

A 2020s Credo for Body Psychotherapists

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ABSTRACT

A credo is a set of beliefs that influence the way we live, a statement that guides our actions, a set of principles or opinions that strongly influence the way we live and work, and a position from which we see the world. With the start of this new decade, the 2020s, I believe now is the time that we body psychotherapists could, should, and need to develop a new credo – one that includes proper research into what we actually do professionally.

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any of us body psychotherapists can all too easily bemoan the fact that our particular form of psychotherapy has not been researched enough, or we can get annoyed by claims (for instance) that CBT is the only “evidence-based” therapeutic treatment, or that when we were training in our particular version of body psychotherapy (whatever it was, a long time ago), very little time was spent on trying to understand the “science,” or being informed about the research behind our various techniques, as most of the actual training was about how to “practice” and how to apply the particular techniques of that method. It was skill-based, but not necessarily evidence-based.

These trainings were all about practice: nothing wrong with that, except perhaps the “all.” We were applying theory-based techniques with virtually no research to support them. They seemed to work, most of the time, and so we kept on using them and not really questioning them. Indeed, it was possibly even “dangerous” to question these techniques, as they had been developed by the very person who had set up the school in which we were studying. These pioneers were very charismatic, and (possibly) also somewhat narcissistic. And people like that often don’t like to be questioned. Such questioning could even get you thrown out of their training.

In those trainings, there were (perhaps) one or two psychologists who had been trained in some sort of research, but usually with rats in cages. There were probably some teachers, social workers, etc., some clients of previously trained therapists (who now wanted to do what had been done to them), and some body-based therapists who wanted to better understand the “psyche” of their clients. There were (possibly) one or two doctors who didn’t want to just continue pill-pushing for Big Pharma; there were also a very few people in these trainings with a different professional training – particularly a science-based one.

There definitely was, and still is, an acknowledged “serious gap,”

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“rift,” “chasm” or “gulf” between the science and the practice of body psychotherapy.

Of course, greatly appreciated (which is very nice to follow up on) was and is all the excellent work done by neuroscientists, neuropsychologists, neuropsychophysiol-ogists, and others who are deeply involved in the study of the function of the human brain and body. They are giving us – almost as a Christmas gift – a wonderful amount of well-researched background information that can, in due course, be used to help us to shape and reformulate some of our theories and practice about how the mind and body work, and how they might even work together, or in oppo-sition with each other. And so, we discovered that all this scientific information and knowledge, based on research, can now help us, in due course, improve some aspects of our body psychotherapy techniques and practice. An excel-lent example is Stephen Porges’ (1995, 2007) polyvagal theory, and Deb Dana’s (2018) application of Porges’ work to therapy.

But – please – let this be very clearly understood: none of these findings from neuroscience (or whatever) have any-thing to do with any proper science of, and/or research into, body psychotherapy. Fundamentally, we are “borrowing” other people’s research, and then trying to use it to “prove” the basis of our particular method of psychotherapy.

We must also be aware that many of these very bril-liant neuroscientists – people like Allan Schore, Antonio Damasio, Steven Porges, Louis Cozolino, Eric Kandel, Daniel Siegel, Oliver Sacks, V.S. Ramachandran, Bessel van der Kolk, etc., mostly got to where they are now by very different routes than our professional routes. Now, I may be traducing them, but I would guess that very few have actually put their hands on a client’s body in a body psy-chotherapy session. They are the “scientists” and we are mostly the “clinical practitioners,” the “body-oriented psychotherapists,” the “somatic psychologists.”

Thankfully, these “scientists” are often very positive about our particular type of clinical psychotherapy work and practice, and they often align their work to ours, very favorably. They are often invited – and usually come – to our body psychotherapy conferences, and they also con-tribute to webinars, collaborate in seminars, write papers commending us, and so forth.

However, they may also want **us** to be using our practice to “prove” **their** research. They also tell us – emphat-ically – that we should be doing **our** research. So, this “advice” from them is almost a contradictory reversal of what should be happening: we should be asking them to research what we are doing. This reversal can even con-tribute to a conspiracy of silence about the lack of proper research into our particular methods. But, it is also fairly obvious that science and research can (and should) be able to inform our practice, and from within our practice, we can, or should, also be able to inform their science (Young & Heller, 2000).

“They are learning how the motor works and how it can be adjusted to work most efficiently. However, the motor is not the driver.” (Schere, 2017)

The study of (say) mechanical engineering, with a knowl- edge of the details and tolerances of the transmission sys- tem, access to all the wiring diagrams, and other technical manuals and diagrammatic overlays can all inform us – in detail – how something like a motorcycle works. But how can all or any of this “scientific” material possibly relate to the direct experience of actually riding a motorcycle? Or indeed, how can this tell us anything at all about (say) the driver of the motorcycle (Pirsig, 1974)?

Knowledge alone has quite severe limitations. Here, in our field, skill and experience are also essential. This com- bination of knowledge, skill, and experience is vital and necessary for any form of good professional practice. It is now the “gold standard” for any therapeutic modality or method. This is also essentially why the European Associ- ation for Psychotherapy (EAP) not only “required” every method of psychotherapy to demonstrate its “scientific validity,” but also why the EAP developed its Professional Core Competencies of a European Psychotherapist (Young et al., 2013).

This is also why the EABP’s Science and Research Commit- tee (SRC) has been promoting different initiatives over the last 10 years to develop the “science” of, and “research” into, body psychotherapy. These initiatives include the succession of Scientific Symposiums at the EABP Biannual Congresses (Cambridge, 2012; Lisbon, 2014; Athens, 2016; Berlin, 2018, and [soon] Bologna 2020), as well as the 2016 questionnaire survey of body psychotherapists, the 2018 publication of Body Psychotherapy Case Histories (Young, 2018), the “Research” section of the EABP website (www.eabp.org), the EABP *Bibliography of Body Psychotherapy*, and various other initiatives that can all help contribute to a coherent body of knowledge and experience (Young & Grassmann, 2019).

As well as all this, the publication of various recent hand- books and anthologies relating to body psychothera- py (to mention just a few: Levine, 1997; McNaughton, 2004; Hartley, 2009; Barratt, 2010; Marcher & Fich, 2010; Stauffer, 2010; Heller, 2012; van der Kolk, 2014; Marlock et al., 2015; Westland, 2015) support a more professional and scientific approach to body psychotherapy. All these publications offer marvelous insights into the deep well of knowledge and the vast experience of clinical practice in- volved in this particular mainstream. There are, of course, many other articles and chapters in books, all of which are almost too numerous to mention here, that help support the background and basis for potential “research” – prop- erly conducted – in the fields of body psychotherapy and somatic psychology. But the great majority of these books and articles do not really contain anything like “proper” research; they may be supported by bits and pieces of re- search, and they may support (or be supported by) other

“evidence-based” clinical practices. Yet we are still a long way from proper and essential research data about (a) why what we do works; (b) how we work – and why we do this or that; and (c) how well we work.

This is the quintessential deficit that I want to address in this article. This is why we may need a new “credo” for body psychotherapists – now! There have been a few challenges to psychotherapy in general; perhaps the best known is James Hillman’s *We’ve Had a Hundred Years of Psychotherapy and the World’s Getting Worse* (Hillman & Ventura, 1993).

Maybe it is really the politicians and world leaders who need psychotherapy, not us ordinary people, although it is probably useful for us to have therapy in order to cope better with what “they” are doing to us. These “powerful” people – and our feeling of lack of power – are usually sufficiently narcissistic to think that they are “right” and that there is nothing wrong with “them.” By implication, there is therefore something “wrong” with us: the “pebs,” the ordinary people, the “little men.”

Some of these attitudes, platitudes, and prosaicisms, and how we fall for them, are dealt with summarily in Reich’s (1946) *Listen, Little Man!* – in which he beseeches us to look honestly at ourselves, and assume responsibility for our lives, for all our actions, and for the great untapped potential that lies within the depths of human nature. It is this untapped potential – within our body psychotherapy community, within ourselves, and thus within our clients – that I am trying to address in this article.

Now it has been clearly established that, as our brains are still quite “plastic,” we really can help ourselves and our clients find different ways to change our behavior patterns, our perceptions of ourselves, and our worldly abilities and attitudes. So, we really need to find properly “proven” ways to indicate more precisely how our clients’ bodies can actually change, and how these bodily changes can actually change the mind – or how we can really help them change their “body-minds.”

“The brain enables us to do what we choose to do within the limitations of our inherited neurology. Indeed, at times, when we push beyond our limitations, the brain may work to change itself to allow our goal to be achieved. It is indeed an incredible mechanism.” (Schere, 2017)

If we think – intellectually – about the actual process of therapeutic change that we are hoping to facilitate, and how and what our clients will be going through, it is somewhat like trying to rewire a car (the brain) and tune the motor (the body) using all these manuals, while still driving the car down the road. However, the really important thing that needs to change is not the actual brain, but the body, the mind, and the attitudes. This is a totally different perspective, and (within itself) has many varied and very different aspects. Whoever said that psychotherapy is not political (Schmidt, 2012)?

It is actually almost impossible to “isolate” and account for all the variables that exist in any research program into client-based, face-to-face psychotherapy in order to be able to make a proper and careful inquiry or sampling about which aspects are relevant.

I have also tried to address those aspects of psychotherapy and counseling that do work, and therefore (by implication) which aspects of psychotherapy do not, in a long, two-part, and as yet unpublished article (Young, 2015).

Fairly recently, the American Psychological Association made a very definitive statement about the effectiveness of psychotherapy (APA, 2012). So, we know that psychotherapy does work, and we can, hopefully, build on this statement. We have also been told – over and over again – that the most effective factor in psychotherapy is the quality of the relationship between therapist and client (Norcross, 2011). But this quality is also almost impossible to quantify accurately.

The second most relevant factor is, apparently, the client’s commitment to change. There is also a very large scale of values possible here, as well, though some therapists offer techniques or approaches that try to address this aspect (Johnson, 2014; APA, 2015, Lombardi et al., 2014). As a potential research topic, this probably wouldn’t be a very good place to start.

So, coming back to the “driver” on the road – the body psychotherapist himself or herself, and his or her actual experience as a therapist, how can we – as therapists – help our clients cope with and make use of the plethora of knowledge and information coming from all these different practices, as well as from neuroscience itself? There is almost “*too much information*” for us ordinary body psychotherapists focused on practicing a particular technique, and also – of course – pragmatically, on earning a living.

Furthermore, some of this new information may actually conflict with – and/or support – what we have already been taught, and what we are currently practicing. Some people are also actively involved – rightly or wrongly – in “debunking” a particular theory, therapy, or psychotherapy (Whitkowski & Zatonski, 2015; Vitz, 1994).

But none of this has to do with anyone’s brain; neither has it anything to do with the therapist’s body, nor really the client’s body or brain. Instead, perhaps, we need to consider how we can help change the client’s mind and body. Traditionally, scientists have tried to define the mind as the product of brain activity because, according to them, the brain is the physical substance, and so, the physiology is therefore relevant. Yet, the mind is the conscious product of all those firing neurons. But there is also growing evidence that shows that the concept of the “mind” goes far and way beyond the physical (or physiological) workings of the brain.

“The mind is a powerful lens through which we can understand our inner lives with more clarity, integrate the

brain, and enhance our relationships with others. ‘Mind-sight’ is a kind of focused attention that allows us to see the internal workings of our own minds. It helps us get ourselves off of the autopilot of ingrained behaviors and habitual responses. It lets us ‘name and tame’ the emotions we are experiencing, rather than being overwhelmed by them.” (Siegel, 2014)

The aim of a particular seminar of notable neuroscientists in the early 1990s was to try to come to an understanding of what definition of the mind would appeal most to the common “wheat,” and that would satisfy those wrestling with the question across many of these fields.

After much discussion, these scientists concluded that a key component of the mind is “... [an] emergent self-organizing process, both embodied and relational, that regulates energy and information flow within and among us,” which is – on the one hand – a form of gobbledygook, but which can also be seen to be quite interesting, and may even have some meaningful implications. If this is truly the case, then we are entering into the field of “metaphysics.”

As a result, it would seem that the “mind” extends far beyond our physical selves; the “mind” is not synonymous with the brain; and the “mind” is also not simply that which “records” all of our perception of our experiences, but, essentially, it is that which “experiences.”

Siegel argues that it’s impossible to disentangle our subjective view of the world from our actual interactions. Indeed, the process by which the mind has evolved has been considered by many psychologists: “*The early attachment bond between infant and caregiver provides a sense of security, but it also serves to foster the development of the mind of the infant that necessarily reflects of that relationship.*” (ibid.)

This view of the mind as being much more than the simple product of brain activity has many implications for those engaged in psychotherapy, as we are not working with just a person’s brain, but also with their bodies, and thus with their “body-mind” – but also with our bodies, and also with our “mind-body.” This is because we are also (hopefully) reasonably embodied psychotherapists (Shaw, 2003; Rachels; 2015; Cozolino, 2016; Totton, 2018).

1. Firstly, this view suggests that the essential role of psychotherapists is to assist clients to explore and confront the issues that are disturbing them. It is also an essential position in order for any good therapy to happen. If the therapist is not fully embodied, then there can be no authentic contact between the client’s body-mind and the therapist’s mind-body, within the therapeutic relationship. Therefore, any lesser contact between therapist and client (or exchange that does not include the client’s and therapist’s body-mind) will be relatively ineffective in helping the client to confront their deeper issues.

“Using a listening touch can often accelerate the process of change.” (Rubenfeld, 2002)

2. Second, in light of the mind’s dependence on healthy interactions, it can be implied (or assumed) that the therapeutic relationship must be considered of the utmost importance. This is not just an intellectual relationship, but it also needs to be an embodied relationship. In the words of Irvin Yalom, “Therapy should not be theory driven, but relationship driven,” (Yalom, 2003) Indeed, as it is also argued by Norcross and others, the establishment of a strong and healthy alliance is the most effective item in a successful therapy. A “strong and healthy alliance” – in this context – **must** include the client’s and therapist’s deeper feelings, and the more subtle (but powerful) somatic relationships between their bodies.

3. Thirdly, although this “relational” view (especially in other modalities) sees the mind as much more than just the simple product of brain activity, it does not deny the presence of, nor an alliance of, a significant mind-body connection. The mind and body are closely, if not intimately, if not intrinsically, linked, and their almost indivisible relationship can exert either a positive or negative influence on one’s health and quality of life.

“Attitudes, beliefs and emotional states ranging from love and compassion to fear and anger can trigger chain reactions that affect blood chemistry, heart rate and the activity of every cell and organ in the body.” (Rubenfeld, 2002)

These impacts are not just mental, but also physical or physiological, as well as metaphysical.

4. Fourth, included within this perspective, the importance of the mind-body relationship suggests that in order to accomplish effective therapy, with so many different drivers from so many diverse cultures, we need to integrate effective principles from all of the existing evidence-based psychotherapies. So, we must also now consider how to integrate the scientific basis of body-oriented psychotherapy and somatic psychology. (Marlock et al., 2015)

Instead of emphasizing the efficacy of full and “proper” manualized treatments in one psychotherapeutic method or another, we might be better off focusing on what “evidence-based” principles can be utilized by considering instead differing therapists, attempting to assist differing clients, who are struggling with differing problems (Hubble, Duncan & Miller, 1999; Fonagy & Roth, 2006; Miller, 2011; Schere, 2015). This takes us more into considering the evidence of case histories as being another legitimate aspect of “science,” which, of course, they are. (Young, 2018)

5. Finally, in light of the very many dimensions involved in the different processes of the mind (emotion, perception, thought), we also need to consider what may be a considerable over-emphasis on purely verbal communication. Allan Schore (2009) has demonstrated the influence of nonverbal interaction on therapeutic process. Many others have done so as well for body

psychotherapists. (Barratt, 2010; Marlock et al., 2015)

Many therapists from many different modalities have discovered that what is communicated verbally is not always congruent with the client's "body story." (Kepner, 1987) So, we can see that many different modalities are now beginning to incorporate bodily-oriented techniques and perspectives into their own approaches.

Does any clinician – especially one trained in body psychotherapy or somatic psychology, or anyone trained in any of the multitude of the many other body-oriented modalities or techniques – doubt that the most effective way to communicate, especially when responding to a tragic (or a positively exhilarating) experience is to offer, or to receive, something like a "handshake" or hug? The effectiveness of such nonverbal communication is very well-evidenced, and much can be obtained from examining the client's lived personal experience and the therapist's professional training and clinical practice – but not necessarily from scientific findings.

As we struggle to survive in this current era, we tend to rely more on technology, i.e. neuropsychology, computers, brain research, and even social media. Various therapies are being offered by email, phone, and Skype. However, it is important that psychotherapists differentiate between their clients and available techniques, and maintain their emphasis on assisting the client, using whatever method works – as long as the techniques have been reasonably researched to ensure "no harm." How many body psychotherapists use such "distance" methods, and have they been trained in such? What we actually should do, or must do, is conduct an effective "risk assessment;" i.e., estimate what might go wrong, and what one needs to do, to minimize the risk; and possibly also an effectiveness assessment – how effective can my therapy be, using this form of distant contact? (Young, 2005, 2009)

Furthermore, we really now need to be able to demonstrate that body psychotherapy really works, and we can do this only by some fairly extensive "outcome research." If we can demonstrate that our clients get "better" – from when they started therapy, during their therapy, and at the end of the therapy, according to their own criteria, and also by some external more standard or objective criteria, and that they stay "better" – using some form of post-therapy outcome research, then, and only then, can we really be confident that body psychotherapy can be

properly assessed as being effective (that it works) and also efficacious (that people get better and stay better).

I believe that this goal – of a body (sic) of body psychotherapy research – should become our "credo" for the 2020s – not just in this forthcoming year, but also for the whole of the next decade. We have the resources and we have the people: well over a thousand members of EABP and USABP, as well as other similar professional body psychotherapy associations. All of these practitioners have been trained to a similar level, within a similar discipline – although actual methods may vary considerably, and so may the issues of the multitude of clients.

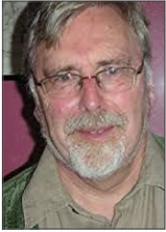
We could therefore use a fairly standard outcome measure (like CORE-IMS) that has been translated into most of the major languages, which could possibly be used with a similar body-oriented measure, so that we could see how our clients are progressing and how much better they feel after (say) 3, 6, 9, or 12 sessions, and whether the beneficial feelings are sustained for (say) 3, 6, or 12 months after the therapy has stopped. Within a few years, we could have (if we had agreed to do this) compiled a collection of outcome measures from hundreds of therapists, in many different countries, working with thousands of clients.

This could be, would be, irrefutable "evidence" that body psychotherapy works, and that it works for this and that client, with this or that issue, in this or that country, and with people from this or that socioeconomic background. The data could easily be fed directly into a central database from which it could be analyzed. Maintaining this database and analysis – hopefully by independent researchers – would incur some relatively minor costs, but there are international and national grants for such work as well.

This year, 2020, the EABP Science and Research Committee is proposing a new training module for all the FORUM Body Psychotherapy training institutes that will hopefully ensure that future body psychotherapists have at least some "grounding" in science and research.

I "believe" – my personal credo – that this sort of research goal is relatively straightforward to implement, does not have to involve huge amounts of money or resources, and could involve body psychotherapy clinicians in everyday actual client-based outcome research. In this way, the huge gap between research and practice could also – quite suddenly – start to close. And so, this is my dream of a new "credo" for body psychotherapists for the 2020s.





Courtenay Young is a UK-based psychotherapist, who originally trained in body psychotherapy. He has been working within the field of humanistic and transpersonal psychotherapy, and he has been employed as a Counsellor in the NHS for the last 15 years, while living in and around Edinburgh, Scotland. Previously, he was the EABP General Secretary (1992–1999) and the EABP President (2000–2004), and is now an Honorary Member and a founding member of the EABP's Science and Research Committee (SRC). He was also a founding member of the USABP. He has been a representative on the Board of the United Kingdom Council of Psychotherapy (UKCP), and of the European Association of Psychotherapy (EAP), as well as many other professional associations. He is a member of the EAP's Science and Research Committee (SARC), and is currently the Editor of the EAP's *International Journal of Psychotherapy*. He has written many published articles and has authored and edited several books, details of which are on his website: www.courtenay-young.com.

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