

BODY PSYCHOTHERAPY AROUND THE WORLD

Body Psychotherapy in Australia

Ernst Meyer

ABSTRACT

Somatic psychotherapies emerged in Australia in the late 1970s, and training programs and professional associations were established from the 1980s onward. Although the field was well established, no umbrella association was formed to bring the different approaches together. The role of somatic psychotherapy in Australia diminished as disputes eroded the field from within, while external financial pressures made training delivery and private practice less viable. To give the field a platform to regroup and remind itself and others of its value, establishing an association dedicated to somatic psychotherapies is currently being considered.

Keywords: somatic psychotherapy, Jeff Barlow, Australia, the tyranny of distance

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Background

Somatic approaches to psychotherapy have a long history in Australia that, to my knowledge, is yet to be told. This article is an attempt to do just that in a condensed format.

I entered the field only a decade ago, and did not witness most of the events and developments. I have therefore relied on first- and second-hand accounts, for better or worse. Not all the major players were approached to contribute to this article; nonetheless, I hope it is sufficiently accurate and concise. I also hope the article highlights the contributions various individuals and organizations have made to the field of somatic psychotherapy in Australia.

Geography

To fully appreciate the challenges of somatic psychotherapy in Australia, one has to understand its geography. In his book *The Tyranny of Distance: How Distance Shaped Australia's History*, Geoffrey Blainey (1966) discusses the impact geographical distance and remoteness had on Australia as a nation. More than 50 years later, this distance from the outside world is still felt in many aspects of everyday life.

The tyranny also applies when traveling from one part of the island continent to another. The distances and travel times are still quite astonishing from a European perspective; flying from Sydney on the East coast to Perth in the far west takes five and a half hours, while traveling from the very south (Hobart in Tasmania) to the very north (Darwin in the Northern Territory) takes five hours.

Furthermore, those who live in Sydney and its outskirts also feel the tyranny of distance. About the same size as London or New York, and more than twice that of Berlin, it is a city that is difficult and time-consuming to navigate, and a two-hour one-way commute to work is not unusual.

Regardless, if a practitioner travels overseas to a conference, interstate to a workshop, or within Sydney to a supervision session or practice room, getting there is often not straightforward. It means that somatic psychotherapists in Australia do not often get to see their friends and colleagues, and tend to go about their professional lives in isolation.

The Arrival of American Traditions

Despite the geographical remoteness from the U.S. and Europe, somatic approaches to psychotherapy arrived in Australia from the late 1970s onward. This was due to the resolve, passion, and sacrifice people made to establish the various modalities.

Core Energetics

Robert Kirby brought Core Energetics in the late 1990s. The first Core Energetics training under the umbrella of his Australian Institute of Core Energetics opened in 2000. The logistical challenges were considerable for teachers and students alike. The trainers came from the U.S. (one being John Pierrakos, the founder of Core Energetics), while the students alternated between Western Australia and New South Wales throughout the training; one can only marvel at their dedication and passion.

After the institute shut down, the Core Energetics tradition moved to Queensland, where, since 2011, Andrea Alexander's Institute of Body Psychotherapy has carried it forward. The next three-year training starts in February 2020.

Hakomi

Hakomi arrived in the late 1980s when a few workshops were presented, followed by the first three-year training in Melbourne in 1997. Since then, trainings have been offered regularly in Perth and Sydney.

The training staff was initially from the U.S., with the intention of training Australians and becoming independent. Today, workshops and trainings are presented by senior U.S. trainers, as well as by teachers and trainers from Australia and New Zealand. The Hakomi community organizes all events locally.

At the moment, Sydney and Perth are the training centers for Hakomi in Australia, but there are also workshops offered throughout the year in Melbourne, Brisbane, and Adelaide. Until recently, the Hakomi Professional Training in Australia was offered as a three-year program, and it was mainly suitable for people in allied health professions. However, to make Hakomi principles and techniques more widely available, the Australian training is now offered as a three-level course, the first level being a stand-alone course suited to a wider population.

Radix

The Radix tradition goes back even further. Between 1977 and 1979, Lara Amber and Roger Andes led workshops in Adelaide, South Australia. This prompted Jacqui

Showell and Narelle McKenzie to move to the U.S. in late 1980 to train in Radix. They completed the first year of training but found it difficult to get a work visa, so they returned to Australia and brought trainers to Adelaide and Melbourne to continue their training in 1982. They completed their training at the end of 1982, established a joint private practice in Kensington, South Australia, and began offering regular individual work and weekend workshops.

In 1984, Charles Kelley, the founder of Radix, invited Narelle and Jacqui to become trainers. Under the supervision of Bill Thrash, then Director of Training for the U.S. Radix Institute, Radix training in Australia commenced in 1987, and was offered as a national program with workshops and trainings in Adelaide, Melbourne, and Sydney. The Australian Radix Body Centered Psychotherapy Association was established in 1988 so that the first trainees could belong to an association.

Initially, the Radix training was two years long. It then expanded to three years as the content and focus of the program developed. Recently, the decision was made to make the training available in modules, which can be taken by themselves or can lead to certification as a Radix practitioner.

The Sydney and Melbourne (Dis)Unity

In the 1980s, Gerda Boyesen's biodynamic psychology method arrived in Australia. Jeff Barlow, originally from Victoria, had been working as a psychotherapist since 1977 when he opened his private practice at the Gerda Boyesen Centre in London. Jeff was actively involved in the first training programs in body-inclusive psychotherapy in the late 1970s in London, Germany, and Austria. He returned to Australia in 1981 and established a private practice in Melbourne, where he continues to work.

In 1983, Jeff started the first workshops and training programs in what was initially called biodynamic therapy with Robyn Lee Speyer, another Australian who trained through the Gerda Boyesen network, and joined Jeff's training program.

At about the same time, in Sydney, Tony Richardson, Daniel Weber, and Julie Henderson offered somatic workshops and trainings. There were probably other individuals the author is not aware of. A Neo-Reichian tradition emerged, and in the 1980s, a training institute was established, which later became known as the College for Experiential Psychotherapy.

Around that time, both colleges offered training in Sydney and Melbourne. When the Australian Association of Somatic Psychotherapists (AASP) was formed in 1986, practitioners had a professional home, and from 1987 onward, the AASP offered training in somatic psychotherapy under the directorship of Jeff Barlow. All seemed to be developing well, but trouble was just around the corner.

Four Significant Splits

The first split occurred at the association level when the AASP was "confronted with ethical complaints against some foundation members by patients. [...] Some practitioners, at the more extreme body-work/humanistic end of the spectrum, left or were expelled from the association when they could not comply with the developing ethical requirements." This "baptism by fire" (Ball, 2002, p. 94) had far-reaching

consequences for the association. AASP members left to form a second association, the Australian Somatic Integration Association (ASIA), founded mainly for Sydney-based practitioners who no longer felt at home at the AASP. Other somatic practitioners sought out a more a psychoanalytic professional environment.

The second split impacted the delivery of training when the marriage between the AASP and Jeff Barlow came to an end. In the early 1990s, after a dispute between the executive and training committees, the AASP stopped offering training. In response, Jeff Barlow, Marianne Kennedy, and Timothea Goddard formed the Somatic Psychotherapy Institute of Australia (SPIA), and from the early 1990s onward offered training in both Melbourne and Sydney for several years.

The third split occurred when the SPIA became interested in new developments such as Kohutian self psychology, neuroscience, trauma theory, and infant research. These developments added an empathic and scientific interpretation to their training, particularly in Melbourne and Sydney, while it can be argued that the original Sydney training continued to be more body-focused.

The fourth split occurred when SPIA broke into two halves. While SPIA stopped training a few years later, from 1997 onward, Jeff Barlow established the Australian College for Contemporary Somatic Psychotherapy, which offered training in both Melbourne and Sydney and, for a short time, Canberra.

Nails in the Coffin

These splits kept students, practitioners, training institutes, and associations apart personally, theoretically, practically, logistically, and geographically. In 2011, when the AASP and ASIA finally merged to become the Australian Somatic Psychotherapy Association (ASPA), the damage had already been done, and the union was short-lived. The ASPA disbanded in 2016. In 2017, members transferred to the somatic psychotherapy branch of the Psychotherapy and Counselling Federation of Australia (PACFA).

In addition, in 2011, when the Australian accreditation process for diploma-level courses was changed, it became too costly for Jeff Barlow's training institute to continue. The last training group graduated in 2015, and with it, a 30-year tradition came to an end.

Finally, in 2018, PACFA changed the training requirements for the profession. It meant that practitioners who hold only a diploma-grade qualification, without a relevant degree, no longer meet the requirements for full membership in the association. As a consequence, the experiential multi-year diploma courses are no longer sufficient as a foundation for clinical practice. Psychotherapy officially went academic.

Existential Crisis

The current state of affairs in 2019 is that only Radix, Hakomi, and Core Energetics offer long-term training programs, and only Radix and Hakomi practitioners can register as members of somatic psychotherapy associations. However, those who see themselves as psychotherapists in the now-defunct Sydney/Melbourne traditions find themselves without an association dedicated to somatic psychotherapy, a fate they share with Core Energetics practitioners.

The outlook for practitioners informed by humanistic philosophy, such as the somatic psychotherapies, is grim. Referrals from the medical profession are rare, and there is little or no financial support available for those who want to see a practitioner in private practice. When Medicare rebates were introduced in 2006, only psychologists and some social workers qualified. Psychotherapists without degrees in psychology or social work are not eligible for these rebates. Effectively, those who are most in need of somatic psychotherapy are the ones who can least afford it, and they stay away.

Rumblings

In contemporary Australia, trauma treatment is informed by an at times hard-line interpretation of the medical model (for example, involuntary mental health patients have been forced to undergo electroshock treatment). Politicians, insurance companies, and the medical profession have brought in short-term, cost-effective, scripted, pharmaceutical treatments with a focus on symptom reduction.

This is a dilemma for trauma survivors, as embodied and trauma-informed approaches to psychotherapy in the mainstream are still the exception. Yet practitioners who are looking for ways to work with trauma more effectively are forced to engage with the body, and they seek out the voices of Bessel van der Kolk, Janina Fisher, and Babette Rothschild when they come to Australia for speaking tours and workshops. When it comes to training, what has been available for several years is Pat Ogden's Sensorimotor Psychotherapy and Peter Levine's Somatic Experiencing® approaches, which take us to the domain of touch.

Touch

Is touch acceptable in Australia? It depends on who is consulted. Australia, with its diversity and sharp contrasts, defies generalizations. The majority of Australians live in crowded and fast-paced capital cities along the coastline, and are an expression of contemporary multicultural life. In contrast, those who live in remote and isolated rural Australia tend to be Aboriginal Australians and the descendants of the first European settlers. One can argue that these people occupy and embody very different cultural and geographic spaces, and their views about therapeutic touch differs accordingly.

However, a few general trends can be observed in Sydney, at least. While men have become more comfortable hugging each other, in contrast, some women are asserting themselves and push back against being kissed on the cheek by men, or even shaking hands. The #MeToo movement precipitated a debate about the sexual harassment and abuse women face, and much of it has to do with touch. Moreover, importantly, a Royal Commission into Institutional Responses to Child Sexual Abuse has unearthed the widespread misuse of power, and how organizations mismanage that misuse.

It is unclear what this might mean for the field of somatic psychotherapy. However, there can be no doubt that there is a general heightened awareness about inappropriate touch, and it is bound to affect how practitioners who use touch are perceived. In 2019 it is difficult, if not impossible, to envisage a mainstream psychotherapeutic method that includes touch.

Where To From Here?

What the pioneers of somatic psychotherapy in Australia built appears vastly diminished, lost, or pushed aside. As the elders recede to the background, retire, or focus on other interests, a new generation is grappling with the question of what to do with what is left.

The easy way would be to accept the status quo and watch as the various somatic traditions linger on in relative isolation from each other. However, the author believes that a harder road must be taken to preserve what can be salvaged. After all, the various approaches of somatic psychotherapy did not arrive in Australia because it was easy.

The hard road involves rekindling what is left, attracting a new generation to training programs, and ultimately building a community that cherishes what unites us and accepts where we differ.

Such a community cannot be expected to speak with a single voice. It must perform as a chorus if it wants to be heard. What might be the nature of such a community? Should it be an informal one, or a formal one under the already existing umbrella of PACFA? Or perhaps a formal one with membership requirements similar to USABP? Or an even more formal one, with more stringent membership requirements, under the umbrella of EABP?

The issues we are facing, individually and collectively, are manifold. How do we demonstrate to the public that our clinical work is effective? How should we do research? How do we enter the public debate not individually, but collectively? How do we provide training to a new generation that is meaningful in the 21st century?

It is here that Australia-based practitioners would benefit from the expertise and resources of a larger organization. At the same time, those located "down under" have a contribution to make. It seems that our voice has yet to be heard, and our colleagues in Europe and the U.S. might enjoy what we have to say.

In a nutshell, then, the author hopes that with the support of a larger organization, the somatic community in Australia can overcome the tyranny of distance.

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