

COMPETENCES PROJECT

Body/Somatic Psychotherapy Competences: What are they?

Courtenay Young

ABSTRACT

This article is about the development of the EAP's *Project to Establish the Professional Competences of a European Psychotherapist*. It is both an invitation and a challenge to all Body Psychotherapists and Somatic Psychotherapists. It encourages readers to identify and differentiate those professional competences that are special, specific, and even unique to Body/Somatic Psychotherapy, and to the different modalities within this mainstream.

Keywords: Body Psychotherapy, Somatic Psychology/Psychotherapy, professional competences, mainstreams & modalities

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B background

This article is about the development of the EAP's *Project to Establish the Professional Competences of a European Psychotherapist*, which was initiated by the European Association for Psychotherapy (EAP) around 2010. The goal was, and remains, to establish an independent profession of psychotherapy in Europe that differs from the professions of psychology and psychiatry, and, without stating this overtly, with an educational Master's degree level set higher than that generally required of counselors. The method chosen by the International Standard Classification of Occupations (ISCO)^[1] is to classify all different jobs or occupations by what a person in any particular job or occupation essentially **should be able to do**. These are, therefore, the competences of that occupation. There are various definitions of “job”, “occupation”, “skill”, “skill level”, “skill specialization”, etc. on the ISCO website.

1. ISCO: www.ilo.org/resources/concepts-and-definitions/classification-occupation/

First, a brief note of clarification about the difference between *competence* and *competency*. These two words are somewhat interchangeable, although *competence* is more often used to describe a person's general ability, while *competency* is more often used to describe a person's ability to perform a certain task. In short, competence is what you can do, and competency is how well you do it. You could have competence in the sense that you can do a job, but not necessarily do it well, or have the curiosity to think about where or how else that skill could be used, or how to further develop that skill with, for example, Continuing Professional Development (CPD).

In order to establish the differences between different occupations, one has to compare their professional competences: that is, what should a psychotherapist be able to do that is different from a psychologist or a psychiatrist? This is a fairly universal distinction – domestic plumbers or electricians have different competences from industrial plumbers or electricians, and both are different from house-builders.

Given the predominance of academic psychology in the US, *psychotherapy* as a professional activity has been subsumed into psychology, family therapy, licensed social workers, and counselors, etc., and complicated by the different criteria of the many state licensing boards. To become registered or licensed in the US and Canada, one usually needs a Master's degree in psychology, plus a few years of supervised practice. In Europe, there is no such accepted standard, and while some European countries have passed laws to regulate psychotherapists, there is still no coherence, which impedes the free movement of labor between EU countries. Hence, the EAP's mission statement^[2] and investment in establishing a definition of psychotherapy, and what psychotherapists should be able to do – their professional competences.

As a key for thinking about the Project, instead of asking representatives of each psychotherapy mainstream what their competences were, and then trying to find some common ground, we first looked at the Core Competences that every psychotherapist should be able to demonstrate, irrespective of their training, modality, country, or background. We found a surprising and sizable degree of coherence, and the Core Competences part of the project was completed in 2013 (Young et al., 2013).^[3] This has stood the test of time and been very useful.^[4] There is now a basic understanding that *psychotherapy is not a subset of psychology*, despite national laws being passed in certain European countries assigning the practice of psychotherapy only to psychologists and psychiatrists.^[5]

The Project in Phase 2

After a ten-year hiatus, Phase 2 of the Project is to establish the Specific Competences of every type of psychotherapist: that is, what should, for example, a Gestalt psychotherapist be able to do that is different from a family psychotherapist, or a Body Psychotherapist? Some of these Specific Competences may overlap; for example, many psychotherapies fall within a humanistic mainstream, and thus have certain similarities. Given the different mainstreams in psychotherapy – psychodynamic, systemic, humanistic, etc. – there are significant differences between and within these. Body/Somatic Psychotherapy is now recognized within the EAP as containing enough significant modalities to constitute its own mainstream – Bioenergetic Analysis, Biosynthesis, Biodynamic Psychotherapy, Bodydynamic Psychotherapy, Radix, Hakomi, neo-Reichian Character-Analytic Vegetotherapy, etc.

Thus, we have begun working on Phase 2 of the Project: establishing the *Specific Competences* of all the mainstreams and modalities of psychothera-

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2. EAP Strasbourg Declaration 1990: www.europsyche.org/about-eap/documents-activities/strasbourg-declaration-on-psychotherapy
 3. EAP Project to Establish the Professional Competences of a European Psychotherapist: www.psychotherapy-competency.eu
 4. Author's note: The European Standard Classification of Occupations (ESCO) has already accepted, on the basis of this Project, that psychotherapy is not a simple subset of psychology: www.esco.ec.europa.eu/en/classification
 5. The EAP has recently proposed a new act at the European (EU) level, which – if approved – would supersede these national laws: www.europsyche.org/about-eap/documents-activities/psychotherapy-act/ However, the EU has recently suspended all submissions for new professions.

pies. These Specific Competences are essentially below, or within, the Core Competences – if you are insufficiently competent as a professional psychotherapist, it doesn't matter how skilled you are in a particular modality or technique.

As you work through the different levels of classification, if you thought you were sufficiently well-trained to practice professionally and successfully, it is natural to feel somewhat alarmed. You may now suddenly realize that you are untrained or inexperienced in dealing with particular disorders or problems you have never before encountered. Some disorders have surfaced since you were originally trained, so it is often not a question of being insufficiently trained, or incompetent, or unprofessional. Hopefully, the philosophy of your basic training included regular supervision, CPD, a sensitivity to changing social and ethical standards, and a dedication to professional self-development. These are all necessary competences.

The Specific Competences of a Body/Somatic Psychotherapist

In 2012, three UK Body Psychotherapy colleagues, from three different though similar Body Psychotherapy training schools, wrote a very good booklet, *Body Psychotherapy Competencies*.^[6] This excellent start helped clarify people's thinking about what was special, or specific, to Body Psychotherapy. Unfortunately, these competences were not sufficiently in line with EAP's Project to be included. Now, as the EAP's Project restarts – and this essentially is the *raison d'être* of this article – it becomes necessary to revisit the topic of Body Psychotherapy Competences. This might have become necessary anyway, since, as Bob Dylan sings, *The Times They Are A-Changin'*.

There has been a substantive quantum shift in the basic training of psychotherapists, and of Body

Psychotherapists in particular. The first and second generations of founders are passing away, and they often taught by what I call the apprentice method – the *Learn To Do As I Do* method! Trainings, now taught by a third generation, are becoming more structured and coherent.

In the last decade, we have seen a number of significant changes in the basic attitude of Body Psychotherapy. We have gently but significantly been moving from the perspective of having a special skill or craft, to incorporating and including ourselves within the much wider framework of mainstream psychotherapy, which involves neuroscience, a greater understanding of physiology – how the body works, definitions of ethical touch, impacts of trauma – as well as adapting to the shift in mainstream psychology/psychotherapy towards a greater understanding of the role of the body in psychotherapy. All these changes have created significant shifts in awareness and in trainings.

Much more is now published in mainstream books and journal articles than existed 40 years ago. We have seen the publication of several major books on Body Psychotherapy and Somatic Psychology^[7] and there have been significant developments in its philosophy and practice, as evidenced in this journal, and others.^[8] As a result, the time seems ripe to take a deeper look at the Specific Competences of a Body/Somatic Psychotherapist.

I was recently involved in setting up a Somatic Psychotherapy online, post-Covid, two-year conversion training course leading to a Somatic Psychotherapist (PACFA^[9]) accreditation for qualified therapists and counsellors in Australia.^[10] As part of this course, it became necessary to identify what was new and different to the trainees, to their already established training, thinking, and professional practice – in other words, what was special and specific about Somatic Psychotherapy. I wanted to get them thinking, so I adapted some of the

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- 6. Boening, M., Westland, G. & Southwell, C. (2012). *Body Psychotherapy Competencies*. This document is available as a PDF download: www.eabp.org/body-psychotherapy-competencies/
 - 7. Marlock, G., Weiss, H., Young, C. & Soth, M. (2015). *Handbook of Body Psychotherapy & Somatic Psychology*. North Atlantic Books; Heller, M.C. (2012). *Body Psychotherapy: History, Concepts & Methods*. W.W.Norton & Co.; Body Psychotherapy Publications – a series of books edited by C. Young: www.bodypsychotherapypublications.com
 - 8. *Body Movement & Dance in Psychotherapy*: journal published by Taylor & Francis: www.tandfonline.com/toc/tbmd20/ current
 - 9. PACFA: Psychotherapy & Counselling Federation of Australia: www.pacfa.org.au
 - 10. Somatic Psychotherapy Australia: www.somaticpsychotherapy.asn.au

aforementioned *Body Psychotherapy Competencies* into the format of the EAP Project's structure (see Appendix 1) as an exercise to see what they came up with. And I now invite readers of this article to do something similar.

As we move down the hierarchy of occupational classifications, we find layer upon layer of differentiations. Besides the Core Competences of Phase 1 of the EAP Project,^[11] there will be profound differences in the Phase 2 Specific Competences of, for example Family Psychotherapists, Gestalt Psychotherapists, Hypno-Psychotherapists, and, of course, Body Psychotherapists. There is also a further set of Phase 3, Specialist Competences that apply to different branches of the profession, or to specific client groups such as Child Psychotherapists, Forensic Psychotherapists, psychotherapists working with geriatric clients, psychotherapists working with particular populations, like refugees, or addicts, as well as the specialist competences that apply to supervisors and trainers. We must also move to consider, in Phase 4, what are the knowledge and skills needed to acquire these competences, and eventually, in Phase 5, how to apply, and ultimately assess, these in the different Body/Somatic Psychotherapy training schools.

There are, of course, fundamentally significant differences between Body/Somatic Psychotherapists and most other psychotherapists in that we consider the body to be an integral part of the person's psyche:

[Body/Somatic Psychotherapy] involves a different and explicit theory of mind-body functioning that takes into account the complexity of the intersections of and interactions between the body and the mind, with the common underlying assumption being that a functional unity exists between mind and body.^[12]

This perception underpins how we approach clients and their issues, and therefore how we practice professionally. The variety of Specific Body Psychotherapy Competences across the various domains therefore has to incorporate these views and, most importantly, these practices. There will be Specific Competences that are fairly generic

across all modalities and methods of Body/Somatic Psychotherapy, and there will be competences specific to various modalities within Body/Somatic Psychotherapy.

The knowledge and skill to touch

One major competence relevant to many Body/Somatic Psychotherapies refers to the knowledge and skill to touch clients appropriately and ethically. In **Domain 1, Professional, Autonomous and Accountable Practice**, there is a subset, **§1.1.3: Work according to accepted professional standards**, which involves:

... being aware of and conforming to appropriate codes of ethics and practice; working under an agreed complaints procedure; having the knowledge and understanding of how professional policies, principles and guidance are expressed and translated into action through a number of different methods; handling problems in a manner relevant and appropriate to their professional practice and to their method of practice; etc.

A Body/Somatic Psychotherapy competence might add:

B(S)P: 1.1.3 – be aware of, and conform to, national and state (local) regulations about the use of touch in psychotherapy.

In the UK, it was standard practice to cover this particular point by requiring that everyone acquire a nationally accepted certificate in anatomy and physiology, which also covered the basics of Swedish-type massage. In Germany, this point, as well as several others, are often covered by taking a one-year Heilpraktiker (Health Practitioner) training. Each country or state may have different regulations, and therefore the competence is to know and meet the requirements – to demonstrate competence.

There is also the issue of ethical touch, which might be dealt with by another competency – possibly in **Domain 10: Ethics and Cultural Sensibilities**. In §10.1.2, something like this could be added:

11. Outline & Process of the Project: www.psychotherapy-competency.eu/Project_Outline/process.php

12. USABP website.

§10.1.2: Apply professional and ethical guidelines: which involves being able to draw upon knowledge and apply relevant professional and ethical guidelines, codes of conduct, and practice; adhering to appropriate ethical, professional, and contractual boundaries in one's relationships with patients/clients; obtaining informed consent for interventions; safeguarding the interests of patients/clients, especially when working with other professionals, team members, and members of their family; recognizing any limits to one's own competence, skill, and experience, and engaging in appropriate training and professional development to enhance these; maintaining patient/client confidentiality, and knowing when it can be breached; ensuring one's own practice conforms to best practice; maintaining appropriate standards of personal conduct; etc.

B(S)P: 10.1.2 – be aware of, and conform to, ethical practice about the use of touch in psychotherapy.

There is often a cultural component in certain societies and countries about touch, which also has to be recognized and adapted to in order to function professionally.

In its Code of Ethics, the USABP has an excellent section on Ethical Touch (§VIII), which all its members should / must follow.^[13] In this article, we are looking at the wider picture of competences for all Body/Somatic Psychotherapists, and we are not as concerned with ethical behavior, nor a therapist's touch competency.

Research

Looking at **Domain 12: Research**, a lot has been written about Body Psychotherapy research, and rightly so, as there seemed to be a serious deficiency in qualitative research within the profession. Gradually, this is resolving, and the EABP Science & Research Committee (SRC) has been hard at work to raise awareness of this aspect, which should start with students' professional training.

We have begun to list the Evidence-Base for Body Psychotherapy^[14], and all members of the EABP FORUM are now instituting a new training course on Science & Research. The SRC organizes a Scientific Symposium meeting at the bi-annual EABP Congress to raise awareness and inspire members to fulfill these competences. Should there be specific mention of an additional competence for Body Psychotherapists in Domain 12? This may not be necessary.

Domain 12: Research: This means that the psychotherapist is able to demonstrate that they are aware of the need for ongoing research and development in the field of psychotherapy; that they are prepared to engage in appropriate research; and that they maintain an awareness of, and their practice is informed by, significant developments in the field of professional practice.

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

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

What has been particularly interesting for many Body/Somatic Psychotherapists is the relatively recent development of findings in neuroscience, attachment theory, and other aspects of physiology, such as Steven Porges' Polyvagal Theory, and how these can be applied to our professional practice.

13. www.usabp.org/USABP-Code-of-Ethics

14. www.eabp.org/research/the-evidence-base-for-body-psychotherapy/

Such an interest and application means that those involved are probably fulfilling the competences in §12.1.1 and §12.1.2. We don't have to become researchers, although there may be distinct benefits in joining a Practitioner's Research Network (PRN) to maintain this interest and apply it appropriately.

The writing and publishing of case histories is another way of demonstrating one's competence in the professional practice of Body/Somatic Psychotherapy, and – as a piece of qualitative research – it also assists others in their practice.^[15]

Competence specificity

Some of the potential Body/Somatic Psychotherapy competences could be seen as a bit more complicated, especially since there is wide differentiation within this particular mainstream, and between the many different Body/Somatic Psychotherapy modalities.^[16] For example, I trained originally in Gerda Boyesen's Biodynamic Psychology and Psychotherapy, which incorporated a lot of Biodynamic Massage into its methodology and practice. So, we worked, sometimes within the same session, with a mixture of talk therapy, neo-Reichian vegetotherapy with clients lying on a mattress, and a specific type of massage work that was designed to rebalance the autonomic nervous system.^[17]

At times, Gerda would demonstrate working with the etheric energies of people's auras, which was wonderful work, but not necessarily a required competence. However, this could be a Specific Competence of a Biodynamic Psychotherapist: *To demonstrate awareness of, and the ability to work with, non-corporeal energies* – or something similar. This competence probably would not be listed, for example, within the Specific Competences of a Bioenergetic Psychotherapist (Alexander Lowen), or Integrative Body Psychotherapist (Jack Lee Rosenberg), or Hakomi Psychotherapist (Ron Kurtz). Similarly, some of the competences of a

Radix practitioner would not apply to other Body Psychotherapy modalities.

The various and different body-oriented psychotherapy modalities currently include – and this list is not inclusive, as new Body Psychotherapies 'pop up' every day – Wilhelm Reich's US-based *Orgonomy*; Alexander Lowen's *Bioenergetic Analysis*; Gerda Boyesen's *Biodynamic Psychology & Psychotherapy*; Reichian (Wilhelm Reich / Ola Raknes') *Character-Analytical Vegetotherapy*; Nick Totton & William West's *Neo-Reichian Psychotherapy*, though Nick Totton has now developed what he calls *Embodied Relational Therapy*; Chuck Kelley's *Radix* work; John Pierrakos' *Core Energetics*; Ron Kurtz's *Hakomi*; Jay Stattman's *Unitive Psychotherapy*; Lisbeth Marcher's *Bodydynamic Analysis*; Ajuriaguerra's psychoanalytically-oriented *Psychomotor Therapy*; David Boadella's *Biosynthesis*; Ilana Rubenfeld's *Rubenfeld Synergy*; Malcolm Brown's *Organismic Psychotherapy*; Al Pesso's *Pesso-Boyden Psycho-Motor System*; Peter Levine's *Somatic Experiencing*; Jack Lee Rosenberg's *Integrative Body Psychotherapy*; Arnold Mindell's *Process Oriented Psychotherapy* (though this also extends outside of Body Psychotherapy); and many others. There are also other branches of body-oriented psychotherapy, like Christine Caldwell's *Moving Cycle*, and Susan Aposhyan's *Body-Mind Psychotherapy*, which have evolved from dance and movement therapies. There are, as well, many splits, amalgamations with other psychotherapies, and other variations of the above, so new Body Psychotherapies continually emerge, like Pat Ogden & Kekuni Minton's *Sensorimotor Psychotherapy* coming out of Hakomi, and Jack Painter's *Psychotherapeutic Postural Integration* incorporating Gestalt.^[18]

There are currently approximately thirty different Body Psychotherapy training institute programs in Europe, all roughly at a Master's degree level, most in the EABP FORUM of Body Psychotherapy Training Institutes.^[19] Only one or two are attached

15. See Young, C. (Ed.) (2018). *Body Psychotherapy Case Studies*. Body Psychotherapy Publications.

16. For an explanation of Mainstreams, Modalities and Methods in Psychotherapy: www.courtenay-young.co.uk/courtenay/articles/Mainstreams_modalities.pdf

17. For more information about this particular modality of Body Psychotherapy, see Young, C. (Ed.) (2022). "The 'New' Collected Papers of Biodynamic Psychology, Massage & Psychotherapy: 2022." Body Psychotherapy Publications.

18. This list is based on that in a book edited by C. Young (2014), *About the Science of Body Psychotherapy*. Body Psychotherapy Publications.

19. EABP FORUM: www.eabp.org/eabp-forum/

to a university Master's program. There are many more Body/Somatic Psychotherapy training programs in the US, including about four university Master's and Ph.D. courses in Somatic Psychology. The term *Somatic Psychology* seems more popular in the US than the variations of Body Psychotherapy, or Body-Oriented Psychotherapy, or Somatic Psychotherapy. There are also Body/Somatic Psychotherapy training programs in Israel, Australia, various South American countries, Japan, and Russia. Most of these are evolving to become significantly different from the European and American modalities.

It is wonderful to see the spread and diversity of all these, but it is also interesting to note the lack of training programs in other countries and continents. Many modalities and methods may not survive the test of time, or the passing of their founders; however, their significant differences should be apparent in any listing of the Specific Competences.

Ideally, each training organization should ascertain the competences needed for their graduates to operate competently and professionally in their country and modality. Ideally, they need to ensure that their graduates can achieve these competences. If not, they may be training people to a less-than-professional standard. This is a profoundly different perspective than the previous apprentice perspective: trainees are not only expected to succeed in their training, the training must be fit-for-purpose professional, with widely acceptable standards. Increasingly, psychotherapy trainings of four years duration need to be at a Master's degree level, and possibly registered with the educational Qualifications Framework in that country at Level 7, in conjunction with their trainees demonstrating their professional Core and Specific Competences.

Distinct from all these, within the field of body-work or body therapy, apart from the field of traditional physiotherapy, there are thousands of different programs, trainings, and methods, various types of massage – Swedish, medical, sports, energy, aromatherapy, etc. – as well as structural, functional and movement therapies, etc. However, I do not, and many others would not, consider

these proper psychotherapies – which is not to say that they may be therapeutic or competent within the limitations of their methods.

The profession of psychotherapy needs to become properly professional in Europe, as well as in other countries, and Body/Somatic Psychotherapy must be equally professional, with its Body/Somatic Psychotherapists professionally competent.

The issue of cognitive behavioral therapy

Finally, as something of an aside, there is one significant omission from these various forms of psychotherapy that is worth a mention: cognitive behavioral therapy (CBT) and its variations. They do not seem to consider themselves a proper psychotherapy, do not associate with other psychotherapies, nor do they see themselves as needing to experience their treatment. They do not require a personal therapy component in their training, as do most other psychotherapies, because since there is nothing wrong with them, they do not need therapy!

There has also been an unfortunate distortion because of their claim that CBT is the only evidence-based therapy and randomized controlled trials (RCTs) are the gold standard for assessing the efficacy of a therapy. This has a distorting effect on research into the efficacy and effectiveness of other psychotherapies that do not lend themselves to manualized treatments. Someone trained in applying CBT or one of its variants may be competent and professional (many indeed are), but there is no psychological skill involved, and therefore little competency. Psychotherapy is not a medical treatment to be assessed by RCTs; it is a craft or skill, scientifically-based and informed by science. It is a profession with a set of professional competencies, with several mainstreams within which there are many modalities. In Europe, Body/Somatic Psychotherapy is seen as a mainstream that includes several modalities. Most of these have been through an initial process of scientific validation within the EAP. In this respect, please consider the EABP's substantial and growing *Evidence-Base for Body Psychotherapy*.^[20]

20. The Evidence-Base for Body Psychotherapy: www.eabp.org/research/the-evidence-base-for-body-psychotherapy/

The parallel process is to ensure that all psychotherapists of all mainstreams and modalities are sufficiently trained in the Core Competences of the profession, as well as the Specific Competences of their various mainstreams and modalities. It may be confusing at first to get one's head around this classification, but it has its logic and it is resilient. It is the way forward.

A Call to Action

To conclude, I offer a challenge that I hope a number of Body/Somatic Psychotherapy readers will take up. Please consult the EAP's *Project to Establish the Professional Competences of a European Psychotherapist* (www.psychotherapy-competency.eu) to see what has already been accomplished. Please consider carefully what is special or specific about what you do as a Body/Somatic Psychotherapist, over and above the general Core Competences. Is the Specific Competency limited to your particular method or modality, or do you consider it more general to all Body/Somatic Psychotherapists?

Where and how might you be able to fit in a Specific Competency, and consider if you can synthesize it into a format or language similar to the Core Competences (see Appendix 1). Your new Specific Competences can then be compiled with the contribu-

tions of other Body/Somatic Psychotherapists, and contribute to the reasonably comprehensive list of the Specific Competences of a Body/Somatic Psychotherapist.

This challenge has been extended to other mainstreams and modalities within the EAP, and all European-Wide Accrediting Organisations (EWAOs)²¹ to which EABP belongs. Hopefully, within a year or so, we will be able to have a clearer view of what we all have in common as Body/Somatic Psychotherapists, and how and where we differ from others in the mainstream branch of the profession.

Note: The table in Appendix 1 is purely indicative of the *format* that any Specific Competences of a Body/Somatic Psychotherapist need to be listed in. These will then be listed as subsets of the various Domains in the Core Competences: i.e. a subset of Domain 2.1 – specific to Body/Somatic Psychotherapy. There may also be subsets specific to, say, Gestalt Psychotherapy or Existential Psychotherapy, and other modalities for Domain 2.1. Ideally, all Specific Competences need to be assigned to one of the already established Domains, but if there is no suitable Domain, then please list this separately, and the new Working Group will try to fit it in.



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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21. EWAOs: www.europsyche.org/about-eap/european-wide-representations/ewao/

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Appendix 1

The Specific Competencies of a Body / Somatic Psychotherapist

2.1	Engage with the client somatically and establish a working somatic relationship.			
2.1.1	Communicate clearly , which involves:			
a	Beginning the first session by inviting clients to enlarge on why they are seeking body psychotherapy, how their somatic difficulties have arisen, and what their expectations are with regard to body psychotherapy	Y	N	?
b	As the therapist is “listening” with their body, finding appropriate forms of verbal communication with the client, and also identifying non-verbal types of communication (viz: Westland, 2012)	Y	N	?
c	Looking inside themselves for resonances with the other person’s experience, and trying to communicate with clients about <i>their</i> experience	Y	N	?
2.1.2	Clarifying roles and methods , which involves:			
a	Asking clients how they think this type of somatic psychotherapy can help them and/or why they chose this type of body psychotherapy	Y	N	?
b	Exploring any factors that might limit or restrict the client’s ability (physical or psychological) to engage fully with the body-oriented therapeutic process	Y	N	?
c	Defining the (somatic) psychotherapist’s role and the client’s contribution to the somatic relationship, as well as identifying possible issues of difference and diversity in somatic education and upbringing: culture, religion, class, race, gender preferences, etc.	Y	N	?
d	Inviting clients to speak about any previous experience of somatic psychotherapy, body-oriented therapies or practices, or somatic self-exploration, and also about the habitual use of their body (swimming, climbing, running, etc.)	Y	N	?
e	Exploring clients’ capacities and particular ways of perceiving the world through and with their body	Y	N	?
f	Discovering clients’ level of psychological understanding and relating appropriately to the somatic psychological level	Y	N	?
g	Exploring how early somatic experiences might have influenced them (e.g. school, accidents, hospitalization, sports, body image, sexuality, violence and abuse, neglect, etc.)	Y	N	?

h	Observing how clients make contact, and which sensory modes or “channels” of contact are dominant and/or underused	Y	N	?
i	Observing clients’ bodily communications, and, when appropriate, helping them to become more aware of these; observing the congruence between their words and body language, position, affect, etc.	Y	N	?
j	Discovering what type of interventions help to provoke (arouse), and which help to calm clients, aiming to help them become more aware of these, and thus become more able to self-regulate	Y	N	?
k	Enabling clients to recognize and regulate their affect states	Y	N	?

2.1.3	Explain how ways of working somatically , which involves working somatically or working within Body Psychotherapy, are significantly different than other ways of working as a different type of psychotherapist. This specific competency may include:			
a	Introducing and explaining the various methods of working in body psychotherapy more fully	Y	N	?
b	Answering questions about body psychotherapy and the particular psychotherapist’s style simply, clearly, and concretely; confirming and affirming that clients have a choice about any of the methods to be used, and about whether to follow the psychotherapist’s suggestions	Y	N	?
c	Confirming clients’ right to object to anything in the session, and subsequently adjusting interventions to be more containing, or to give more personal space	Y	N	?
d	Finding and interacting through clients’ preferred modes of communication	Y	N	?
e	Explaining about the possible use of appropriate touch, the rationale and conditions for touch, different types of touch, contraindications and limitations, and also about clients’ absolute choice about when, where, and how the therapist can touch	Y	N	?
f	Explaining about other possibly used methods in somatic psychotherapy, their rationale, and limitations	Y	N	?

2.2	Manage & maintain a somatic psychotherapeutic relationship			
a	Maintaining the working somatic psychotherapy relationship by regular reviews and discussions, relating mainly to clients’ relationship with their body, the therapist’s relationship with their own body, and the somatic resonance between them; this is both intrasubjective and intersubjective	Y	N	?

b	Maintaining a constant awareness of both the therapist's and clients' somatic activity, especially in the present moment; actively using nonverbal and rhythmic dynamics, such as co-regulation, attunement, synchronization, mirroring, and spontaneous moments of meeting	Y	N	?
c	Understanding any of clients' early attachment issues	Y	N	?
d	Working to help maintain clients' level of arousal within a zone of tolerance or comfort zone, especially when helping them to integrate / resolve any traumatic experiences	Y	N	?
e	Being sensitive to moments of rupture and repair in terms of client-therapist contact	Y	N	?
f	Helping clients restore and maintain the balance of their autonomic nervous system (ANS)	Y	N	?
g	Maintaining awareness of clients' boundaries and levels of tolerance, and respecting these	Y	N	?

2.3	Manage & maintain a Somatic Psychotherapeutic relationship. Difficulties in the Somatic Psychotherapeutic relationship can include:			
a	Somatic transference and countertransference issues	Y	N	?
b	Awareness of the link between adverse childhood experiences, ways of coping with them, and long-term consequences (www.theannainstitute.org/ACE%20Study/ACE%20Overview%20Chart.pdf);	Y	N	?
c	Awareness of institutionalized re-traumatization (https://psychrights.org/Stories/anna.html)	Y	N	?
d	Awareness of body-mind interactions and enactments in therapy room, and how to work with these	Y	N	?

2.4	Conclude the Somatic Psychotherapeutic Relationship			
a	Awareness of somatic attachment issues, and how to help clients release these	Y	N	?
b	Awareness of own somatic attachment issues, and releasing these	Y	N	?