

# Being a Body Psychotherapist in Britain

**Kathrin Stauffer**

I have been invited to give an overview of the state of Body Psychotherapy in the UK. I have lived in this country for over 30 years and trained as a body psychotherapist at the Chiron Centre for Body Psychotherapy in the 1990s.

For anyone looking to train in Body Psychotherapy, I should perhaps say that the Chiron Centre, which trained several hundred body psychotherapists during its approximately 30-year lifespan, is now closed. There are currently two Body Psychotherapy trainings in the UK that lead to accreditation, and several that run shorter training courses. All these trainings have smaller student numbers than the Chiron Centre; the gap left by the Chiron Centre in the UK Body Psychotherapy training landscape remains.

## **Blessings of Being a Body Psychotherapist in the UK**

I have been blessed in many ways in my professional life. For one, it has been easy to be self-employed in the UK. The regulatory and taxation framework has been friendly to small businesses such as self-employed psychotherapists. A second advantage is that psychotherapy has not been regulated by law, but allowed to self-regulate under a number of professional associations that set standards and guarantee their maintenance to the general public. This has been of great benefit to body psychotherapists because several Body Psychotherapy training organizations have contributed to this self-regulatory process since its beginning in the 1980s. There was therefore never a doubt that Body Psychotherapy was one of the diverse modalities of psychotherapy recognized in the UK, and belonged firmly to psychotherapy as a field. A third blessing is that many trainers at the Chiron Centre were interested in the thinking and practices of other modalities, and created a process of integration between modalities. In turn, practitioners from other modalities developed an interest in Body Psychotherapy which has contributed to its good reputation in Britain. I am aware that for some colleagues, this process of engaging with other modalities has been painful and difficult, leaving them feeling alienated from their therapeutic tribe, and confused about how to work. Again, I have had the good luck to benefit more than suffer from this process.

*It seems to me that the process of dismembering Body Psychotherapy and having its fragments spat out or co-opted by mainstream therapies is likely to happen, and is probably already taking place.*

## **Becoming Mainstream**

I began working at the time when Body Psychotherapy ceased to be a somewhat eccentric fringe modality and took its place in

mainstream psychotherapy. Indeed, I can boast having played a small part in this when the large umbrella to which we belong, the UK Council of Psychotherapy, organized a conference on the body in psychotherapy, and I was delegated by my professional association to participate in the organizing committee (*About a Body*, UKCP Conference, 2004). I helped create something of a showcase for Body Psychotherapy for a wide audience of psychotherapists from all modalities. This work taught me a lot about being mainstream or marginal: I realized that this is, to a surprisingly large extent, a characteristic that we confer upon ourselves rather than something that others give or deny us. In other words, those who take it for granted that they are part of the mainstream will likely be in the mainstream while those who expect to be marginalized will likely be on the margins. This is of course an oversimplification, and I do not want to deny that discrimination and exclusion of relatively less powerful sections of society by relatively more powerful sections is a reality. I have learned much more about this in recent years and find it interesting that exploring our own expectations and introjected power dynamics, and possibly our own fears of what it means to be in the mainstream or on the margins, is not only a political process but also a psychotherapeutic one. Following the 2004 conference, I wrote my thoughts on this topic in a contribution\* to the Newsletter of the Chiron Association of Body Psychotherapists.

For most of my career, I have thus benefited from a professional landscape that was reasonably liberal, where it was easily possible to earn a living as a body psychotherapist in private practice, and where in addition, Body Psychotherapy had a good name among psychotherapists. More and more psychotherapists from other modalities have spoken of their interest in the body, have attended CPD events about some form of Body

Psychotherapy, and have been especially keen to learn such body psychotherapy-derived trauma therapies as Somatic Experiencing, Somatic Trauma Therapy, or Sensorimotor Therapy – to name the best known. In the course of my career, I have particularly experienced increased interest from attachment-based psychoanalytic psychotherapists and anyone dealing with early material. As I stated a few years ago, we can tell that Body Psychotherapy has become mainstream by the fact that people are stealing our techniques.

## Advantages and Disadvantages of Voluntary Regulation

So where are we going?

I worry that the future may not look as good as the recent past, and I will set out my reasons for this con-

cern, which are connected to the way the profession as a whole has been developing.

The self-regulation of psychotherapy in Britain has advantages and disadvantages for both psychotherapists and their potential clients. Advantages for therapists include the existence of large multimodal umbrella bodies that have created a good tradition of talking to practitioners from other modalities, in addition to the connections between Body Psychotherapy submodalities. There is a cross-fertilization among therapies.

For clients, this cross-fertilization means they have a diversity of therapeutic approaches to choose from, and those who take the trouble to educate themselves about the available approaches have a good chance of finding one that works optimally for them. At the same time, these large umbrella bodies guarantee standards of training and practice, and clients can trust the quality of the therapy they are receiving. Therapists who belong to professional bodies usually subscribe to their codes of ethics, which include professional conduct processes that save clients from going to court when in dispute with their therapists. I view this as another advantage.

The disadvantages of the profession's self-regulation have largely to do with money. The self-regulation model works because a majority of clients pay for their psychotherapy, and nearly all clients in long-term open-ended psychotherapy pay for their own sessions. Consequently, therapy fees are relatively low compared to the fees charged by therapists in countries where health insurance pays for therapy. So, therapy, especially long-term therapy, is a relatively expensive lifestyle choice for clients, and a financially relatively unrewarding profession for psychotherapists. After 25 years in the profession, with no other source of income, I can say that I have always been able to pay the bills, and mostly felt that I had enough money – but I have certainly not become wealthy.

To my mind, perhaps the worst disadvantage is that psychotherapy is a privilege and only accessible to those who are relatively well off, or at least those who work and/or have private savings. This creates a large social inequality, perhaps larger than we would find in countries where people can expect their health insurance to pay for some or all of the cost of psychotherapy. Many colleagues have given a lot of thought to this problem, and most offer some low-cost sessions or work for volunteer organizations that offer free therapy to those with particular issues – for example, complicated bereavement, childhood sexual abuse, or pregnancy losses, to name just a few neighborhood charities I am aware of.

---

\* Article available from <http://stauffer.co.uk/cinderella.html>

## Changes Now and In the Future

Together with social inequality and limited access for those unable to pay for psychotherapy, the issue of employment for psychotherapists is an important driver for change in the profession. When I began training in 1993, it was clear to me that I would be spending my professional life self-employed. No paid holidays, no money coming in unless I earned it myself, no security if I fell down the stairs and broke a leg, and so on. To begin with, I found this quite stressful, and well remember the pang of fear every time a client mentioned terminating therapy! It took me a number of years to develop the trust that new clients would come, that I was offering something that would always find a market, and that I would be able to earn a living for years to come. At the same time, I could see that for many of my colleagues, this path was not right. Some have continued to work part-time, typically in some other profession, while maintaining a part-time psychotherapy practice – often for years or decades. It has seemed difficult for them to take the leap into full-time self-employment. It seems that most of these colleagues have had to work hard and keep late hours; by comparison, my own life has been easier. Additionally, there have been those who never finished their training as psychotherapists because they could not envisage earning a living as self-employed practitioners. Clearly – and in contrast to the discourse we hear from our neoliberal politicians – self-employment is not a good, or even possible, lifestyle for everyone.

I think it is fair to say that in the past, our profession has consisted to a substantial extent of people in at least their thirties and forties, who had initially chosen the “wrong” profession and were retraining as psychotherapists (as I did). But more recently, we have a new generation of trainees who are often much younger, many choosing psychotherapy as a first profession. These colleagues are hoping to find employment as psychotherapists. Their desire for increased employment opportunities, as well as something resembling a proper career structure, follows a political movement aimed at making psychotherapy more available to everybody – preferably within the National Health Service, which is free to the user. This movement has gained substantial momentum since the pandemic, which has left huge numbers of people with burning mental health problems.

I assume this landscape is similar in other countries. The general outcry for psychological therapies is deafening in a time when so many people have suffered so much anxiety, stress, and contact deprivation for so long. Governments see a need to respond to the outcry, and may choose to respond in ways that are not determined as much by clinical considerations as by financial ones. Whatever services are set up must not be too expensive, and will be aimed at helping people get back “on the road” by patching up their functioning as quickly and cheaply as possible. As it happens, this political brief is best met by the reputation that short-term, solution-focused cognitive therapies have created

for themselves – making sure that people think in a way that ensures their optimal function in the cogwheels of the economy. They will not involve anybody in messy and subversive feelings or human qualities. To underpin their cognitive narrative, cognitive therapies claim to be medically sound and evidence-based, because they have spent a lot of time and money creating and advertising an impressive-looking evidence base of randomized controlled trials.

Personally, I can understand that governments choose to make short-term solution-focused therapy part of healthcare provisions for the general public. I think it would be inappropriate for the state to fund more long-term depth psychological therapies. The reality seems to me that long-term therapy is a minority pursuit, even though the current tendency to reserve long-term therapy for the privileged middle classes is not right, and access for the less affluent needs improvement. What is missed by policymakers who know nothing about psychotherapy is that cognitive therapies have no monopoly on delivering good outcomes in a short time, and that manualization of psychotherapy is largely irrelevant to clinical outcome. In this context, I appreciate and praise my colleagues who have managed to “sneak” other modalities of therapy – including Body Psychotherapy – into employed positions. It may be that these colleagues will manage to convince the relevant commissioning bodies that Body Psychotherapy is a good modality for fulfilling the aims of the National Health Service. However, I fear they may not, and that the future of the psychotherapeutic profession lies in a division between the mostly cognitive or cognitive-behavioral solution-focused therapies delivered by therapists employed to see clients on a time-limited basis, and the in-depth open-ended psychotherapies of almost all other modalities. I see the future of the latter types of psychotherapy, including most Body Psychotherapy, to be in the private sector, delivered by self-employed therapists. Sadly, this may be the best we can currently hope for.

To make matters worse, the development of the profession in this direction does not look at all straightforward at this point. There are powerful forces at work who do not feel comfortable with the coexistence of different types of psychotherapy. Mostly, those who set up psychotherapeutic services in the statutory sector do not appear to be knowledgeable about the current diversity of psychological therapies in Britain, and find it easier to focus on one approach, imagining that it will suit everybody in the same way that aspirin works for everybody’s headache – in ignorance of the fact that aspirin does not, in fact, do that. This direction is in part pursued by professional bodies, who are presumably jostling for power. We have to fear that the result will be a great impoverishment of the spectrum of psychological therapies available.

This situation may even reach the private sector should our policymakers outlaw anything they do not endorse. It is easy for policymakers to spread narratives about

how untrustworthy, useless, and potentially harmful therapeutic approaches are that do not fit their ideas. The psychotherapeutic profession has modeled ways of discrediting each other for about a hundred years, so these are well-tested methods. Although we can throw our political weight behind efforts to preserve the rich diversity of our profession, if some psychotherapeutic modalities are outlawed, we can realistically expect that Body Psychotherapy will be among them.

## A Future in Being Assimilated Into Other Modalities?

So how will Body Psychotherapy look in Britain in 10 or 50 years? It may be that somehow, by the unstinting work of colleagues with more energy than I, Body Psychotherapy remains as it is – a therapy largely for private clients who pay for their own sessions. It may be that it is formally outlawed, and therefore that therapists will have to find a way around this – perhaps by calling themselves healers, complementary therapists, or something else. And it may be that Body Psychotherapy is “mined” for tricks that create quick and effective change in traumatized individuals, and that as a result,

Body Psychotherapy does not continue as a whole and inviolate Gestalt, but is dismembered into fragments – some which may disappear, and some which may be co-opted by the short-term solution-focused therapies in the statutory sector. It seems to me that the process of dismembering Body Psychotherapy and having its fragments spat out or co-opted by mainstream therapies is likely to happen, and is probably already taking place. If this is the end of the line for Body Psychotherapy in this country, it probably means that “real” embodiment, with all it entails for psychotherapists, as well as “real” Body Psychotherapy approaches, would die out.

But perhaps I am too pessimistic. Perhaps there will always be those who understand what it means to be “proper” body psychotherapists who inhabit their own body, work from a profoundly embodied and human place, and who will be able to keep Body Psychotherapy alive in the UK for future generations. It is worth mentioning that when EABP-UK was dissolved, its final general meeting set aside seed money for a new Body Psychotherapy training in the UK, as well as funds to set up a new national association, in the hope that, in the fullness of time, the phoenix might rise from the ashes. We are currently in a limbo state, and await new developments.



**Kathrin Stauffer**, PhD, UKCP Registered Body Psychotherapist, is the author of *Anatomy & Physiology for Psychotherapists: Connecting Body & Soul* (W.W. Norton 2010). Born and educated in Switzerland as a research biochemist, she retrained at the Chiron Centre for Body Psychotherapy. She has been the Chair of the Chiron Association for Body Psychotherapists for many years and is active in the European Association for Body Psychotherapy. Her second book is *Emotional Neglect and the Adult in Therapy: Lifelong Consequences to a Lack of Early Attunement*, published by W.W. Norton in October 2020.

E-mail: [kathrin@stauffer.co.uk](mailto:kathrin@stauffer.co.uk)