

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

Biljana Jokić, Frank Röhrich, Courtenay Young

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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

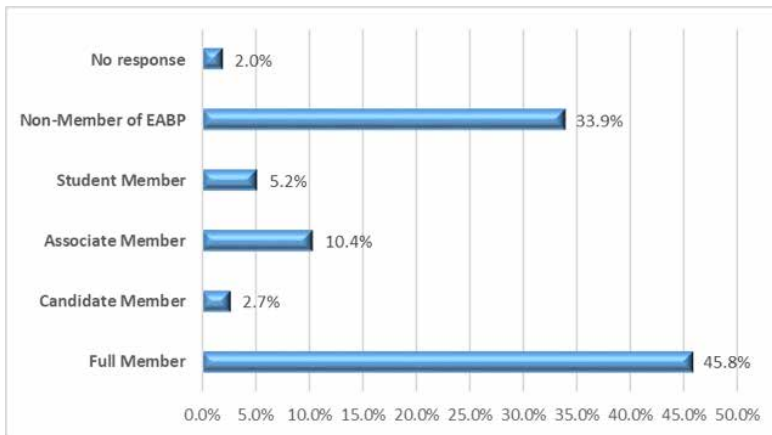
### Data Analysis

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).

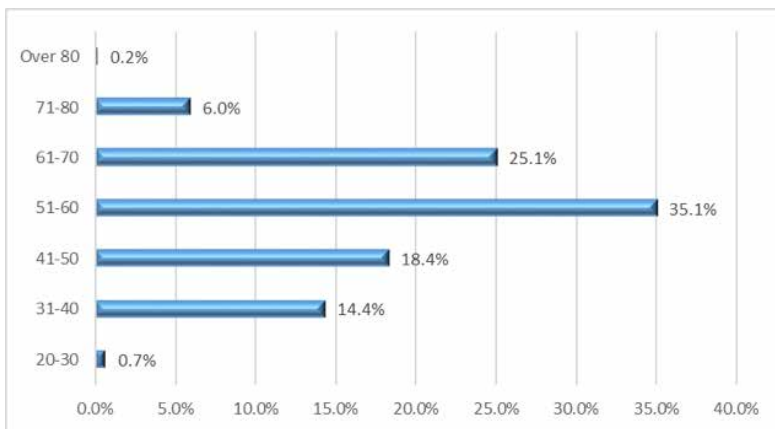
Due to the uneven distribution across countries (22 countries were represented with less than 10 participants), we tested the impact of “regions” (e.g., Northern, Southern, Eastern, and Western Europe) on questionnaire responses. Since this did not provide any statistically significant results, further 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

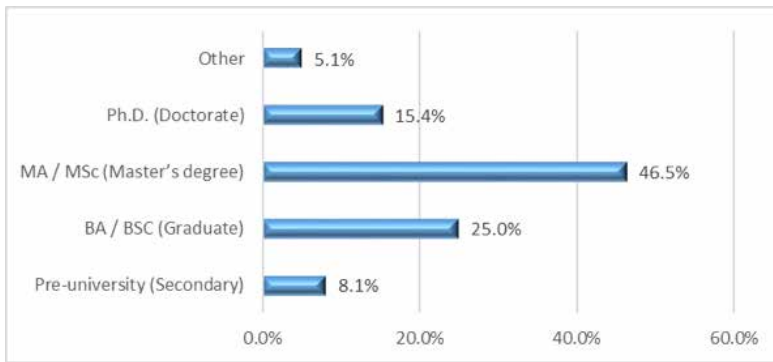
**Other Socio-Demographic Data**

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



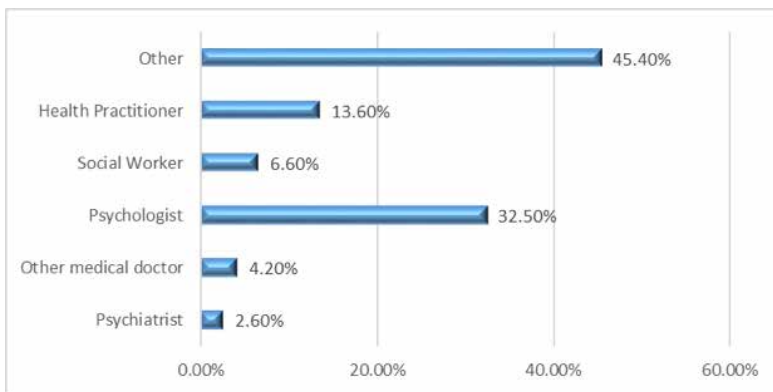
**Figure 2:** Age categories

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).”

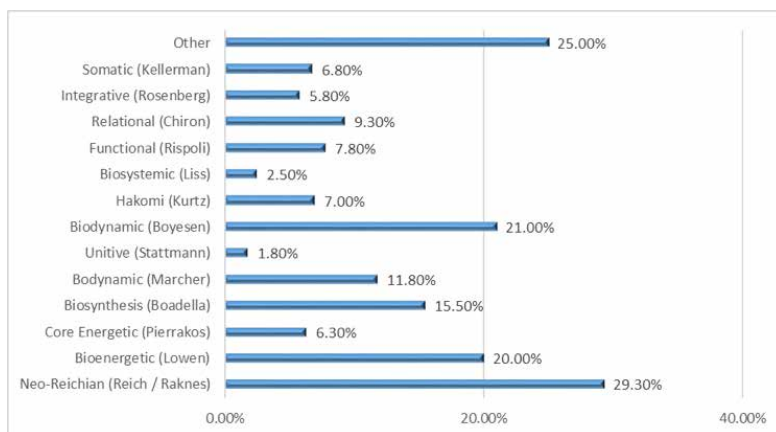


Figure 5: Body Psychotherapy Modalities

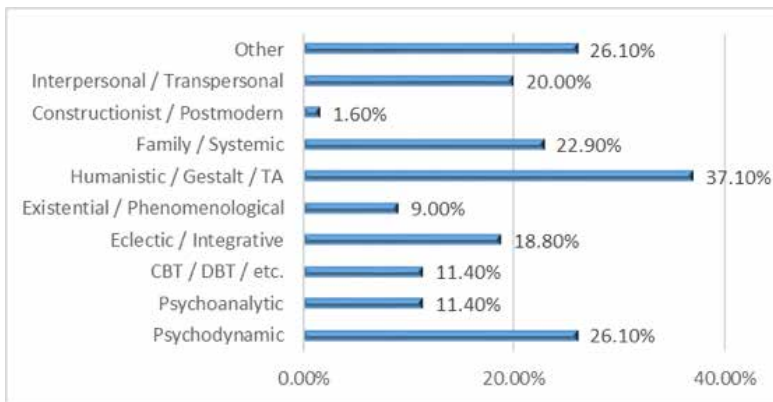
Among the option “Other” many different BP approaches were listed: Radix (14), Serbian School Tepsyntesis (11), Somatic Experiencing (Levine) (5), Psychomotor therapy (Pesso) (3), Postural Integration (Painter) (5), Sensorimotor Psychotherapy (Ogden) (2), Rubenfeld Synergy (2), Breath psychotherapy (6), 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

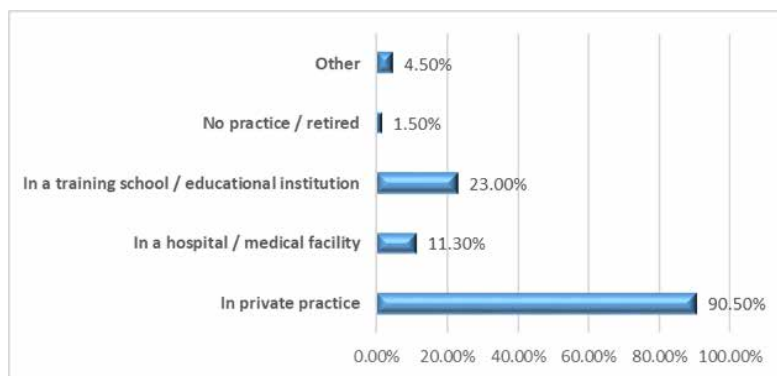
Within the option “Other” above, we discover EMDR (7), psychodrama (5), hypnotherapy / hypnosis (6), individual psychology/Adler (2), art therapy (2), and traumotherapy (2). The other modalities mentioned by one participant each are: Accelerated Experiential Dynamic Psychotherapy (AEDP), Acceptance and 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).

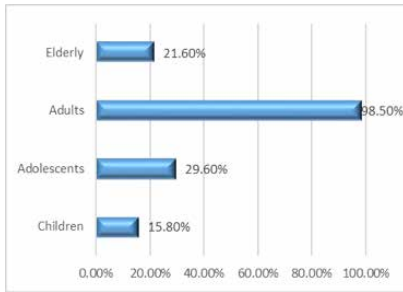


Figure 8: Client categories. Multiple responses.

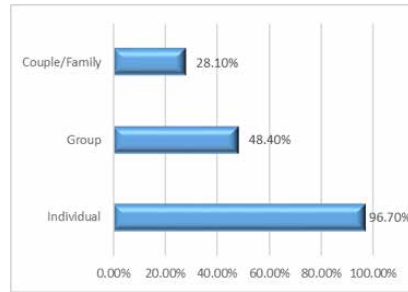


Figure 9: BP method. Multiple responses.

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.

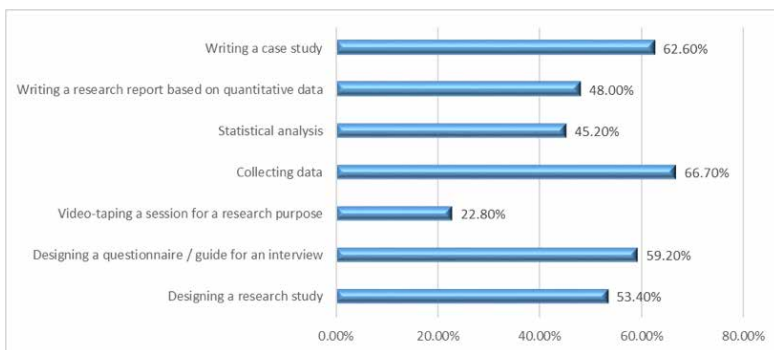
We also checked whether there were any differences among countries with more than 20 participants, and this revealed significant variations (Table 6). Research training was noted by more than 2/3 of BPs from Italy, Switzerland, and the UK, while this was the case with less than one-third in France. Research 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**

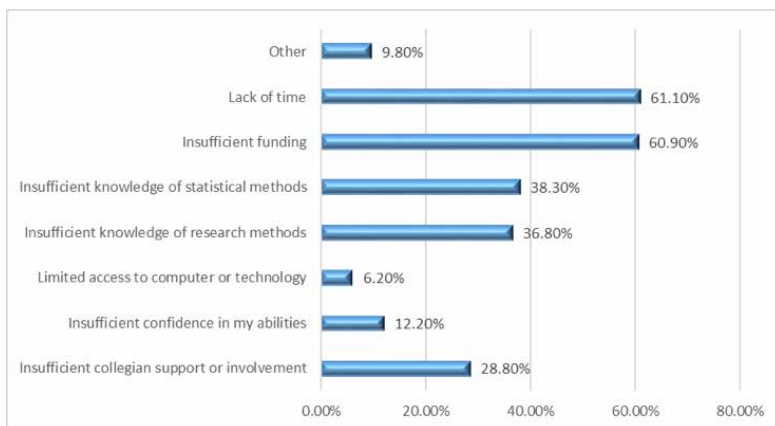
Four participants stated they had experience in market research, and another eight described various other fields and research topics, e.g., *“political science research (13 years);”* *“My research experience is in the engineering field;”* *“Research on assistance that new teachers receive within the 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:

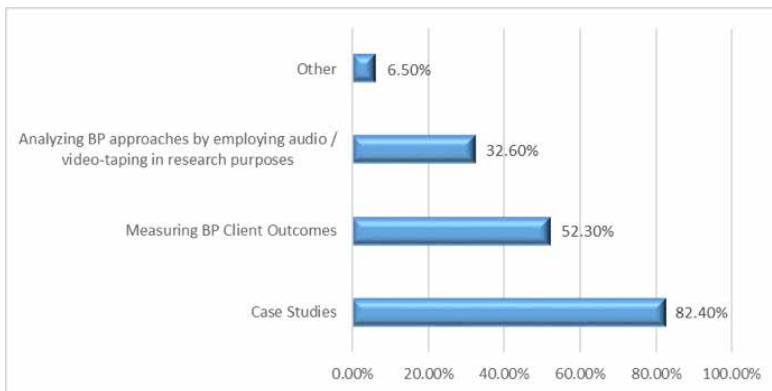
- *Lack of interest at universities;*
- *Lack of connection between BP practitioners and academic colleagues;*

- *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).

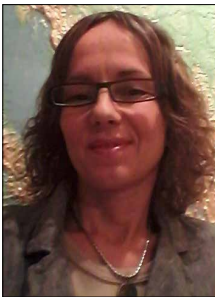
More than half of the sample expressed an interest in BP outcome studies, which may be another possibility for taking part in continuous (longer-term) research projects. However, when considering such outcome studies, it is necessary to consider not just possible or desirable methods, but all their various 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.

E-mail: jokic.bi@gmail.com



**Frank Röhricht** (MD, FRCPSych) is Consultant Psychiatrist, Body Psychotherapist (DGK/EABP), and Medical Director for Research, Innovation & Service Medical Education at the East London NHS Foundation Trust; he is also Honorary Professor of Psychiatry at the Wolfson Institute for Preventive Medicine / Centre for Psychiatry, Queen Mary University of London; and Honorary Professor of Psychiatry at St. George's Medical School, University of Nicosia / Cyprus.

*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.*

Publication list and papers: [www.frankrohricht.com](http://www.frankrohricht.com) / <http://rohricht.dot5hosting.com>



**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)).

Email: [courtenay@courtenay-young.com](mailto:courtenay@courtenay-young.com)

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