and Jack Lee Rosenberg. He obtained a Diploma in Psychology and further worked with Helen Davies and David Boadella. He helped David republish Wilhelm Reich's *The Evolution of His Work* (Arkana, 1985) and was the ghost editor for *Lifestreams: An Introduction to Biosynthesis* (Routledge, 1987). After working in residential settings with delinquent adolescent girls, and in psycho-geriatrics, he spent 17 years as the resident psychotherapist at the Findhorn Foundation, a spiritual community in Scotland. There, he worked with Diana Whitmore, Arnold Mindell, and Stanislav Grof. Since 2003, he has been a counsellor and psychotherapist in various NHS Departments of Clinical Psychology in Scotland, and has maintained a private practice in Edinburgh and the Scottish Borders. He was General Secretary (1992-1999) and President of EABP (2000-2004), and a founding member of USABP. He was the lead writer for *Scientific Validity of Body Psychotherapy* (1999); the founder of the EABP *Bibliography of Body Psychotherapy*; and the English editor of *The Handbook of Body Psychotherapy & Somatic Psychology* (North Atlantic Books, 2015). He was also the lead writer of the EAP's (2013) project to establish the *Core Competencies of a European Psychotherapist* ([www.psychotherapy-competency.eu](http://www.psychotherapy-competency.eu)). He has published over 60 articles, written and edited several other books, and is the director of *Body Psychotherapy Publications*.

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# Introduction to Qualitative Research and Grounded Theory

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## ABSTRACT

This article presents the concepts of the reflective practitioner, evidence-based practice, and different ways of doing qualitative research. By asking questions beginning with “*what*” and “*how*” qualitative research seeks the specific quality typical of a phenomenon. Today, one of the most used methods in qualitative research is Grounded Theory. A pattern of *meaning-carrying units* becomes visible among the observations or answers to open questions, and are then coded into categories. This coding process is described; it is called *constant comparison* and is pursued until a *saturation* of a theme occurs, which crystalizes the central meaning of a phenomenon. Useful standards of the themes of validity and reliability in qualitative research are presented.

*Keywords:* qualitative research, Grounded Theory, constant comparison, saturation

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## Background

Presenting research in body psychotherapy/somatic psychology<sup>1</sup> is not only a way of demonstrating the results of our body psychotherapy methods and outcome studies, but also a way of communicating the impact of our work to other therapeutic communities, to the medical profession, government departments, and health insurance companies. The results of the survey on *Body Psychotherapy Practice and Research* (Jokić, Röhricht, Young, 2019) presented in this *IBPJ* issue clearly show that body psychotherapists have a high level of interest in research, and have a variety of research experience. Nonetheless, the authors of the survey express the necessity of developing and deepening the research culture within the body psychotherapy community, as well as providing resources that increase the empirical support for our profession. This will further the acknowledgment of body psychotherapy as a leading modality and will address the issue of relational embodiment in clinical and other contexts. This text is a short report of the 2018 EABP Berlin Congress, where the author gave a presentation on qualitative research

## Two Ways of Generating New Knowledge

Usually, research methods generating new knowledge are divided into two branches: *deductive* and *inductive* (Eneroth, 1984). A discourse on the role of rationality and intuition in scientific work finds its place in the distinction between a context of

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<sup>1</sup> The term somatic psychology is mainly used in the United States. For the simplicity of the following text only the term body psychotherapy will be used.

*justification* – deduction – and a context of *discovery* – induction (Starrin et. al., 1997).

- **Deduction** means that we start with a general theory from which we hypothesize an individual situation, and then test this hypothesis. Test groups and control groups must be representative, and a random sample of the cohort is tested in an experimental design called the randomized controlled trials (RCTs). The result proves the hypothesis right or wrong, applicable or not applicable for treatment. It should be possible to repeat the result.
- **Induction** means that we start from the individual and go to the general. Through observation from practice, theories are generated, which could be valid for a greater population. This results in the discovery of patterns and signs that could prove probability for interpretation and suggest useful methods for treatments. It should be possible to repeat the method, which must be described in detail.

These two ways of doing research both contribute to the understanding of clinical practice. This presentation concentrates on a short introduction of qualitative research, and a more detailed presentation of Grounded Theory.

### Qualitative Research

Qualitative research seeks the specific quality that is typical of a phenomenon (Eneroth, 1984; Malterud, 2014; Denscombe, 2017). It answers questions beginning with “*what*” and “*how*” rather than “*what percentage*,” “*how large is the population*,” and “*what is true or false, significant or not*.”

O’Hara (2012) claims that the field of psychotherapy needs a new epistemology that incorporates both research-based and practical-based knowledge. Eneroth (1984) argues in his book with the wonderful title *How Do You Measure “Beautiful”?* that hidden within qualitative research methods is a new worldview, different from the worldview that looks at numbers and quantitative data.

By formulating our practical clinical work with clients, we take a first step toward becoming *reflective practitioners*, which starts a process of systemizing our observations in the framework of research. Schön (1987) defined this reflection in practice as *knowing-and-reflecting-in-action*. The practitioner utilizes a repertoire of images, understanding, and actions to reframe a troubling situation so that problem-solving actions are generated. This leads to developmental insights; experience alone does not necessarily lead to learning (Schön, 1987). This reflective practitioner position could start a professionalization of body psychotherapy, which would support the development of a research culture in our field. In medicine the term *evidence-based medicine* was coined in the mid of 1990s (Sacket, 1996) and presented systematic reviews of the effects of health care. Sacket defines *evidence-based medicine* as “integrating individual clinical expertise with the best available external clinical evidence from systematic research”. Evidence-based medicine is based on deductive as well as inductive research.

In the field of psychology, clinical reflective work led to the creation of a document called *Evidence-Based Practice* (2005) by the American Psychological Association (APA). Evidence-based practice means the integration of the best clinical expertise and available research within the context of the characteristics for serious mental illness. The APA Council of Representatives adopted a policy statement on *Evidence-Based Practice in Psychology* to assist psychologists in identifying appropriate interventions for their settings and those they serve. This document includes advanced clinical training initiatives, and contact information for experts on specific interventions.

### Qualitative research:

- Is often used when new areas are to be researched;
- Is about experience and ideas;
- Is asking questions beginning with “how” and “what”;
- Can generate hypotheses or deepen a subject;
- Is used to understand a phenomenon and its interconnectedness;
- The same data can be interpreted towards more than one theoretical framework;
- The reader must be able to follow the well-described process or method;
- It should be possible to repeat the method although the result can vary;
- A pre-understanding of the subject by the author must be reported;
- An expression often used by the author is: she/he is like a “participating observer”.

### Methods of Qualitative Research

Methods of qualitative research often used are:

- Questionnaires, interviews, observations, case studies, videos (empirical evidence);
- A-B-A-designs: a single subject design using defined tests at the beginning and end of a session to evaluate the effect of a single treatment;
- Naturalistic studies: observation of the behavior and self-reflection of a real therapist-client dyad from both the therapist and client perspective using a questionnaire;
- Grounded Theory.

### Grounded Theory

Sociologists Glaser and Strauss were the founders of Grounded Theory (Glaser and Strauss, 1967, 2005, 2006). Although Grounded Theory was first applied in sociology, it is today the most used qualitative method in a variety of areas such as psychology, medical sociology, pedagogies, caring sciences, and economics (Sbaraini *et al.*, 2011; Corbin & Strauss, 2015).

Glaser and Strauss wrote *Awareness of Dying and The Discovery of Grounded Theory: Strategies for Qualitative Research*, which in the 1960s were the first examples of theories generated out of observations and interviews in the practical field, instead of theories tested from hypotheses. Glaser and Strauss believed that they had discovered a theory because of the new method of observing *meaning-carrying units* until a pattern became visible.

Over a six-year period, and in six different hospitals, Glass and Strauss studied the phenomena of the interrelationship between the hospital staff and the patients who were in the terminal stage of their lives. This had never been done before. They coded the huge number of answers into categories, discovered patterns in the answers, and came up with a new approach to managing the dying process. This led to the staff becoming more aware of how to respond and talk to patients in different stages of their dying process. As a result, patients needed fewer drugs, and their close relatives or friends could be called to come at the appropriate time.

The following quote from their book gives an indication of the mentality in the 1960s:

*Once upon a time a patient died and went to heaven but was not certain where he was. Puzzled, he asked a nurse who was standing nearby, “Nurse, am I dead?” The answer she gave him was, “Have you asked your doctor?”*

This illustrates how novel and astonishing it was to questions the caregiving staff and not only the doctors. Research revealed that the emotional-social aspects of the caregiver/patient relationship were more efficient than the medical treatment procedures.

We, as body psychotherapists, are just at the beginning of exploring and coding our therapeutic process. Grounded Theory, by using induction before hypothesis, is a useful qualitative method. We are also at the beginning of communicating the value of our work to health authorities and other therapeutic communities.

\* \* \*

The following is an example of the process of Grounded Theory used the field of body psychotherapy that forms the basis for formulating a theory. An initial question might be:

*Are there certain methods in body psychotherapy that you often use at the beginning of a therapy?*

Body psychotherapists might suggest that a client work on one of the following:

- *Grounding, feeling their feet on the floor;*
- *Making contact with their breathing;*
- *Observing their breathing;*
- *Standing and swaying backwards and forwards;*
- *Therapist putting his/her hands on the client's chest and asking them to sense the breathing movements while the therapist talks.*

The answers to such an open question are coded and categorized in a *constant comparison, until saturation*. This means that no more categories are being discovered which contribute to the understanding of the field being studied. The aim in Grounded Theory is to crystalize the central meaning of a phenomena, not to find every single description of qualities (Eneroeth, 1984).

### **Kinds of Coding**

- ***Open coding.*** Directly describing in words that mirror the content the *feeling their feet on the floor* and giving it a code name.
- ***Axial coding.*** Trying to find *key categories* through association between different open codes, such as *grounding*.
- ***Selective coding or ideal types.*** Focusing on the identified key categories and using them to formulate *a concept or core category*. For example: *Treatment methods in the beginning of body psychotherapy are suggested to be grounding and encourage contact to one's own breathing.*

Grounded Theory has one declared goal: to explain what “a truth” is out of the empirical data collected – without speculation or preconceived attitudes. Literature studies are also integrated into the collection of data. Articles and books on grounding and breathing, which support the open question answers, amplify the example above. Through short formulations, the concepts lead to focusing on how the key categories are related to each other. In our example we could state that *without a safe grounding experience, it can be difficult and/or scary to breathe more deeply.*

### Summary of the Steps in Grounded Theory

- **Sampling.** Who is participating? How are you finding them? Describing the sample in detail;
- **Data collection.** Interviews, open written questions including collecting literature;
- **Data analysis.** Constant comparison of the answers, coding, and categorizing them until saturation has been reached, which gives a theoretical sampling process;
- **Interpretation.** Building a concept, a hypothesis, or a theory based on the theoretical sampling, including literature.

### Validity and Reliability in Grounded Theory

As in quantitative research, the theme of validity and reliability is of great importance. Here are some useful standards:

- **Sample size.** The key to making Grounded Theory a trustworthy method is to generate enough data, so that the illuminated patterns, categories, properties, concepts, and dimensions of the given phenomena can emerge. It is not so much about the number of *people* participating, but about the number of *ideas* linked to the theme being investigated (Thomson, 2011).
- **Triangulation.** Data is compared with two “other legs,” like in sailing, when you validate your own position by knowing the distance between two other points on the map. Here you validate with other groups in other countries, and/or with the index list at the end of books you have read. Are your key categories and core category listed there? (Malterud, 1998),
- **Pragmatism.** The acceptance of “a truth” depends on how useful the findings are in the practical field. For example, can grounding and breathing be used as body psychotherapy exercises that invite new experiences? (Starrin *et al.*, 1997; Corbin & Strauss, 2015),
- **Correspondence.** The truthfulness of a concept relates to its correspondence to reality. In our case, it is linked to the initial question, and to our field of body psychotherapy (Starrin *et al.*, 1997; Corbin & Strauss, 2015).
- **Coherence.** The truthfulness of a concept consists of the correspondence to other theoretical concepts of a similar character (Starrin *et al.*, 1997; Corbin & Strauss, 2015).

### Computer Programs

There are software programs that expand the possibilities of Grounded Theory by processing more information faster. The software detects the common open codes and puts them into axial coding (NVivo, CAQDAS: Computer Assisted/ Aided Qualitative Data Analysis).

### Conclusion

Body psychotherapists are only beginning to explore and code their therapeutic process. We are also slowly learning how to communicate what it is we actually do to health authorities, and other therapeutic communities. To support this process, it is important to encourage practitioners to undertake qualitative research using induction, as this can easily be done in private practice where the majority of our members work.



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## **Developing a Research Mind in Body Psychotherapy**

**Zoe Schillat**

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### ABSTRACT

The following presentation addresses aspects of the relation between research and clinical practice in body psychotherapy (BPT) as those have been described in the related literature. It addresses the subject of case studies, as a field where the research, as well as the clinical mind, can be trained and developed. It also refers to a work in progress organized by the Scientific Committee of the Greek Association for Body Psychotherapy (PESOPS), focused on informing and encouraging its members to write and publish case studies.

*Keywords:* research in BPT, clinical practice in BPT, case studies and EABP guidelines, developing a research mind

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This presentation is based on a pre-congress workshop given by Dr. Herbert Grassmann during the EABP Congress in Athens in 2016. Dr. Grassmann emphasized the need to develop the field of research in the EABP National Associations and introduced us to questions such as:

1. How could we, as psychotherapists, and especially as body psychotherapists, explore our own existing research skills, thus cultivating a research-friendly attitude?
2. How could we share and compare our tools with others?
3. How could we communicate to the scientific world what is really clinically important within the practice of body psychotherapy?

The workshop was received with great interest, and the request emerged to form a group, or network, where research topics could be addressed, where we could reflect on how to conceptualize what happens in the therapeutic process, and how we can train ourselves to describe and translate our work for other professional contexts.

In preparation for this presentation, I chose an orienting idea with which I have felt connected since my student years – *Die Fröhliche Wissenschaft, La Gaia Scienza / The Gay Science, The Joyful Wisdom* – by Friedrich Nietzsche. The book begins with a self-appeal to the affirmation of life and thought – *amor fati* – to love one's own destiny or fate. Nietzsche writes:

"My equation for human splendour is *amor fati*: not wanting something to be different from what it is, neither in the future nor in the past, nor in all eternity. Not only to

tolerate that which is necessary, even less, to conceal it – but also to love it" (*The School of Life*, 2016).

Nietzsche claimed this approach long before the importance of mindfulness in the healing process had been acknowledged and documented by neuroscience research.

According to scholars of his work, in "*La Gaia Scienza*" Nietzsche explores the controversy between art and science, a central nucleus of his personal and philosophical search to find new, healthy solutions to living. In his work, both art and science are driven to co-exist in an ideal, transformed state, a connection already obvious in the title and structure of his book, which opens with lyrics.

What Nietzsche explored is, quintessentially, freedom of thought. His cognitive intention was to perceive the world from as many angles as possible, while, at the same time, realizing the limitations of each perspective. In *The Joyful Science*, he was especially sensitive to the contradiction between embracing the richness of life and "pure knowledge" or the fallacy of "absolute truth."

### **How Could This Idea Be Related To Our Field of Work?**

It is this attitude of *open mind* in the process of exploring different aspects of a subject – here the vastness of psychological experience – which potentially governs the three central fields of psychotherapy: clinical practice, supervision, and research.

1. In *clinical practice*, through an attitude of authentic interest and acceptance, and through the particular orientation of our approach, we encourage patients (or seekers), to find an exploratory, receptive attitude towards their past and present experiences, which will facilitate their capacity to process and their future journey through life.
2. In *supervision*, we invite supervisees to recognize, reflect, and creatively explore issues related to their own position – and participation – in the therapeutic context. This reflective view can either facilitate fresh perspectives or can emphasise the conformity of received and conventional knowledge.
3. In the *research* process, researchers or students are invited to enter into an open dialogue with their research subjects, and by thoroughly studying the various associated factors, to organize their understanding in the search for useful conclusions or solutions.

In all three fields, clinicians, supervisors, and researchers are asked to relate to their subject with an attitude of witnessing, acknowledgement, and receptivity – *amorfati* – in order to be available to explore the various, often contradictory, angles of their project.

*Research*, in this sense, is defined as the process of thorough study and analysis of the factors surrounding a problem or issue, in order to find solutions. Focusing here on the relationship between the practice of psychotherapy and research, research in psychotherapy generally concerns the investigation of the effectiveness, and the mode of action, of psychotherapeutic interventions (Cavana, Delahaye & Sekaran, 2001; McLeod, 2011; Timulak, 2009).

According to the related literature, and as it is also revealed in discussions among colleagues, many psychotherapists feel distant from any research topics and activity, especially in their workplace. Factors that contribute to this attitude of psychotherapists on any aspects of research (Caldwell and Johnson, 2014) are:

- No participation in any research activity during training or very little;
- The whole process of conducting research is experienced as complex and difficult to access;
- Hesitation, a sense of inadequacy, or a lack of formal qualifications for the research process.

Many clinicians feel they do not have the formal qualifications to engage in research, and/or they may think that psychological research is not practically useful for people with real problems. Added to that, there is a general attitude of critical scepticism and doubt concerning issues of transparency, especially when it comes to the social-political-economic framework in which research is conducted. There are many references to the links between research and the profits and interests of the pharmaceutical industry (van der Kolk, 1987; Frances, 2013; Papadopoulos, 2017).

### **Aspects of Common Ground Between the Practice of Psychotherapy and Research**

In psychotherapy and in body psychotherapy, both clinical practice and research methodology can parallel each other, share common values and methods, and create rich possibilities for mutual benefits. In terms of encouraging a stronger connection with practical, simple, research for clinical body psychotherapists, authors Caldwell and Johnson, who are active in both areas, focus on the common perspectives between the two fields: they seek to clarify their common ground, and emphasize the attitudes that both fields can adopt. They argue that there are ways of approaching both clinical and research practice that are highly compatible (Caldwell and Johnson, 2014; Johnson, 2014). Some central aspects they focus on are:

- The mediating quality in both therapist and researcher roles;
- Adopting a phenomenological, constructivist perspective;
- An open-minded approach; exploratory attitudes; not being attached to any conclusions, diagnoses, or results;
- Critical thinking – the attitudes and values of a good clinician are essentially the same as those of a good researcher;
- Linking values, attitudes, and skills in body psychotherapy with specific research methodologies.

### **What Fosters Cultivating a Research Mind in Body Psychotherapy?**

Discussion during Dr. Grassmann workshop at the Athens Congress, and exploration in triads between therapists, clients, and researchers revealed the following aspects as important steps in the process of befriending an open-minded research perspective:

- The importance of mindfulness in the therapeutic setting;
- Differentiating between the roles of therapist and researcher;
- Stepping out from the therapist/client system;
- The contribution of the “inner researcher”;
- Formulating appropriate questions, or work hypotheses, in an open attitude that is not attached to conclusions or dogma;
- Learning to describe the way we work – such as the embodied enquiry – to the scientific community, and to the broader public;
- The need to document and publish our findings.

## Case Studies

The EABP Science and Research Committee believes case studies to be a legitimate and appropriate part of qualitative research in both psychotherapy and body psychotherapy. Thus, one of the central goals for familiarizing body psychotherapists with the spirit of research in the actual practice of body psychotherapy is to mobilize and encourage practitioners to write case studies, following the standardized methodology described in the *EABP-SRC Guidelines*.<sup>1</sup> As well as being a useful tool in everyday practice, this methodological standardization could be the basis for publication in scientific journals, and presentations at conferences that would help to strengthen the scientific background and reliability of body psychotherapy.

A *case study* is – essentially – a piece of structured information (research) that contributes something to the current background of (psychological) knowledge and practice. *Case study methodology* is simply a set of principles for ordering and thus acquiring clinically useful or socially important knowledge from case material (Edwards, 2010).

Case studies are an invaluable record of the clinical practices of a profession, demonstrating the connections between theory and practice, and providing valuable teaching material showing both classic and unusual presentations. Although a case study does not provide specific instructions for managing multiple clients, it is a description of a particular clinical interaction that can help us frame questions around the theory and practice of body psychotherapy. Case studies can help confirm, expand on, or even contradict material that we were taught, or material that was not taught.

Trainees in traditional counselling, psychotherapy, and clinical psychology training courses are usually asked to produce a case study, presentation, or report as a part of their course work, or as a part of their completion presentation. Because of the nature and importance of the psychotherapeutic relationship and of acquiring basic knowledge and information, as well as of developing the “craft” of good, competent clinical practice, many psychotherapists are generally not trained, either in research protocols, or in writing for publication. Thus, they may hesitate to start the work of preparing a case study for publication.

This is the “great divide” between research and practice – and case studies are an excellent bridge over this divide (Young, 2018).

The *EABP-SRC Guidelines* are intended to guide the aspiring novice writer or trainee easily and effectively in the publication of a clinical study. They are not intended to be prescriptive, so they *suggest* what trainees can or could do, instead of what *must* be done (EABP-SRC, 2014).

## Selecting a Case and Finding a Focus

If we look more closely at the initial stages of developing a case study, we can understand that it is – from the beginning – a form of a research.

When designing a clinical study, we need, for example, to choose either: a) one or two topics or questions around which the study will be structured or; b) a particular piece of work with a client that was challenging, and will possibly be interesting to others, in that it demonstrates something new, different, or unusual. In order to do this, we have to re-examine the case material and ask ourselves:

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<sup>1</sup> These Guidelines are to be found on the EABP website [www.eabp.org](http://www.eabp.org)

- Why is this particularly interesting?
- Why would it be useful to choose this case for study?

In other words, it is helpful to activate our personal investigative mind-set. As a result, valuable answers to the following question may emerge:

- What did I learn from this case, that was perhaps unexpected or confirmed in some way, or even helped to understand deeper some psychological theory or aspect of the theory associated with psychotherapeutic practice? (Edwards, 2010)

### A “Work in Progress” Activity

In acknowledgement of the added value that the *Guidelines* methodology and tools offer our work as clinical psychotherapists, and to build on the workshop mentioned above, the Scientific Committee of the EABP Greek National Association decided to organize a series of informative meetings for our members. The goal is to promote reflection, and a constructive dialogue on the issue of case studies. Following a well-received introductory meeting in April 2019 titled *The Research Mind*, two more meetings are planned in 2019.

Our concept is based on the central idea that significant practices in our everyday psychotherapeutic work, such as *taking notes, and organizing the session material*, as well as *preparing a case presentation for supervision*, already engage our capacities to look at our work from a meta-perspective. In this sense, we activate and train our research mind and critical thinking skills, which are also the basic tools needed to design and write a case study. In addition, writing a case study presents similar challenges to those encountered by therapists in their practice.

Taking a step at a time, the next meeting plans to focus on the use of everyday practices. We intend to invite participants to reflect, in a mode of self-inquiry, on relevant questions we have prepared, as well as offer theoretical input. We aim to open a dialogue to explore the experiences shared by colleagues from different body psychotherapy modalities.<sup>2</sup> In a following meeting, we plan to focus on writing a case study, reflecting on the EABP guidelines, discussing questions and comments from the participants who are in the process of writing, or intend to write, a body psychotherapy case study.

We believe that reflection and communication on this issues can encourage a practitioner’s intention to design, present and/or publish a case study, which would strengthen their therapeutic identity.

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<sup>2</sup> The Body Psychotherapy modalities represented in Greece are Reichian Vegetotherapy and Character Analysis, Biosynthesis, and Bodydynamic.



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# BODY PSYCHOTHERAPY AROUND THE WORLD

## Body Psychotherapy in Turkey

Celâl Eldeniz

### ABSTRACT

Body psychotherapy is quite a new approach in Turkey. Although there are Turkish translations of several books by Reich and Lowen, and although trainings have been offered in Turkey for the last ten years, there are as yet no certified body psychotherapists in Turkey. In addition, the lack of a national psychotherapy association highlights the need for a body psychotherapy association to monitor and regulate the training and certification of future body psychotherapists. Consequently, the establishment of a Turkish Body Psychotherapy Association is planned in the near future in the hope that this will support the development of an active body psychotherapy community.

*Keywords:* body psychotherapy, training, psychotherapy association start, Turkey

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### Background

Body psychotherapy is a new approach in Turkey despite the fact that many years ago, several books by Wilhelm Reich and Alexander Lowen were translated into Turkish, and body therapies are practiced in the country. Reich's *Listen Little Man* is the best known of the available body psychotherapy books.

My journey in body psychotherapy started in 1995 when, as a curious high school student, I read *Bioenergetics* by Lowen. I remember how amazed I was to discover a connection between my constantly evolving adolescent body and my mood. In the years that followed, I wanted to learn more, but formal training in body psychotherapy was not possible, as there was no training institution in Turkey.

The first official body psychotherapy training took place in 2008 in a well-known Istanbul mental hospital where Enver Cesko (Kosovo-Nokta Body Psychotherapy Center) presented a workshop on the similarities and differences between positive psychotherapy and body psychotherapy. This is when I became acquainted with Cesko's work, and the foundation was then laid for our collaboration in disseminating this approach in Turkey. Two years later, in 2010, Enver Cesko offered a four-module basic training program in body psychotherapy in Ankara.

After I completed this program, I was, and still am, excited to invite others to experience this approach. I made a few attempts to start a body psychotherapy training in Istanbul, and in 2015, organized a conference titled *Body Psychotherapy and Sex Therapy* at Haliç University, at which Cesko was the speaker. One thousand people enrolled for the conference, 500 attended, and 250 left their contact information for upcoming activities.

In 2009, I founded a training academy, the Crystal Academy Istanbul, and in 2016, the academy offered the first body psychotherapy basic training. Cesko was the trainer in this four-module program. In 2017, I tried to raise awareness about body psychotherapy, and promoted our training in an interview for the Turkish branch of the internationally known magazine, *Elle-Turkey*. In 2018, I started the second body psychotherapy basic training, this time taught by Enver Cesko, Ana Ristic (President of the Serbian Body Psychotherapy Association), and Kostis Gourtsoulis (Hellenic Institute of Vegetotherapy and Character Analysis). This year, I am working on the curriculum for a four-year program that will offer one year of basic training and three years of advanced training. I am also currently in the process of establishing a body psychotherapy association with some of the participants of the basic training. We plan to conduct activities to help body psychotherapy find acknowledgement and support from official and private institutions.

### **Occupational Challenges of Turkish Psychotherapists**

In Turkey, there is no umbrella organization, such as a Turkish psychotherapy association. Although we do have some psychotherapy organizations, Turkey is not represented in the EAP, and, as was pointed out by the European Strasbourg Declaration on Psychotherapy of 1990, there is no legislation supporting psychotherapy as an independent occupation. Moreover, according to the Applications of Traditional and Complementary Medicine of 2011, to call oneself a *therapist* in any field, one must have completed a formal medical education. This regulation applies even to music therapists. The closest title to psychotherapist is “clinical psychologist,” which can be used only if one has: a) completed a master’s degree in clinical psychology following a degree in psychology, or b) completed a master’s degree in clinical psychology followed by a PhD in clinical psychology.

One of the first tasks of our body psychotherapy association will be to position body psychotherapy as a well-established and respected psychotherapy method in the eyes of the public, professionals, and state officials. It will be important to clearly differentiate it from any type of body therapy regulated by the 2011 legislation. I have already made initial contacts with members of the related commissions at the Ministry of Health, and will broaden the body psychotherapy perspective at the bureaucratic level as soon as our body psychotherapy association is established.

### **Methods and Techniques**

A search shows that there are no body psychotherapists in Turkey who are members of the EABP or USABP associations. In Turkey, I am the person with the most training hours towards a BPT certificate, and am quite close to getting my certificate.

So far, the body psychotherapy techniques taught in the trainings are Radix, Mind-Body Medicine, Bioenergetics, Vegetotherapy, and character analysis; participants have enthusiastically embraced them. I hope to include additional modalities, such as Bodydynamics, because based on the number of Somatic Experiencing groups in the country who would like to take the Bodydynamic training, I believe it would greatly expand our Turkish body psychotherapy community.

To expand our community, I also collaborate and promote our trainings within the physiotherapy department of an Istanbul university. My team and I intend to further collaborate with the local universities and hospitals, as well as carry out scientific research

to show the benefits of body psychotherapy to our Turkish audience. There is not a single article published on this topic or on any BPT application in Turkey. This will be one of the many tasks of our body psychotherapy association.

### **Cultural Aspects**

The non-verbal aspect of body psychotherapy is quite appealing to our population of Turkish Mediterranean Middle Eastern culture, for whom non-verbal communication surpasses verbal communication. The body psychotherapy discharge techniques really help express the suppressed feelings, and word completion helps unspoken and unquiet thoughts to surface. However, there is much to explore in the field before we can make any sound generalizations.

Considering Turkish culture, using some of the body psychotherapy techniques requires particular diligence, particularly for those applications that include touch. Drawing a rough conclusion from the observations of several therapists and doctors, some patients and clients have no problem with physical contact with the therapist or doctor in a treatment setting, while others do, especially if the therapist is of the opposite gender. This depends on the personal values of the client or patient, the sociocultural subgroups they come from, and so forth. In our body psychotherapy trainings in Istanbul, we inform participants at the very beginning about the practices of body psychotherapy, and we mention contact. So far, we have not experienced any limitation regarding physical contact on the part of participants. However, in stating this, I am aware of how insufficient our small training groups are in terms of representing the country's population, considering the diversity of sociocultural subgroups. I believe the issue of touch can be overcome by developing a clearly delineated code of ethics, passing it on to our students, and informing our clients. Our training will include non-touch techniques, and I think we will discover more about specific challenges in the field as body psychotherapy techniques become more widely used.

### **Nowadays**

I am currently working on the curriculum for a four-year program that includes a year of basic training and three years of advanced training. The program includes modules from several schools of body psychotherapy: Character Analysis, Vegetotherapy, Radix, Mind-Body Medicine, Bioenergetics, and Bodydynamics. I am also holding online meetings with many of the proposed trainers, and am in the process of establishing a body psychotherapy association with the help of participants from the basic training program. We plan to work toward having body psychotherapy acknowledged and supported by official and private institutions, as well as meeting the requirements of the EABP and USABP. We will need support from the EABP and USABP in terms of know-how, contacts, and, if possible, considering the current economic crisis in Turkey, some funding. It is my hope to be able to host an EABP meeting in Istanbul in the future.

All in all, in addition to training body psychotherapists and attracting new clients, our aim is to create a vibrant body psychotherapy community in Turkey. We are aware that we have a long way to go, but we have hope, energy, and persistence.



**Celâl Eldeniz** is a therapist, voice and acting coach. After completing studies in science and art in Turkey, the United States, and Greece, Eldeniz has pursued a career in three areas: drama, music, and psychology, working as director, writer, acting coach, and singer. His work in the field of the arts has merged with his knowledge of therapy (body psychotherapy, positive psychotherapy, neuro-psychoanalysis, cognitive science, music therapy, and hypnosis) and he has specialized in the fields of drama therapy and music therapy. He teaches university courses on stage performance, the psychology of music, music history, managing self-performance, and conflict resolution.

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## BOOK REVIEWS

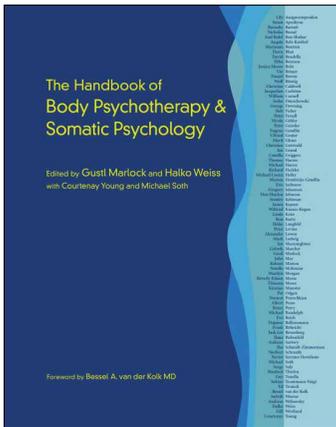
### The Handbook of Body Psychotherapy and Somatic Psychology

Edited by Gustl Marlock and Halko Weiss

Additional editors for the English version Courtenay Young and Michael Soth

North Atlantic Books, 2015

#### Reviews by Christopher Walling and Katrin Stauffer



#### Review by Christopher Walling

*“To see a world in a grain of sand.  
And a heaven in a wild flower, hold infinity in the palm of your hand.  
And eternity in an hour.”*  
- William Blake

It was over a decade ago, during a plenary address at the American Psychological Association (APA) annual congress, that the American psychologist and developmental neuroscience researcher Dr. Allan Schore posited that contemporary psychology was undergoing a paradigm shift from the explicit, analytical, conscious, verbal, rational left hemisphere, to the implicit, synthetic, integrative, unconscious, nonverbal, bodily-based right hemisphere (Schore, 2009). Only three years prior to that speech, the bodily-based psychotherapy text *Handbuch der Körperpsychotherapie* was published by Schattauer in 2006, and nearly half a dozen of those chapters would later comprise the *Handbook of Body Psychotherapy & Somatic Psychology* published by North Atlantic books in late 2015 (Marlock & Weiss, 2015). The handbook is edited by Gustl Marlock & Halko Weiss, with Courtenay Young & Michael Soth, and is a virtual magnum opus that seeks to explore the historical and contemporary themes within neuroscience, relationality, mindfulness, and globalization as they intersect body-centered psychotherapies. With 950 pages, roughly half a million words spread over 94 chapters and 60 authors, these

editors and their respective authors have accomplished a historical feat. The text is now reportedly being translated back into German, and I hope to see future editions of this tome in years to come.

Over the last couple of years since its release, I have managed to flag, highlight, pinch, cite, explore, ruminate, and celebrate much of the handbook's contents with great delight. It is divided into twelve sections that range from the genealogical, the ontological, and the methodological to the phenomenological. It bravely explores the historical roots of the body psychotherapy traditions, in which the editors valiantly trace the lineages of the field in a maze of strips, lines, and lineage that will almost certainly invite many a late-night discourse among historians and practitioners. I could only imagine the types of discussions, controversies, and diplomacies required to even attempt to draw these trees, which ultimately look more like an embodied periodic table of the elements than a historical genealogy. Both the European and American body psychotherapy congresses in 2018 sought the handbook editors' permissions to display these charts, and often the respective congress attendees beheld them in awe, as if they were viewing a Jackson Pollock painting.

There are three primary sections that, in my review of the textbook, make truly remarkable contributions to the literature in body psychotherapy: Methodological Foundations (Section V), Clinical Aspects of the Therapeutic Process (VII), and Functional Perspectives in Body Psychotherapy (VIII). These sections are at the center of the handbook and comprise the heart of the material, with contributions from previous United States Association for Body Psychotherapy (USABP) Lifetime Achievement Award recipients including Albert Pesso, Peter Levine, and Stanley Keleman. Marlock and Weiss (2015) acknowledged in their introductions to these sections their limitations in the endeavor, while at the same time laying down solid expositions into the common characteristics of body psychotherapy as "experience-oriented, experience-activating and experience-intensifying." They go on to point out: "the efficacy of body psychotherapy is due precisely to the fact that great attention is paid to the multitude of inputs, the different levels of awareness, and the fine interactions of these different components." (p. 390) The editors go on to exhibit great finesse when they defer to the authors' voices to help illustrate the methods, praxis, and functional perspectives when they state, "It is quite difficult to organize this methodological material in a sensible manner due to the enormous diversity in theory and practice, along with the divergences among different approaches and schools." (p. 530) One particular chapter that captured both my affection and my imagination was from Dawn Bhat and founding editor of the *International Body Psychotherapy Journal*, Jacqueline A. Carleton, where they explored the role of the autonomic nervous system in body psychotherapy. As they note in their chapter: "The convergence of phenomenological experience with empirical verification is a developing interest within the field of body psychotherapy," and go on to say, "Ongoing collaborative efforts of the European Association for Body Psychotherapy and the United States Association for Body Psychotherapy that include the development of research initiatives to provide greater evidence for some of the theories and clinical techniques of the various institutes..." (p. 628) Indeed, as Bhat & Carleton have pointed out, the current Board of the USABP in particular has committed its resources and energy towards this very aim with the appointment of one of the world's preeminent pioneers in psychophysiology, 2018 USABP Pioneer Award recipient Dr. Stephen Porges, as the new USABP Director of Research. Dr. Porges was cited several times throughout the entire text, and certainly in

Bhat & Carleton's chapter. He is the first scientist in history to use heart rate variability as both a response and individual difference variable in psychophysiological research. He is the creator of polyvagal theory, which has informed multiple body psychotherapies.

The editors chose to aptly end the handbook with a section on the existential and spiritual dimensions of body psychotherapy, which landed their rich explorations with authors such as Linda Krier and Jessica Britt from the Diamond Approach (A.H. Almaas), sections from Halko Weiss on mindfulness, and a chapter by Daniel Brown (Harvard Medical School) on Tibetan Buddhist and Bön traditions' use of the body. These chapters were best suited for a nice sunny Sunday afternoon in my garden, allowing the authors' concepts of embodied imagination and transformation to help connect me (the reader) into perhaps the one thing that attracts most to body psychotherapies – its inherent loving kindness. One such chapter discussed similarly the emergence of “the highest levels of realization.” It was Daniel Brown who noted that in early Mahayana Buddhism, “serious discussion was given to changes in the very structure of the body as a consequence of enlightenment.” (p. 926) Brown discussed how the emptiness of the body ultimately becomes “lively awareness” manifesting as “body,” insubstantial yet occurring as the pure energy of manifestation.” (p. 923) These chapters evoked the kind of stillness and potency that many body psychotherapists can feel at the end of some of our most transformative sessions. Pointers to the very embodied medicine that we are all students of, and humbled soma-nautical explorers within.

*The Handbook of Body Psychotherapy & Somatic Psychology* is a handbook indeed, and will undoubtedly become a treasured contribution to the libraries of somatic psychology departments, body psychotherapy institutes, and the majority of somatic practitioners. On behalf of the board of the United States Association for Body Psychotherapy, our staff, and the hundreds of clinicians and practitioners who comprise our membership, I wish to both thank and congratulate the authors on their contributions to this invaluable work. Your scholarship and commitment to the field of body psychotherapy and somatic psychology are forever captured in this remarkable achievement within the history of the field.



**Chris Walling, PsyD, MBA, SEP** is a licensed clinical psychologist, and an active leader in the biobehavioral sciences. His work integrates the developmental, neurobiological, and somatic aspects of the lifespan. Dr. Walling is President of the United States Association for Body Psychotherapy, the hub of somatic psychology, and Associate Deputy Editor for the *International Body Psychotherapy Journal*. His clinical focus in the behavioral sciences examines the intersections of neuro-psychoanalysis, affect regulation, and body psychotherapy. Dr. Walling is a Clinical Associate at the New Center for Psychoanalysis in Los Angeles, California. He currently serves on the Scientific Advisory Board for the Kinsey Institute for Sex Research at Indiana University, and as Chairman of Education for the Alzheimer's Research and Prevention Foundation. Dr. Walling maintains a private practice in Los Angeles, California.

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*Book Reviews continued . . .*

## **The Handbook of Body Psychotherapy and Somatic Psychology**

**Review by Kathrin Stauffer**

I cannot express enough how impressed I am with this book. Nearly 100 chapters, and 1000 pages, covering every possible aspect of body psychotherapy. So many excellent authors, theories of the person, of therapeutic change, and of the mind-body relationship. So many different approaches to therapeutic work. And all this, gathered together to represent the state of a profession that is, by now, firmly established in the landscape of mental health treatment options on both sides of the Atlantic. I feel like a second-year trainee who suddenly realizes the magnitude of the world she has sleepwalked into, and is completely wowed.

It seems to me that the book offers a well-measured amount of structure, so that readers can easily orient to the quantity of material, while still allowing the sheer exuberant abundance and diversity of the field to remain palpable. If the book were to emphasize too much diversity, we might look like a hodgepodge profession that doesn't know what it is doing. If it were to attempt some sort of unification, we would probably all feel misrepresented. What a challenging undertaking this must have been! And when so much is continually changing, what a challenge to present our profession at one point in time.

Although the Handbook was originally published in German in 2003, it is clear that the editors of the current English edition loved revisiting it. This English version appears a decade and a half later, when body psychotherapy has become more sophisticated, more self-confident, and bolder at linking to concepts from other modalities. The increased maturity and pride of our profession is visible throughout. The new edition gives more space to the supportive plausible narrative provided by advances in neuroscience, and to the fantastic quality of the diverse North American approaches. The result inevitably positions body psychotherapy further in the mainstream of psychotherapy.

Section III, which addresses the relationship between body and mind, was my favourite. In their introduction, Gustl Marlock and Halko Weiss write that, given that we live in a culture that traditionally privileges the mind over the body, and that people still feel that what is 'just' in the mind is somehow not real, the body-mind issue must be considered and addressed by every body psychotherapist. This section opens with a chapter by David Boadella who presents the body-mind relationship as a developmental process, and differentiates the material we can access through the body from the material we can access cognitively. I hugely enjoyed his case vignette, which really brought the chapter to life.

Next came a chapter by Alexander Lowen, who maps the body-mind relationship firmly onto Reich's classical internal conflict model, and hence frames it as a neurotic primary construct. This was followed by two chapters that engage the body as unconscious mind and as an access route to the unconscious mind. The first of these, by Ian Grand, explores the processes of the physical body that are by definition unconscious, and traces a path through the also largely unconscious mental processes recognizably derived from the body but increasingly recognized as mental structures. The second, by Marilyn Morgan, pulls together an array of theories and perspectives, weaving them together into a coherent whole with an elegance that is a joy to read. I greatly appreciated the value of these two chapters that address the implicit assumptions made about by the psychotherapy profession as a whole.

In the next chapter, Stanley Keleman wonderfully describes the porous, soft, receptive slowness, and deep resonances that is an ageing body at its best. It is easily the most moving account I have read on the mature body. The following chapter, by Frank Röhrich, is a radical change of gear in its rather objectifying technical language about body schemata and body image in the context of a psychiatric view of mental illness. Next comes a chapter by Eugene Gendlin and Marion Hendricks-Gendlin on the bodily felt sense as a central concept in their approach. It was lovely to read about the emphasis Gendlin places on the felt sense as the edge of our awareness where change can happen. The penultimate chapter, by Halko Weiss and Michael Harrer, engages with the often-heard notion that somehow the body tells 'the truth' – in contrast to the mind, which can lie. This is beautifully explored, with compassion and sensitivity, and feels almost like a therapy session.

Finally there is a chapter, again by Ian Grand, on the cultural context in which the body is seen and experienced. It left me with the impression that this particular field is still in its infancy and that we have much to learn.

Throughout, the first rate quality of the writing stands out. I am left with the clear take-home message that the *Handbook* represents the best that body psychotherapy currently has to offer.

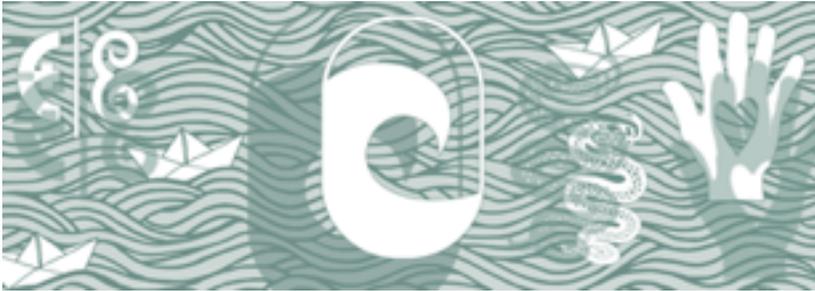



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**Kathrin Stauffer, PhD**, is a body psychotherapist (UKCP) born and educated in Switzerland. Originally a research biochemist, she retrained at the Chiron Centre for Body Psychotherapy in London. She works in private practice in Cambridge as a body psychotherapist, biodynamic massage therapist, and supervisor. She is the author of *Anatomy & Physiology for Psychotherapists: Connecting Body & Soul* (W.W. Norton 2010).

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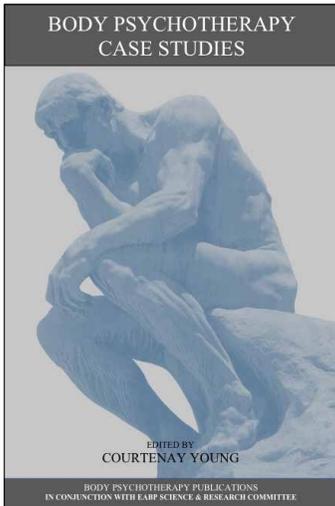
## BOOK REVIEWS

### Body Psychotherapy Case Studies

Edited by Courtenay Young

Body Psychotherapy Publications, 2018

Review by Virginia Zaharieva



### For Two Stradivari and an Orchestra

Thirty years ago, having just crawled through the recently fallen Berlin wall, I was digging through the library of a mountain cabin at the foot of the Mont Blanc when I found a book with the strange title, *The Man Who Mistook His Wife for a Hat*, written by the famous neurologist Oliver Sacks whose case histories describe the unimaginable world of his patients.

These accounts led me into an odd state – on one hand, I felt awkwardly curious while reading these stories of human pain, while on the other hand, taking into account my familial predisposition to insanity, I felt relieved that these stories did not concern me. But, I also felt slightly guilty for the mix of the two sensations. While I was reading the book, I was drawn to the role of the therapist, his (or her) power, patience, and humble service in relieving these people's suffering.

30 years later, I am myself a therapist with 23 years of experience in the Bulgarian body psychotherapy tradition. Today, I read Courtenay Young's *Body Psychotherapy Case Studies* with much less voyeurism and less guilt. The 15 essays selected here make me feel intrigued, understood, supported, and accompanied in the loneliness of my therapeutic studio. I feel grateful for the documented experiences shared in this excellently organized volume.

*Body Psychotherapy Case Studies* is a book that can be useful to:

- Clients, who might recognize themselves in some of the cases.
- Students, who wish to bring structure to their own work, learn how to present case studies from their practice, participate in scientific research, have a glimpse at the work of their mature colleagues, and learn from their experience.
- All practicing colleagues in the EABP and USABP family, for whom the case study method of describing one's work is still a relatively novel but quite necessary tradition in the direction of creating context, collective knowledge, and exchange. The cases enrich us with the experiences, observations, feelings, sensations, and reflections of colleagues from all body psychotherapeutic approaches.

Courtenay Young has documented the development of body psychotherapy case studies through the past ten years. He begins the book with a short story of the origin and transformation of the body psychotherapeutic method and its more known branches, and introduces the requirements for writing a body psychotherapy case study.

It should be noted that the book ends with a consent form template, which should be signed by the client whose case would be described, as well as by the therapist who would be describing the case, in compliance with the ethical and professional norms regarding this type of text. Each case is followed by an extensive bibliography. The language is comprehensible, clear, and easy to understand – a crucial quality for a book of scientific research.

The book presents a variety of cases. I was truly fascinated by Herbert Grassmann's work with a sexually assaulted client, *Sexual violence & its consequences* and also with the cases of eating disorders and drug addictions. The case written by Jacqueline A. Carlton, *Medical trauma: Interpersonal neurobiology and the autonomic nervous system* is very representative. I was quite impressed by Courtenay Young's approach in his study, *The angry cyclist – Doing effective psychotherapy without touch*, as well as by Stanley Keleman's *About developing a somatic soul*. I would also like to mention Laura Hope Steckler's *A woman of many colors* for the way she works with a woman suffering from a dissociative identity disorder – an approach that could be applied not only to cases of pathology, but also to issues related to identity crisis.

*Body Psychotherapy Case Studies* documents deep human experiences. It gives examples of the wide range of approaches that can be utilized in body psychotherapy. The composed professional frame keeps readers at a suitable distance, able to take in the sacred mystery of the body psychotherapist's job who slowly and patiently (I did not encounter the word *love* anywhere in the book – only compassion and positive countertransference) disassembles frozen trauma so that clients can recreate themselves through accepting and transforming their suffering into a resource for a happier life.

This book poses specific questions such as the possibility of interdisciplinary cooperation with other colleagues (Bernard Schläge). It juxtaposes the rush for interpretation against trusting clients' abilities to understand their own process. It touches on the transformation of the client, and the therapeutic relationship after therapy ends. It speaks about life counselling in difficult times, and the possibility of combining different kinds of therapeutic work, such as couple therapy and individual therapy.

Yalom (2002) wrote: “*The most elegant and complex instrument of all – the Stradivarius of psychotherapy practice – the therapist’s own self.*” I am convinced that in our work, and within the frame of the therapeutic agreement, there are *two* Stradivari – one is the body of the therapist, and the other is the body of the client. Out of the awareness, somatic resonance, and attunement between therapist and client, the beautiful sound of life emerges. We should not forget that there is also an orchestra – the *other* as family and society. And it all happens in the omnipresence of the Universe as conductor. Because, when we do not take into account the vertical dimension of the transcendental, our work as psychotherapists becomes flat.

In the end, I would like to ask Courtenay Young for several more copies of the book which I would purposefully forget in mountaintop cabins where other lost people might find them.




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**Virginia Zaharieva** is a body psychotherapist and writer. She is a director of the Bulgarian Institute for Neoreichian Analytical Psychotherapy. For over 23 years, her psychotherapy style has integrated western psychotherapy and eastern practices. Her novel *Nine Rabbits (Black Balloon, 2014)* is among the most important Bulgarian books to appear in the past two decades. The book is translated in English and published in the United States.

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## WEBINAR REVIEWS

### The Body Psychotherapy Knowledge Sharing Space<sup>1</sup>

*IBPJ* is coming alive!

#### Review by Meglena Beneva and Mariana Todorova

The vision of using webinars to create community and share the importance of Continuing Professional Development (CPD) was sparked last summer during a discussion at the Bulgarian Institute of Neoreichian Analytical Psychotherapy (<http://binap.eu/>). We envisioned creating a community platform where we could talk with professionals and experts in our field. This platform would be a safe and creative space for us to discuss our experiences, collaborate, interact, and grow.

Thus, the idea for *The Body Psychotherapy Knowledge Sharing Space* was born. Although it is an online environment, and will not give us the opportunity for "body" experience, it can nonetheless stimulate our development, open our awareness to new and unknown subjects, help us meet colleagues and teachers, learn, and be inspired to keep developing. It can help us create a strong community where we support and challenge each other.

We inaugurated the platform in December 2018 with a trial webinar with body psychotherapist Vladimir Pozharashki, MD, followed in January and March, by the first two webinars featuring Mariana Todorova and Maurizio Stupiggia

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### Are We Ready for the Future of *Homo Neuroticus* and How Will It Change Psychotherapy?

Webinar given by Mariana Todorova on January 29, 2019



**Mariana Todorova, PhD** is a philosopher and president of the Bulgarian Chapter of Millennium Projects. She specialized in leadership with the US State Department, at Harvard Kennedy School of Government, and at the Chinese Academy of Governance. Dr. Todorova is an experienced futurist, analyst, and institutional strategist. She has managed the office of a Member of the European Parliament in the Presidency of the Republic of Bulgaria. A former member of parliament, and deputy chair of her parliamentary group, she is passionate about future studies – evaluating future expectations in political, social, and economic areas, trend tracking, and mini-trends designing.

#### ABSTRACT

Artificial Intelligence (AI), people as biological algorithms, virtual reality, more than two parents, holograms, extended lifespans ... How will these trends, which are already here, shape people's emotions and lives, their reality, and our profession as psychotherapists?

*Keywords:* earning, community, sharing, technology, digitalization, body psychotherapy, virtual and mixed reality, AI

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<sup>1</sup> <https://www.bodytherapylearn.family/>

The webinar focused on how technology will change people and their relationships, and how it will affect psychotherapy. Psychiatry, psychology, and psychotherapy already use technology to diagnose and treat patients, and this trend will continue to increase. Data mining – or machine and deep learning – share common models of data classification, systems selection, and diagnostics. These models are even capable of diagnosing skin cancer. Technology can already create organs, as well as repair and treat them. Google can already diagnose bi-polar disorder and ADHD based on how people use its platform and the information they search for. When we read a book on Kindle, *it reads us as well* with programs that scan how we read, where we pause, where we read longer or faster. These programs are sophisticated enough to catch our emotional reactions.

The aim of mobile tools is to observe and analyze us. When the Internet of Things becomes real, it will be possible for our screens to send us dopamine without our knowing it!

### Already Existing Trends

- **Transformation.** Everything we know will be different. For example, in the next ten years, robots or machines will replace a large portion of the services we use. It could be days before we meet an actual person in public services. Machines will run the call centers, and follow algorithms to resolve complicated issues. Because these machines will act only from what they are programmed for, they will show little empathy.
- **Longevity.** We will live longer thanks to the medical advances that can already grow organs and are now using robots to develop treatments for Alzheimer and Parkinson.
- **Singularity.** AI development now surpasses human intelligence, and is expected to trigger profound changes in human civilization.
- **Digitalizing psychotherapy.** ‘Dr Watson’<sup>2</sup> is already in use in the US, and will soon have the tools to diagnose and conduct psychotherapy. It is predicted that future patients will be depressed individuals who have lost their jobs because they have been replaced by systems or robots. These patients will need to adapt to the new reality and some of these patients will respond to being “improved” by the new technology.

Trend tracking predicts that machines or AI will replace people and that many professions will become de-humanized. We will be transformed by the disappearance of emotion: algorithms, not journalists, already write the news; AI will often replace actors and speakers as has already happened in China where the first replacement has been announced.

Education will take place through distance learning, generated by algorithms that analyze our ability to learn, digest information, and decide if we understand or not. At the same time, learning will be personalized, and there will be a need for empathy and emotion. The therapist as a *real person* will be in demand. People are currently adapting, but the speed of change is so fast that soon, people may not be able to adapt as rapidly. This capacity for adaptation will become an important topic in therapy. It may prompt a new way of differentiating people based on their capacity for and level of adaptation to new technologies, rather than as we do currently, differentiating by age between youth, adults, and old people.

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<sup>2</sup> Dr Watson, IBM’s language-fluent computer, is being turned into a tool for medical diagnosis. Its ability to absorb and analyze vast quantities of data is, IBM claims, better than that of human doctors, and its deployment through the cloud could also reduce healthcare costs. <https://www.wired.co.uk/article/ibm-watson-medical-doctor>

### **Exposure and Privacy**

There will be no way to hide or lie. It is probable that companies – employers, insurance companies, government, and others – will have access to all our personal data; data that is now private. It is even possible that AI could decide whether somebody is allowed to have children, and if their DNA is good enough or should be improved. The AI in cars will be programmed to protect the driver, but in the event of a car accident, the AI would receive information about who is in the other vehicle, and based on that information, the two AI systems would synchronize and make the decision about who is more ‘deserving’ to live.

### **Virtual Reality**

Virtual reality is already used and successful in the treatment of some phobias and fears, and is being developed to teach autistic children to identify emotions. Virtual reality has proved helpful but also confusing: why would you want to go back to normal reality if you can have everything in virtual reality? It will be possible to have sex with another person’s virtual avatar even if this person has not given consent. Although virtual, the avatar will connect with some part of the person, and this will affect his or her energy.

### **Mixed Reality**

Mixed reality is the term used to indicate holograms inserted into existing reality. While we can recognize virtual reality, we will not be able to tell the difference between a hologram and reality. It will be possible to manipulate a person’s psyche by inserting holograms of people into their reality. This will cause permanent stress and neurosis – people will have the feeling of being constantly observed.

### **The Alternatives**

Alternatively, the positive side is that this trend in the direction of digitalization and lack of body sensation will bring a *strong counter-tendency* towards the collective and social experience – towards anti-consumerism, plant-based diets, meditation, restoring body sensation, new theories, and towards personal development, archetypes, the collective unconscious, intracultural research, myths, epigenetics, and tabula rasa.

The alternative is an *interdisciplinary approach*. Single specializations will be a thing of the past and collaboration among the different psychotherapy modalities will be of great importance.

Our future will depend on it.

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## New Forms of Subjectivity: Between Identity and Dissociation

Webinar given by Maurizio Stupiggia, March 19, 2019



**Maurizio Stupiggia** is a body psychotherapist who works as a trainer in several European countries, as well as in Japan and Latin America. He is Professor of General Psychology at the University of Genoa, Faculty of Medicine. Founder, with Jerome Liss, of the International School of Biosystemic, he has written numerous articles, and two books which are translated into several languages: *La Terapia Biosistemica / Biosystemic Psychotherapy (2007)*, and *Il Corpo Violato / The Violated Body (2007)*. He collaborated in the publication of *Il Benessere Nelle Emozioni (2009)*, and *Biosistemica, La Scienza Che Unisce (2015)*.

### ABSTRACT

We are in dialogue with ourselves and with others. Mental disorder is seen as the interruption of this dialogue through which we strive to build and maintain our personal identity and our position in the world: the disruption of a person's dialogue with the alterity<sup>3</sup> that inhabits him/her, and with the alterity incarnated in the other, is at the heart of mental disorders. The webinar offered a reflection on the relation between self and other at a time of increasing dissociative conditions in the world. We are living with an increasing sense of solitude, of social and emotional isolation related to growing levels of social trauma in individuals, as well in communities.

*Keywords:* forms of subjectivity, identity, dissociation, safety, relationship, dialogue, pause, internal organization

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I wondered where to start writing the summary of this webinar because I find it challenging to accurately convey another person's message and discussion without putting my personal filter on it. I decided to start with the keywords for the webinar – *dialogue, relationship, safety, and pause*.

As psychotherapists, we fulfill a number of key roles for our patients: one of them is to uncover and explore their many parts. In this webinar, Maurizio shared the example of a patient who believed that she was a man in a woman's body. Over time, he discovered that there was a lack of internal DIALOGUE and that the communication between her different parts had been broken. When the internal dialogue is broken, a person dissociates. We can look at *dissociation* as a lack of dialogue between a person's different parts, and at *association* as the presence of such dialogue.

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<sup>3</sup> **Alterity** is a philosophical and anthropological term meaning "otherness", that is, the "other of two" (Latin alter). It is also increasingly used in media to express something other than "sameness", an imitation compared to the original. **Alterity** is an encounter with "the other." <https://en.wikipedia.org/wiki/Alterity>

The world is changing. The experience of loneliness is increasing and social and emotional isolation is widespread. The number of single people is drastically increasing – the old paradigm of family is no longer the norm, and new forms of family are emerging. In this changing reality, our primary goal as psychotherapists, and the most important aspect of therapy *is to be with the patient* and tend to the repair of the broken internal and external dialogues. Our priority is to focus on the RELATIONSHIP – our relationship with our patients, and their relationship with their different parts.

We can look at the different parts of self as an organization – a company. In therapy, we work to restore the dialogue between the parts, to organize them so that a person's wise part can take charge as boss or leader, and an internal hierarchy can be set up and respected. Otherwise, any part can invade or take control of the organization.

Because of the ubiquitous presence of Facebook, Instagram, or Twitter, neither our patients, nor ourselves have privacy in our homes. People today suffer from *chronic exposure*. We live in a society without boundaries, where hyper-isolation, hyper-exposure, and hyper-stimulation are a constant. As psychotherapists, we endeavor to create, in our office, a place where our patients can have an experience of SAFETY. However, the privacy and confidentiality we offer may not be enough. As psychotherapists, we need to become softer and gentler – that is, increasingly receptive and attentive.

According to Steven Pinker in *The Better Angels of Our Nature: Why Violence Has Declined* (2011), although violence has decreased in the last centuries, social micro-violence, such as social competition or the fear of losing one's jobs, has increased. As a result, we are socially traumatized: isolation, exposure, and hyper-stimulation are the three characteristics of social trauma, creating situations of chronic stress that lead to the loss of body sensation. From this perspective, we live in a continuously traumatizing society, in which people are in constant states of anxiety and mutual hostility, battling feelings of threat and fearful vigilance that lead to cardiovascular breakdowns, strokes, and/or heart attacks.

This brings us back to the most important aspect of therapy – not technique, but rather, being with the patient: asking *how* rather than *what*. We can do this by paying attention to our attitude – mirroring, checking body distance, touching, etc. We ask ourselves: *How is the relationship between my patient and I?* Are we in resonance or in a mismatch situation? We seek to restore basic trust.

The last of the many key points I appreciated in this webinar was the idea of respecting the PAUSE – the focus on creating attunement. The pause helps us maintain a balanced rhythm between talking and being: for example, taking a ten second moment of silence, absent of stimulation or reaction, can regulate a patient's internal state and bring them back to organization.

And so, to briefly summarize the webinar's takeaways: be with your client, develop a relationship that restores basic trust, pay attention to the dialogue with self and other, and remember to pause.



**Meglana Beneva** is a mathematician at heart and by education, an economist with more than 12 years in the field of sales and marketing, a professionally certified coach (PCC) with the International Coach Federation (ICF), a business trainer, and last but not least, a psychotherapist studying at the Bulgarian Institute of Neoreichian Analytical Psychotherapy (<http://binap.eu/>). She is also a woman, a seeker, a person with hopes, dreams and fears, who has many interests. She is a reading junky who learns best by experience, and for whom sharing with people is the deepest and most valuable form of learning.

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## **Our Questionnaire**

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The *International Body Psychotherapy Journal*  
is celebrating 18 years of publication  
and its passage into adulthood

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## **Contact Techniques As Tools Of The Therapeutic Relationship**

*Florence, Italy • September 14-15, 2019*

Modern Functionalism, takes into consideration psychophysiological studies, psychotherapies that work with the body, as well as the most recent contributions of neuroscience, psycho-neuro-endocrine-immunology, and neonatal research.

In **Functional Psychology**, developed by Luciano Rispoli, Basic Experiences of the Self (BES) are necessary for the whole, integrated development of the Self. Contact is that Experience that expresses mutual touch. It includes the pleasure of mutual closeness, feeling there is someone with us, that this someone makes no demands, that there is no obligation to do for the other, to give or do anything. All this promotes the creation of a *we*. In addition to Contact, there are experiences of Receptive Contact and Active Contact. In these cases, we lose the symmetry of the relationship and pay attention to the processes that happen within the person who receives, and within the person who gives.

**This workshop will offer a sequence of Functional Psychology techniques that cover Contact BES and include attention to various types of touch.**

**WHO: Luciano Sabella and Enrica Pedrelli, PhD, Trainers and Supervisor SEF**

**WHERE: viale Eleonora Duse, 12 - Florence, Italy**

**WHEN: September 14-15, 2019**

**Registration and further information: [lucianosabella3@gmail.com](mailto:lucianosabella3@gmail.com) • FB Luciano Sabella**



### 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. A selection of those received will be published in the next volume of the *Journal*.

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The *Journal's* mission is to support, promote and stimulate the exchange of ideas, scholarship, and research within the field of body psychotherapy and somatic psychology, as well as to encourage an interdisciplinary exchange with related fields of clinical theory and practice.

First consideration will be given to articles of original theory, qualitative and quantitative research, experiential data, case studies, as well as comparative and secondary analyses and literature reviews.

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- How does material in this manuscript inform the field and add to the body of knowledge?
- If it is a description of what we already know, is there some unique nugget or gem the reader can store away or hold onto?
- If it is a case study, is there a balance among the elements, i.e., background information, description and rationale for chosen interventions, and outcomes that add to our body of knowledge?
- If it is a reflective piece, does it tie together elements in the field to create a new perspective?
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## The Art and Science of Somatic Praxis

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