A New Paradigm for Psychotherapy and Body Psychotherapy Research

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ABSTRACT

This two-part article looks at what is appropriate research for the psychotherapy profession today, mainly from a perspective in Europe, where psychotherapy is establishing itself as an independent profession, distinct from psychology and psychiatry. Given the wider parameters and the different nature of psychotherapy training, modern research methods more appropriate to clinical practice, the client-therapist relationship, and greater interest in the therapist's desire to tailor the therapy to the client's needs, are discussed. The second part of the article looks at a particular mainstream within psychotherapy, that of Body Psychotherapy (body-oriented psychotherapy/somatic psychotherapy), and examines its researched evidence-base and what appropriate methods exist to support it being considered as an empirically validated form of treatment.

Keywords: psychotherapy research methodologies, competences, body psychotherapy, evidence-base

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PART 1

Psychotherapy Research Today

Starting from the basis that it is clearly established that psychotherapy is generally effective; the 2012 APA Recognition of Psychotherapy Effectiveness is sufficiently clear about that. It is also clear that one of the most significant factors is a good working alliance between the therapist and the client:

> "WHEREAS psychotherapy is rooted in and enhanced by a therapeutic alliance between therapist and client/patient that involves a bond between the psychologist and the client/patient as well as agreement about the goals and tasks of the treatment."

This immediately raises the question of who is doing psychotherapy to whom, and under what conditions. The APA Statement above assumes that the therapist is a "psychologist," which might be somewhat more accurate for the situation in America, but is less so with the professional situation in Europe. Common factors that demonstrate effectiveness across the many different forms of psychotherapy seem to be empathy, positive regard, and genuineness in the therapist, which supports the above.[1]

In the U.S., a psychotherapist or psychologist needs a master's degree or doctorate in psychology, medicine, social work, or a similar field, plus a specific number of supervised practice hours – all as mandated by the practitioner's state licensing board. It is also clear that while psychotherapy is not only effective but longer-lasting since it teaches life skills, it is also underutilized – possibly because big pharma is better publicized, but also because access to psychotherapy is limited: *"Psychotherapies are highly effective, but only when consumers have access to them."*[2]

The situation in Europe is quite different; only a few countries require the practitioner to be a psychologist, medical doctor, or psychiatrist. The European Association for Psychotherapy is proposing a new psychotherapy law to pass through the European Commission that would not only legitimize present practice, but also require four years of postgraduate education and specific training in psychotherapy at a master's degree level – EQF-7 (European Qualification Framework, Level 7). Psychotherapy is also currently listed as a subset of psychology/psychologist in the classification of European Skills, Competences, Qualifications & Occupations (ESCO), with an interesting note at the very end: *"It is an independent occupation from psychology, psychiatry, and counselling."*[3]

Furthermore, the "medicalisation' of psychotherapy and mental health needs to be re-assessed. Not everyone who undertakes – or benefits from – psychotherapy has been diagnosed with a mental illness. Psychotherapy can help people with a number of different life stressors and conflicts that can affect anyone, anytime, anywhere. For example, it can be and often is, effective in the following areas:[4]

- Resolving conflicts with a partner, family member, or someone else in one's life
- Relieving anxiety or stress due to work or other situations
- Coping with major life changes (e.g., divorce, death of a loved one, or loss of a job)
- Managing unhealthy reactions, such as road rage or passive-aggressive behaviour
- Coming to terms with an ongoing or serious physical health problem (such as diabetes, cancer, or long-term (chronic) pain)
- Recovering from physical or sexual abuse or from witnessing violence
- Coping with sexual problems, whether they're due to a physical or psychological cause
- Better sleep when there is trouble with insomnia
- Working with compulsive or addictive behavioral patterns such as gambling, debting, etc.)

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1. Browne, J., Cather, C. & Meuser, K.T. (2021). Common Factors in Psychotherapy. Oxford Research Encyclopedia of Psychology. (www.oxfordre.com/psychology/view/10.1093/acrefore/9780190236557.001.0001/acrefore-9780190236557-e-79).
2. APA 2012: Research Shows Psychotherapy Is Effective But Underutilized. (www.apa.org/news/press/releases/2012/08/psychotherapy-effective)
3. ESCO classifies a 'psychotherapist' (Code 2634.2.4) under 'Legal, social and cultural professionals,' social and religious professionals,' 'Psychologists,' 'psychologist':*"Psychotherapists assist and treat healthcare users with varying degrees of psychological, psychosocial, or psychosomatic behavioural disorders and pathogenic conditions by means of psychotherapeutic methods. They promote personal development and well-being and provide advice on improving relationships, capabilities, and problem-solving techniques. They use science-based psychotherapeutic methods such as behavioural therapy, existential analysis and logotherapy, psychoanalysis or systemic family therapy in order to guide the patients in their development and help them search for appropriate solutions to their problems. Psychotherapists are not required to have academic degrees in psychology or a medical qualification in psychiatry.* ***It is an independent occupation from psychology, psychiatry, and counselling****."*
4. Adapted from The Mayo Clinic website: www.mayoclinic.org/tests-procedures/psychotherapy/about/pac-20384616

The significance of these points is that research that attempts to isolate factors (i.e. using randomized controlled trials (RCTs), which are more suitable for testing the efficacy of medications) is ineffective, as psychotherapy has far too many variables. [5] Despite this, cognitive behavioral therapy – and its derivatives such as mindfulness-based cognitive therapy, dialectical behavioral therapy, acceptance and commitment therapy, and rational emotive behavioral therapy – claim that their use of RCTs makes them "evidence-based therapeutic treatments" with, perhaps, the implication that other methods are not. However, Philips & Falkenström (2020) claim that:

> During the last decades, advanced analytic methods have been developed in psychotherapy process research, which enables investigation of causal connections regarding change mechanisms in psychotherapy. Therefore, we propose that the top of the research evidence hierarchy for psychotherapy should encompass: (1) RCT for circumscribed disorders, (2) cohort studies for complex disorders, and (3) advanced process studies for change mechanisms.

One of the better basic manuals about psychotherapy research is contained in Gelo, Pritz, & Ricken (2015). They clarify four interrelated basic assumptions:

(1) Psychotherapy research and its object of investigation are *social constructs* grounded in the values and beliefs shared by members of a specific community at a certain time and place;

(2) For psychotherapy researchers to be aware not only of what they do, but also of why they do it, they should engage in *explicit* and *self-critical reflection* on the foundational assumptions of psychotherapy research;

(3) *Pluralism* should be considered not only a valuable stance, but also an *a priori* condition of any scientific account of psychotherapy;

(4) Finally, self-reflective and methodologically pluralistic psychotherapy research should be conducted on the *process* and *outcome* of psychotherapy to determine how and why psychotherapy works.

Rather than being seen as an independent profession as claimed by the European Association of Psychotherapy's 1990 Strasbourg Declaration, mentioned above, psychotherapy is currently classified as a subset of psychology by ESCO, not included in the category of "Health professions," but classified in the "Legal, Social, and Cultural professions" category. This further negates the use of research techniques suitable for medical treatments, and reinforces the use of techniques more suitable for social studies.

More than 20 years, ago a colleague and I wrote an article entitled *The scientific 'what' of psychotherapy: Psychotherapy is a craft, not a science!* (Young & Heller, 2020), which argued that the direction of assessing psychotherapy by scientific criteria is fundamentally mistaken, and that, like many other professions, the actual practice of psychotherapy is more of a skill-based craft. There is no doubt that the professional practice of psychotherapy can inform science and can be informed by science, but it is definitely not a science in itself.

So, if psychotherapy is neither a medical, nor a health profession, nor even a scientific one, how can we best assess it? In 2010, the European Association of Psychotherapy (EAP) initiated a project to establish the professional competencies of a European psychotherapist (www.psychotherapy-competency.eu). This clearly identified the competencies a European psychotherapist. A comparison with the professional competencies of a European psychologist reveals significant differences which are now recognized by ESCO, though they yet need to be translated into a different category. The pragmatic approach to professional competencies also fits well with the increasingly popular common factors approach (Wampold, 2015):

> To understand the evidence for the common factors, it is important to keep in mind that these factors are more than a set of therapeutic elements that are common to all or most psychotherapies. They collectively shape a theoretical model about the mechanisms of change

5. RCTs are considered one of the more rigorous and scientific methodologies to determine whether a cause-effect relationship exists between treatment and outcome, allowing researchers to exclude the possibility that the association was caused by an alternative factor.

> in psychotherapy. … The contextual model posits that there are three pathways through which psychotherapy produces benefits. That is, psychotherapy does not have a unitary influence on patients, but rather works through various mechanisms. The mechanisms underlying the three pathways entail evolved characteristics of humans as the ultimate social species; as such, psychotherapy is a special case of a social healing practice. … The three pathways of the contextual model involve: a) the real relationship, b) the creation of expectations through explanation of disorder and the treatment involved, and c) the enactment of health promoting actions. Before these pathways can be activated, an initial therapeutic relationship must be established.

This means we must look in different directions than previously for proper and effective psychotherapy research.

To understand how and why psychotherapy works, it is necessary to focus on both the process of psychotherapy – what takes place during the treatment – and the relationship between this process and its outcome – the treatment's clinical effects. Hardy and Llewelyn, writing in Gelo et al. (2015), introduce psychotherapy process research, which examines not only how psychotherapy works, but also focuses on what happens within the system – the client, therapist and their interactions – that somehow enables change to occur; i.e., what underlies, enables, or drives therapeutic change.

> Client change processes may or may not incur within the therapy session; they may or may not be amenable to verbal description, and events that occur in the therapy session may be helpful or neutral with regard to their impact on client change. As in all areas of research, it is therefore important to provide both theoretical and empirical evidence for the way in which therapy processes or activities are linked to client change processes. Further, research must involve identifying and understanding both client and therapy processes so that as Kazdin (2009) states, we can develop 'evidence-based explanations' of why a treatment works and how changes come about. (p. 184)

A number of quantitative and qualitative methods are used within psychotherapy process research. Pragmatically, quantitative research relies more on numbers to fulfill its research goals, while qualitative research relies more on words and language. However, the severe categorization of a research approach as being either qualitative or quantitative is relatively irrelevant when conducting actual research, especially in the field of psychotherapy.

Qualitative Research

Denzin & Lincoln (2005, p. 3) describe qualitative research:

> Qualitative research is a situated activity that locates the observer in the world. It consists of a set of interpretive, material practices that make the world visible. These practices transform the world. They turn the world into a series of representations, including field notes, interviews, conversations, photographs, recordings, and memos to the self. At this level, qualitative research involves an interpretive, naturalistic approach to the word. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them.

This feels quite appropriate for a social science or a skill-based "craft" like psychotherapy. Some forms of qualitative research appropriate to psychotherapy include:

- Qualitative case studies
- Grounded theory and its variants (thematic analysis, etc.)
- Narrative inquiry/thematic analysis
- Talk & text/conversation & discourse analysis
- Ethnographical studies
- In-depth interviews
- Personal experience methods: heuristic research
- Phenomenological research (interpretive/existentialist-informed/hermeneutic)
- Q methodology

Some of the above methods mix and match, rather than being totally discrete. To describe all these methods is beyond the scope of this paper, however good explanations and analyses of these meth-

ods can be found in McLeod, 2011; Timulak, 2009; Harper & Thomson, 2012.

- ***Quantitative Research***. There are three main quantitative research strategies that may be used to reach an understanding of how and why psychotherapy works. These include:
  - Treatment process research which investigates what takes place during psychotherapy, regardless of its clinical significance.
  - Change process research which investigates what takes place during psychotherapy with regard to its clinical significance.
  - Process-outcome research which investigates the relationship between what takes place during psychotherapy and its clinical effects.

  Quantitative research is essentially the process of collecting and analyzing numerical data. It can be used to find patterns and averages, make predictions, test causal relationships, and generalize results to broader populations. It emphasizes the measurement and analysis of causal relationships of variables, not processes. There are four main types of quantitative research which attempt to establish cause-and-effect relationships among the variables: descriptive, correlational, causal-comparative/quasi-experimental, and experimental.

  Quantitative research methods are frequently applied in healthcare and social care research, and use objective measurements with statistical methods, mathematics, economic studies, or computational modeling to enable a systematic, rigorous, empirical investigation. This objectivity and numerical complexity can only be done on a large scale – perhaps less relevant or applicable to psychotherapy. Some psychotherapy mixed methods research uses both qualitative and quantitative.

- ***Qualitative Research***. A consensual qualitative research which is based on data collected through interviews involving open-ended questions and a semi-structured format. This method is particularly good for investigating the inner experiences that are not easily observable to outsiders, such as clients' perceptions of therapists' feelings, therapists' perceptions of relational interventions.

- ***Outcome Research***. Outcome research, quantitative and qualitative, shows more directly how well psychotherapy works over time. Quantitative outcome research is mostly conducted in the social sciences using statistical methods to collect quantitative data. Researchers and statisticians deploy mathematical frameworks and theories that pertain to the quantity under investigation. However, the cooperation of individual psychotherapists is needed, and perhaps for large cohorts, that of their professional associations.

  Borrowing a phrase from evidence-based medicine, psychotherapy outcome research often uses empirically-supported treatments (EST) that describe a controversial recent health-care policy that "restricts the services of psychotherapists to such therapies that have demonstrated efficacy for a given disorder." Treatment manuals play a central role in this particular definition. But, these and other elements, such as disorder-specific treatments, are aspects of research that have been seriously criticized by psychotherapists, as they do not reflect patients/clients who may present with two or three different categories: i.e., anxiety and depression and erratic behavior brought about by work stress and (say) recent grief issues.

As with many disciplines, a considerable gulf exists between research and practice, making it difficult for psychotherapists intently focused on their practice to conduct research, and for researchers to understand the complexity of the psychotherapeutic process.

> The tension between science and practice in psychotherapy has been described as a war or a "bad marriage" (Greene, 2014). Some writers on the research side of the divide characterize clinicians as lacking in knowledge and skill in empirically supported interventions (Karlin & Cross, 2014), while others suggest that clinicians are romantics when it comes to psychotherapy practice, and that they may be subject to cognitive biases when making clinical decisions (Lilienfeld et al., 2013). Writers on the clinical side of the divide argue that randomized controlled trials represent a limited form of evidence (Westen et al., 2004), and that there may be a feeling of resentment among practitioners that researchers dissem-

> inate their findings upon clinicians (Greene, 2014). The result is that patients may not be receiving the best of evidence-based care.[6]

Attempts to bridge this gap have not been very successful, though practitioner research networks hold some hope of producing practice-based evidence of their clinical work. Collecting client feedback and outcome questionnaires are a couple of research methods accessible to the working psychotherapist that can also improve their practice (Lambert & Shimokawa, 2011).

Scott Miller (Miller et al., 2015; Prescott et al., 2017; Maeschalck et al., 2019) is one of the main proponents of feedback-informed treatment (FIT), whereby the client is invited to give direct, real-time feedback to the therapist, using structured yet flexible measures that identify what is and what is not working in a therapy sessions. The therapist is thus prompted as to how to better meet the client's needs. This grass-roots approach to research seems to be quite effective in improving outcomes. While the use of the word "treatment" harkens back towards a medical model, the direct response built into the therapeutic relationship avoids much of the inherent medicalization and depersonalization.

Finally, Gaudiano & Miller (2013) introduce a special issue on evidence-based therapy research, and practice and develop the proposition that traditional psychotherapy is on the decline, while medical use and the over-medicalization of psychotherapy and mental health issues are rising, as is increasing tension between these two approaches. The authors also address issues like diagnosis, treatment development, and training – as always, from the viewpoint of U.S. psychotherapy done primarily by clinical psychologists.

> These factors hold potential opportunities but also major pitfalls that will need to be carefully navigated related to implementation/dissemination issues, interdisciplinary collaborations, and psychosocial versus biomedical perspectives related to the nature and treatment of psychopathology. In addition, we review and comment on the other articles contained in this special issue pertaining to the future of evidence-based psychotherapy (p. 814).

They conclude: "One issue that will be critical is the need for greater and more effective evidence-based psychotherapy advocacy efforts" (p. 821).

This short introduction to current issues in psychotherapy research is designed purely as an introduction to Part 2, which examines the evidence base and appropriate research techniques for a particular (mainstream)[7] type of psychotherapy, long since marginalized but increasingly relevant: Body Psychotherapy or body-oriented psychotherapy.

6. www.societyforpsychotherapy.org/what-clinicians-want-from-psychotherapy-research/
7. The wider field of psychotherapy is often classified into (a) different "mainstreams"; different "modalities" within the mainstreams; and different methods or techniques within modalities. For example, Gestalt therapy (a modality) is usually placed within the humanistic and integrative mainstream, and sometimes uses the empty chair technique. Similarly, the mainstream of psychoanalytic psychotherapies includes Jungian, Lacanian, Freudian, and Adlerian approaches (modalities), which often use the methods of dream analysis, free-flowing conversation, transference analysis, interpretation, and free association.

PART 2
Definition of Body Psychotherapy

First of all, for those unfamiliar with the field, body psychotherapy is a distinct mainstream branch with a very long history [8] (Young, 2012) and a large body of knowledge based upon a sound theoretical position. It involves a different and explicit theory of mind-body functioning that takes into account the complexity of the intersections of and between the body and mind, with the common underlying assumption that a functional unity exists between mind and body. Although many other approaches within psychotherapy touch on this issue, body psychotherapy considers this principle to be absolutely fundamental.

As a mainstream, body psychotherapy involves a developmental model, a theory of personality, hypotheses about the origins of psychological disturbances and alterations, as well as a rich variety of diagnostic and therapeutic techniques used within the framework of the therapeutic relationship.

There are many different types (methods or modalities) of body (or body-oriented) psychotherapies and/or somatic psychotherapies. [9] While some methods/modalities have developed independently, some are "intervention" techniques or body therapies that have added on (or integrated) a psychotherapy training component. [10] However, not many of these body psychotherapy methods or modalities have been subjected to any form of proper scientific evaluation (i.e., their efficacy and effectiveness have not been fully established). However, this does not mean that they are not effective or efficacious – just that the full evidence base has been lacking until relatively recently.

However, body psychotherapy itself (as a mainstream branch of psychotherapy) has been scientifically validated and recognized as a sufficiently "grounded" form of psychotherapy by the European Association of Psychotherapy (EAP), and several of the body psychotherapy modalities have also independently gone through the EAP's scientific validation process. [11]

This scientific validation process involves offering substantive responses to the EAP's "15 Questions on Scientific Validity." This validation of body psychotherapy (as a mainstream) does not differentiate between the different types of body psychotherapy – although some studies refer to just one modality (e.g., Bioenergetic Analysis, or Biodynamic Psychotherapy). Nor does it differentiate between qualitative or quantitative research, or different types of research; both were considered valid if the design were appropriate and applicable to body psychotherapy in general. "Science" just requires the establishment of measurable standards and values.

Nearly all the different theories, methods, and modalities of body psychotherapy (in Europe) now have similar standards of training (see EABP Training Standards [12]), with increasingly core el-

8. Boadella, D. (1997). Awakening sensibility, recovering motility: Psycho-physical synthesis at the foundations of Body Psychotherapy: the 100-year legacy of Pierre Janet (1859-1947). *International Journal of Psychotherapy*. (2), 1, 45-56.
9. It should also be noted that all methods or modalities of Body Psychotherapy are very different and distinct from the wide variety of (bodily-oriented) physical therapies (e.g. massage, yoga, Feldenkrais, Rolfing, Alexander Technique, Hellerwork, etc.), which do not incorporate any training in psychotherapy.
10. Bloch-Atefi, A. & Smith, J. (2015). The effectiveness of body-oriented psychotherapy: A review of the literature. *PACJA*, 3, 1.
11. For generalized information about the Scientific Validity of Body Psychotherapy (in accordance with the EAP's 15 Questions about Scientific Validity) (see www.eabp.org/wp-content/uploads/2022/01/15-Questions-EABP-2.pdf): and for the (1999) responses from EABP about the Scientific Validity of Body Psychotherapy - as a mainstream branch of psychotherapy (see www.eabp.org/wp-content/uploads/2022/01/15-Questions-EABP-2.pdf).
12. EABP Training Standards: www.eabp.org/training-standards/

ements in their curricula, common theoretical grounds (Marlock, Weiss, Young, & Soth, 2015), and support through research (The Evidence-Base for Body Psychotherapy [13]). They are also in the process of developing similar professional competencies, though these are, at present, undifferentiated between the different modalities. [14]

This listing of the Evidence Base of Body Psychotherapy [15] is the result of an extensive and informed research strategy of members of the EABP's Science & Research Committee (SRC), with submissions from EABP members and others. It is not based upon a systematic review of all available literature; we may have therefore missed some publications. Obviously, many other body psychotherapy research articles exist (many in non-English languages; many confined to specific universities or training schools). This is a work in progress, though at some later point in time, sufficient data may be gathered for a Cochrane Review. [16]

Different and sometimes quite separate approaches (modalities) are found within body psychotherapy, as there are within other main branches of psychotherapy. However, as distinct from being a medical treatment, body psychotherapy bases itself more on being a skill, rather like an art or craft, which is informed by science, and – it is hoped – even informs science. In seeking to understand how people work, body psychotherapy has developed over the past 75 years based on the results of active research in biology, anthropology, proxemics, ethology, neurophysiology, developmental psychology, neonatology, perinatal studies, and many more disciplines.

A wide variety of methods are used within the practice of body psychotherapy, including those involving touch, movement, and breath. There is, therefore, a link with some body-oriented therapies, somatic practices, and complementary medical disciplines. Although these may also involve touch and movement, they are very distinct from body psychotherapy, which recognizes the continuity and deep connections that all psycho-corporal processes contribute, in equal fashion, to the organization of the whole person. There is no hierarchical relationship between mind and body, between psyche and soma. They are functioning and interactive aspects of the whole person.

As it exists today, body psychotherapy is a loose but consensual amalgamation of a number of different types of body-oriented psychotherapies that have, in common, the principle that what happens in the mind also happens in the body. As such, they form an almost indivisible whole. Mind-body dualism is often ascribed to Descartes ("I think therefore I am"), but possibly goes back much further – even to the onset of patriarchy and the beginnings of the hegemony of reason over emotion. Body psychotherapy rejects this dualism and assumes the indivisibility of mind and body. Some body psychotherapy methods include a spiritual component.

The Evidence Base for Body Psychotherapy

Unfortunately, there is no proper, fully scientific evidence base for body psychotherapy – yet! There is, however, a large selection of articles that deal with research aspects of body psychotherapy. These are listed on the EABP website, under that title. [17] There is also a Preamble, worth noting, which states:

> Psychotherapy research in general terms is a relatively young and fairly controversial scientific discipline; the questions as to whether the notion of "Empirically Supported Treatments / ESTs" or even "Evidence Based Treatments" can be applied remains a subject for intensive debate within the psychotherapy community. Lambert (2011) emphasized major goals of psychotherapy research as an applied clinical science, namely, "protecting and promoting the welfare of the client by identifying the principles and procedures that enhance positive outcomes." The literature on the history of psychotherapy research usually distinguish-

13. The Evidence Base for Body Psychotherapy: www.eabp.org/research/the-evidence-base-for-body-psychotherapy/
14. Body Psychotherapy Competencies: www.eabp.org/body-psychotherapy-competencies/
15. The Evidence Base for Body Psychotherapy: www.eabp.org/research/the-evidence-base-for-body-psychotherapy/
16. Cochrane Review: www.cochranelibrary.com/about/about-cochrane-reviews
17. www.eabp.org/wp-content/uploads/2021/12/The-Evidence-Base-for-Body-Psychotherapy-Nov.-2021.pdf

es between four phases, beginning with the systematic case study approach introduced by Sigmund Freud in the 1920s. The first systematic outcome studies were conducted by Carl Rogers and team in the 1950s with an emphasis on psychotherapy processes, as well as conceptual issues in psychotherapy. From 1970 onwards, the focus shifted towards establishing specific effects of psychotherapy interventions in treatment-outcome studies, culminating in the famous 'Dodo-Bird-Verdict': "At last the Dodo said, 'Everybody has won, and all must have prizes" (from Alice in Wonderland). This verdict considers decades of large-scale, so-called "meta-analytic" studies, suggesting that although psychotherapy is effective, no single approach is consistently more effective than another (Luborsky et al., 1975; Smith & Glass, 1977; Wampold & Imel, 2015).

Other researchers, predominantly those representing Cognitive-Behaviour Therapy, concluded their studies as supporting modality-specific evidence (e.g., Chambless & Ollendick, 2001). From about the mid-1980s however, the perspectives in psychotherapy research shifted, and is now characterized by an intensive effort to distinguish general and specific psychotherapy process and change factors in the context of mixed-method (qualitative and quantitative) research approaches (see Laska et al., 2014). The contemporary discourse in psychotherapy research has therefore emphasized the importance of context factors such as: intercultural issues, client-therapist interaction, the matter of choice (matching of therapist/client perspectives), as well as the transfer of experiences from psychotherapy into day-to-day life.

From the perspective of Body Psychotherapy, it is furthermore important to acknowledge the growing influence of a theoretical paradigm that shifts towards a notion of embodied cognition in psychology, philosophy and corresponding findings in (affective) neurosciences (e.g., Panksepp, 2004) and neuropsychology (e.g. Schore, 2012), emphasizing the crucial role of creative, embodied engagement as well as emotional regulation and corresponding resource-oriented, approaches in psychotherapy. Some additional dimensions have to be considered for Body Psychotherapy: the embodied and experiential nature at the core of the psychotherapeutic process in Body Psychotherapy, the interactive, participatory therapeutic relationship as well as the interface between subjective feeling states/affect regulation and movement behaviour – all these aspects, specific for the work in Body Psychotherapy, make it difficult to apply EST criteria to determine an evidence-base for efficacy and effectiveness. Tantia (2019) accordingly suggested to extend the research perspective in Body Psychotherapy and introduce a "somatically informed paradigm".

For the purpose of defining the Evidence-Base for Body Psychotherapy on the EABP website, we however decided to group the literature according to a standard approach, because we came to the view that the EABP website, as an outward facing information platform, and for those who are not familiar with the specific Body Psychotherapy modality, will benefit from a summary that can be compared with other psychotherapy modalities. We would like to however clearly state, that we agree with the critical appraisal of the state of the art in psychotherapy research, i.e. supporting the notion that a wider and methodologically equivalent perspective should be considered whilst determining as to how and to what extent Body Psychotherapy "works" for the people that come to seek support and help provided by our Body Psychotherapy colleagues. After all, and as emphasized by Leichsenring et al. (2018): "Plurality and Diversity Matters", not only in psychotherapy research but also for clinical practice.

All this is not to say that body psychotherapy (and its various modalities) is ineffective; nor is it unscientific, or *only* theoretical. There are a few excellent research studies and a number of good case histories, or more accurately, case "vignettes" [18]. However, it is impossible to count these as proper evidence: they are more indications of efficacy.

18. Vignette: a brief evocative description, account, or episode

From the myriad of case examples, there is no doubt that something works somehow. This important fact cannot be denied but further explored. We must be more precise and accurate. To this end, there are the "5 Ws" of science: who, what, when, where, why – and, some would add, how. Who does it work for; what is it that works; when does it work; where does it work; and – most importantly – why and how does it work?

Systematic research is needed to evidence the effectiveness of each modality. The best evidence would be a multi-centered (i.e., conducted at a number of different locations) outcome study, where the same measurements are used at the beginning and at various intervals throughout the course of treatments. Then the dynamics of progress or factors of therapeutic change – however these are measured – could be better identified. Ideally, there would also be a three-month and six-month follow-up to see if changes are retained over time. This comprehensive type of outcome research has unfortunately not yet been done. Such studies, supported by additional research, would form a reasonably solid evidence base.

There are seemingly obvious connections between what is done to a client, particularly in terms of the body psychotherapy method used, and a client's physiology, psychological, and emotional states. The connections with neuroscience are incredibly important, but need to be better evidenced. Peter Mackereth (2018) quotes a good randomized controlled trial outline which compares Biodynamic Massage with other holistic treatment options for people with multiple sclerosis. However, this must be contrasted with the classic use of scientific findings to support theories of body psychotherapy and the therapeutic process, as in Reich's *Character Analysis* (1980), the work of Gershon in *The Second Brain* (2020) on gut instincts and the functioning of the enteric nervous system; Stephen Porges's Polyvagal work (2011) and the massive amount of work being done on the psychophysiological aspects of trauma. While it is wonderful to find sound scientific support for one's empirical findings, this does not constitute proper evidence. There may well be some correlation, but, as the saying goes, "correlation does not imply causation." [19]

Instead, we could, for example, give a particular type of body psychotherapy to a number of people who all hook up to an EEG [20] (or some other instrument) to demonstrate that the particular technique creates an increase in Alpha waves or a reduction in galvanic skin response [21] giving a measurable, physiological response associated with levels of anxiety or relaxation. We would need to demonstrate that people who receive this technique regularly not only benefit immediately, but also retain those benefits over time. This sort of attention to detailed research and the measurable effects of the therapy would help back-up the demonstrable, beneficial claims for body psychotherapy work by better indicating the how and why.

Most psychotherapy practitioners – body psychotherapy or otherwise – are not trained in science, are not qualified to do research, are often unable to understand scientific findings, are too busy helping clients, and do not have access to laboratories and equipment. As clinical psychotherapy practitioners, we have not been properly educated in the science and research of psychotherapy. Unfortunately, all these points help perpetuate the gulf between research and practice that exists not only in psychotherapy, but which is also widespread in other sciences.

In the early 2000s, after the European Association of Body Psychotherapy (EABP) established the scientific validity of body psychotherapy with the European Association of Psychotherapy (EAP) by answering their "15 Questions" at length, a number of other body psychotherapy modalities also answered the same 15 Questions. Biodynamic Psychology was one of these modalities. The EAP's "15 Questions" can be found **here** [22], and EABP's response, about the whole of body psychotherapy

19. Correlation tests for a relationship between two variables. However, seeing two variables moving together does not necessarily mean we know whether one variable causes the other to occur. This is why we commonly say "correlation does not imply causation."
20. EEG: electro-encephalogram, which tracks and measures electrical activity in the brain.
21. Galvanic skin response (GSR) measures the electrical potential on the skin (minute changes in sweat gland activity), which can indicate the intensity of emotional arousal (and relaxation).
22. EAP's 15 Questions on Scientific Validity: www.europsyche.org/app/uploads/2020/06/EAP_15_Questions.pdf

as a mainstream branch of psychotherapy can be found **here**.[23]

Currently, there is no access to the submission answers which were about the scientific validity of the psychotherapy modality: i.e., that there is a basis in science, and is not purely a belief system, or even worse, a sect. This is only the first step. Once it has been established that there is some scientific validity, one needs to look more closely at the details: i.e., the 5Ws and building up the evidence base for that particular method.

Some good work was done when the European Association for Psychotherapy (EAP) required all European organizations representing different psychotherapy modalities answer the EAP's "15 Questions on Scientific Validity"[24] with substantive responses. In 1999, Michael Heller and I answered the questions on behalf of mainstream of body psychotherapy. Then, most of the other body psychotherapy modalities within that mainstream in Europe – e.g., Biosynthesis (David Boadella), Psycho-Organic Analysis (based on Paul Boyesen's work), Hakomi (based on Ron Kurtz's work), Concentrative Movement Therapy (based on Helmut Stolze's work), Bioenergetic Analysis (based on Alexander Lowen's work), Emotional Re-Integration (developed by Peter Bolen), Character Analytic Vegetotherapy (a combination of original work by Reich & Raknes, then developed by Federico Navarro, Clorida Lubrano-Kotulas, and others), Biosystemic Psychotherapy (originated by Jerome Liss), Functional Psychotherapy (based on Luciano Rispoli's work), Core Energetics (originally developed by John Pierrakos), Psychotherapeutic Postural Integration (Eliane Jung-Fliegans & Claude Vaux), etc. – all answered the 15 Questions for their modalities.

In addition to the various modalities of body psychotherapy, the European Association for Body Psychotherapy (EABP), the European Association for Biosynthesis (EABS), the European Association for Psycho-Organic Analysis (EAPOA) and the European Association for Concentrative Movement Therapy (EAKBT), the EAP's 15 Questions on Scientific Validity have also been answered by the European Association for Integrative Psychotherapy (EAIP), the European Confederation of Psychoanalytic Psychotherapies (ECPP), the European Federation of Centres for Positive Psychotherapy (EFCPP), the European Association for Hypno-Psychotherapy (EAHP), the European Association for Gestalt Therapy (EAGT), the European Federation for Psychosynthesis Psychotherapy (EFPP), the European Federation for Bioenergetic Analysis-Psychotherapy (EFBA-P), the European Association for Neuro-Linguistic Psychotherapy (EANPt), the European Association for Reality Therapy (EART), the European Family Therapy Association (EFTA), the Federation of European Psychodrama Training Organisations (FEPTO), and the European Network for Person-Centered and Experiential Psychotherapy and Counselling (PCE Europe). The compilation of these submissions could help work out the similarities and differences between the body psychotherapy methods.

However, even if a psychotherapy has established its scientific validity does not mean that it is effective. Nor does it mean that it has demonstrated that people in treatment get better and stay better. There are several other standards that psychotherapies and psychotherapists must meet.

In 2010, the EAP began a project to establish the Professional Competencies of a European Psychotherapist. By 2013, the Core Competencies were established. This process has been useful in establishing that psychotherapists and clinical psychologists have different professional competencies. Up till then, psychotherapy was seen as a subset of clinical psychology: different competencies established a significant difference. To continue this work , we need to differentiate the specific competencies of each body psychotherapy modality.

Developing a research study or project, is not easy – especially if one is also trying to earn a living from one's private massage or psychotherapy practice. However, joining with others, as in a practitioner research network, is an easier possibility. It could be useful, perhaps, to start a Biodynamic (or Biosynthesis, or Bioenergetic) practitioner research network (PRN) in the UK, parallel and/or liaising with the UKCP's PRN, and maybe being part of the

23. EABP's Response to the 15 Questions: www.eabp.org/wp-content/uploads/2022/01/15-Questions-EABP-2.pdf
24. www.europsyche.org/app/uploads/2020/06/EAP_15_Questions.pdf

EABP's PRN.[25] A bid for research funding coming from such a network, backed by relevant professional associations, is often more successful than an individual or a small group obtaining funding, unless they are backed by a reputable (university-based?) institution.

I have written about the increasing necessity for the different psychotherapy, and especially body psychotherapy modalities, to establish a proper evidence base that demonstrates its efficacy and effectiveness.[26][27] Frank Röhricht and I have established a fairly comprehensive compilation of research for body psychotherapy in general on the EABP website.[28] However, the various modalities need to participate by contributing massive amounts of proper research and scientific work if we are to establish a widely accepted and recognized evidence base. Leading the way in research are such organizations as Biodynamic Psychotherapy, Gestalt Psychotherapy, and Transactional Analysis whose body of research is much larger and far better established.

Developing Research Standards

Before launching into any research, there are a number of points to consider. As the research will involve other people (or animals), most research studies, before they begin, must submit their protocols and a description of their research methods for ethical approval. EABP's Science and Research Committee (SRC) is developing a set of standards to help researchers ensure that their work is ethical. For example, case studies today need written permission from the subject, who, in turn, will need to be shown a final draft before publication. This was rarely the case for the early case studies or vignettes. Simply changing names and details is no longer sufficient.

In the EAP Statement of Ethical Principles,[29] there is a section on research (which may be in need of updating). If touch is involved, the USABP Code of Ethics has a specific statement about ethical touch (§ VIII).[30] I have also written quite extensively about the ethics of professional touch[31].

To lay the groundwork before starting a research project, practitioners, need backup from their training institutes. Training institutes need to be working closely with post-graduate research students in psychology departments and universities. This is the only way evidence base can become established in our field

When a research project is complete, the journal chosen to publish in must have an impact factor. It is important to seek out a properly peer-reviewed, scientific journal, such as *Psychotherapy Research*[32], or the journal of *Body Movement & Dance in Psychotherapy*[33], or EABP and USABP's very own *International Body Psychotherapy Journal*[34]. Other traditional psychotherapy journals may well be interested if the research is well-established and well-written.

In the early days of publication of original body psychotherapy articles in journals like *Energy & Character* or specific to a modality of body psychotherapy, like the *Bioenergetic Analysis Journal* or the *Hakomi Journal*, there was no peer review; there was no research; there were a few case histories and vignettes. Those were the early days. Now, much more is needed!

25. UKCP: United Kingdom Council for Psychotherapy's, Practitioner Research Network is described here: www.tavistockandportman.nhs.uk/research-and-innovation/research-centres/family-therapy-systemic-research-centre/practitioner-research-networks/
26. Young, C. (Ed.) (2012). *About the Science of Body Psychotherapy*. Stow, Galashiels: Body Psychotherapy Publications.
27. Young, C. & Grassman, H. (2019). Towards a Greater Understanding of Science & Research within Body Psychotherapy. *International Body Psychotherapy Journal*, 18(1). (www.ibpj.org/issues/IBPJ-Volume-18-Number-1-2019.pdf)
28. The Evidence-base for Body Psychotherapy: www.eabp.org/research/the-evidence-base-for-body-psychotherapy/
29. EAP: Statement of Ethical Principles: www.europsyche.org/quality-standards/eap-guidelines/statement-of-ethical-principles.
30. USABP Code of Ethics: www.usabp.org/USABP-Code-of-Ethics
31. 'About the Ethics of Professional Touch': www.courtenay-young.co.uk/courtenay/articles/The_Ethics_of_Touch_v.3.2.pdf
32. *Society of Psychotherapy Research Journal*: www.psychotherapyresearch.org/page/SPRJournal
33. *Body Movement & Dance in Psychotherapy*: www.tandfonline.com/toc/tbmd20/current
34. *International Body Psychotherapy Journal*: www.ibpj.org

Some of the articles about body psychotherapy are good pieces of background research, but they do not carry the proper weight of evidence needed to demonstrate the effectiveness of the body psychotherapy. They are indicative, rather than evidential. These articles also need to be published in a well-established, peer-reviewed and indexed journal.

All these points are increasingly important, if not absolutely necessary when we consider establishing a solid evidence base for body psychotherapy. It might even be a good idea to build a body psychotherapy research network so that individuals can collaborate to support and enhance each other's research work.

There are also other forms of research that can help validate a method or modality – I am **not** here considering randomized controlled trials (RCTs), which are usually an unsuitable form of research for most psychotherapies, and absolutely unsuitable for body psychotherapy, especially when involving touch. The structure of a randomized controlled trial puts no emphasis on, and even denigrates, the (almost unmeasurable) person-to-person contact that most psychotherapies are based on. It emphasizes a form of manualization requires the treatment be the same for every client and done by any therapist. Unfortunately, cognitive behavioural therapy (CBT) and its many derivations have based their authenticity on this form of science, which is far better suited to the pharmaceutical industry.[35] This emphasis has skewed the field of psychotherapy away from more suitable scientific research.

There is a hierarchy of scientific research. For example, case studies are forms of qualitative research, as opposed to quantitative research. At best, they indicate and support different ways of working, and they may lead to other research studies, but they are also not really part of a proper evidence base and therefore they do need to be used judiciously.[36]

The Pillars of Research

Efficacy. The need for proper research is to establish, beyond any doubt, the **efficacy** of a treatment method: its ability to produce the desired result consistently, or its level of success in achieving a desired goal. It is **not** good science to say: "I did this and it worked with this person at this point in time." Instead, we need to be able to say that when this number of people were treated by this method – people in different countries, of different ages and social backgrounds, with different presenting conditions, and treated by this type of therapist – we had these results. On that basis, we can make a reasonable prediction as to the efficacy of a method and honestly show that it works.

Effectiveness. The effectiveness of a treatment method assesses the following criteria: how well it works; how quickly it works; how long the effects last; and the possible side effects or conditions that may be counterproductive or contraindicated. Data for effectiveness must be derived from a number of long-term and wide-ranging studies. This is a very different type of research and almost certainly needs external funding.

The professional associations of psychotherapy and body psychotherapy would need to involve themselves in raising and/or seeking such research funding. Such funding for many types of research is available, possibly from the European Union, or from health bodies seeking research grants, but obtaining such funding is not easy, and certainly not for everyday practitioners trying to live off their professional practice. Such research would also need to be validated by outside support such as a university. Few individual body psychotherapists have access to these facilities, have the knowledge and expertise to develop a research study, the time and energy to devote to it unless there is an ulterior motive like a PhD, nor the support and resources of an institute. But this does not mean that one shouldn't try or give up.

35. The founder of behaviorism, John B. Watson, advised parents not to touch their children, other than a pat on the head when they had done something well.
36. EABP SRC Guidelines for Writing A Body Psychotherapy Case Study: www.eabp.org/eabp-guidelines-for-writing-a-body-psychotherapy-case-study/

One simple way to do this is to join up with other like-minded practitioners and form a practitioners research network (PRN). This form of collaboration can, over time, really strengthen and develop peoples' practices, as well as strengthen the field for that particular method or approach. Again, professional associations can and should play a significant role here.

The Science and Research Committee of EABP has tried, and will continue trying, to develop a PRN for body psychotherapy practitioners, but there is also room for body psychotherapy practitioners from a particular modality to form their own PRN, and focus on developing relatively simple research studies in that modality.

One of the more recently published bibles about psychotherapy research is by Omar Gelo, et al. [37] In it, they describe the different kinds of research that are appropriate to psychotherapy, both quantitative and qualitative. However, unsurprisingly, they don't mention touch, and maybe this is where we body psychotherapists need to become more specific.

For more general research about touch, the reader is strongly advised to begin with the work of Tiffany Field, a dedicated researcher, professor at the University of Miami School of Medicine, and director of the Touch Research Institute in Florida. Her books include *Infancy*; *The Amazing Infant*; *Touch*; *Touch Therapy*; *Complementary and Alternative Therapies Research*, and *Massage Therapy Research*, as well as many published articles and essays in edited volumes. These sorts of books should (in an ideal world) be compulsory reading for all body psychotherapy students. There are several other neuroscientists, like Antonio Damasio, author of *Descartes' Error* (2006), who are also candidates for such compulsory reading.

A massive amount of research work has been done recently on the neuroscience of touch [38], and also on the neuroscience of trauma – all of which is very pertinent to body psychotherapists (as trauma is largely stored in the body). Indeed, as Bessel van der Kolk, a world-renowned trauma expert, has frequently stated, one really needs to be a body psychotherapist to work with trauma. This is very relevant, as is Allan Schore's (1994, 2003, 2003) series on attachment theory; Daniel J. Siegel's *The Developing Mind* (1999), *The Mindful Therapist* (2010), *The Whole-Brain Child* (2011), and *Pocket Guide to Interpersonal Neurobiology* (2012). Siegel's other books also form a significant body of work in this field, as does Jaak Panksepp's *Affective Neuroscience* (2004) and Louis Cozolino's *The Neuroscience of Psychotherapy* (2017). Steven Porges has already been mentioned; Candace Pert's *Molecules of Emotion* (1999) is also very relevant. The research work of Kerstin Unvas-Moberg, author of *The Oxytocin Factor* (2011) and other books, is equally significant to body psychotherapists. All of these authors have presented at various body psychotherapy conferences.

However, all the theories of these eminent researchers only provide supporting evidence for body psychotherapy; they do not prove anything about it. Body psychotherapists will need to do a bit more proper research work until there is sufficient material for a full Cochrane Review – or similar.

However, if other body psychotherapists want to engage in a wider and more significant outcome research project, then perhaps they should ask about a proposal I made to the EABP SRC.

■ ■ ■

37. Gelo, O. C. G., Pritz, A. and Rieken, B. (Eds). (2015). *Psychotherapy Research: Foundations, Process & Outcome*. Vienna: Springer.
38. *The Science of Touching & Feeling*: David Linden, Professor of Neuroscience at John Hopkins University: www.youtube.com/watch?v=lW8pJ7E9taQ

Courtenay Young *is a well-known UK body psychotherapist who originally trained with Gerda Boyesen and David Boadella (1979-1983) and has worked clinically for 40 years in many different settings. He has authored many articles and edited several books, including:* The Handbook of Body Psychotherapy & Somatic Psychology *(2015)*; Being in the Body: The Handbook of Biosynthesis Psychotherapy *(in press)*; *and* The 'New' Collected Papers of Biodynamic Massage & Psychotherapy *(2022). He has also edited a series of books under his own imprimatur,* Body Psychotherapy Publications*. He was the lead writer for the EAP's* Project to Establish the Professional Competences of a European Psychotherapist *(2010-2013), and is a member of both EAP's and EABP's Science & Research Committee. He is currently editor of the* International Journal of Psychotherapy*. All his articles are available to download from his personal website.*

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