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## Shadows in the History of Body Psychotherapy: Part II Courtenay Young with Gill Westland

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### Abstract

This article is intended to open up a discussion and to begin to name, to reflect on, and gradually start healing some of the wounds arising during the development of body psychotherapy, particularly during the period 1960-2000. It highlights several inherent problems in individuals single-handedly pioneering new methods, and several systemic difficulties in the organization of the original training courses. These 'shadows' are not unique to body psychotherapy and similar examples can be found in many other modalities of psychotherapy and in many other communities. They have implications for the wider professional field and also for the future development of our field of body psychotherapy and, once named and owned, can be utilized more positively. Because of its length, the article has been split into 2 parts.

*Keywords:* Body psychotherapy, shadow, history, abuse, healing, ethics

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In Part I, we looked at various topics: 'Acknowledging the Shadow'; 'The founding fathers of body psychotherapy'; 'Risks within body psychotherapy'; 'Post-war shadows of body psychotherapy'; and 'Psychotherapy regulation' and tried to develop the history of body psychotherapy looking at some of the charismatic founders of the various body psychotherapies in the wider context of their times. In this part, we look at some of the inherent issues within different psychotherapies, psychotherapy organisations, and the body psychotherapy communities and training organisations.

### Part II:

#### Inherent Factors within Psychotherapy

##### Psychotherapy Pioneers Healing Themselves

Psychotherapists develop their own healing systems from their own imagination and their own injuries: their theory is to some extent nearly always autobiographical (Wright, 1991). Their training organisations become psychic containers, within which to explore their own inner worlds further. The shadow aspects of these individuals – insofar as any of these are not properly resolved – often thus became embodied as part of the organisations that they have created. These shadow aspects can hold traumas and internal conflicts, as well as forms of creativity. All founders of psychotherapies have their human limitations and there will therefore be - de facto - gaps in the form of psychotherapy that they develop. In other words, no therapeutic method will be a complete system and the answer for everyone.

Sometimes body psychotherapists have clearly named the territory of their difficulties,

their ways of protecting themselves, and their internal struggles. An example of this is Ron Kurtz (1988), who writes, "Being a psychopath, I assumed I was a psychotherapist". This was before he became a psychotherapist. Kurtz has also been described as "uncredentialed", "visionary", "highly charismatic", and "His attention was genuine and complete" (Bageant, 2012, p. 179).

Gerda Boyesen, the founder of Biodynamic Psychology, has been variously described as a "star", representing "a non-feminist and yet self-conscious femininity and motherliness" and had a "great attraction for both women and men", having "icon status, even during her lifetime" (Freudl, 2006, p. 62) and yet, acting out the epitome of the "good mother", she could also on occasion (and particularly when challenged) easily become the rejecting, "bad mother". This had devastating consequences for some of those expelled or rejected, depending on the extent of their positive transference. Gerda Boyesen said frequently that she didn't work with negative transference.<sup>1</sup>

When a person reaches a certain point where he/she happens to think that s/he has developed a psychotherapy method, the old paradigm was for him/her also to assume that no one else could give *him/her* psychotherapy in his/her particular way, and so s/he tended to stop having his/her own personal psychotherapy, and *his/her* psychotherapy work also became largely unsupervised. So, all of his/her personal explorations, as well as any unresolved conflicts and struggles, then became somewhat institutionalised into the trainings and methods. These then can start to hold both the unique creativity of the founder as well as his/her own internal conflicts, traumas and defensive patterns. This is a definite shadow.

Guggenbühl-Craig (1971, 1983) writes about the 'shadow' side of the archetype of the healer/shaman etc., and its usefulness, which often gets constellated in psychotherapy as well. He has highlighted the potential for splitting the healer archetype in therapeutic work, where, through unconscious projection, the client can become weak and unwell and the psychotherapist becomes the healthy one. This is perhaps more of a group phenomenon, rather than an individual one. The concept that each healer (also) has to be wounded (Rippere & Williams, 1985), and the whole "Chiron" archetype, can also be challenged by the concept of Apollo Medicus,<sup>2</sup> who subverted the folklore of the wounded healer, insofar as it was not his own suffering that empowered him to heal (Fumos, 2010). So, this archetype also needs to be challenged, as it can become a shadow of its own.

Power, as a dynamic, also comes into play with the client or with the psychotherapist subjugated to the power of the other. It is now being more fully recognised that both the client's and (most importantly) the psychotherapist's own issues get played out constantly within the therapeutic relationship, but it is only recently that this has become openly recognised within body psychotherapy, by the development of relational body psychotherapy (Young, 2012b).

##### Subjectivity

Psychotherapy emphasises subjectivity: psychotherapy is an inter-subjective encounter. It is a craft, and possibly even an art (Young & Heller, 2000). It is not a science, although it is gradually becoming slightly more scientific, or becoming more aware of science (especially neuroscience). However, this subjectivity opens the way for the personal perspective of a founder to have full reign. The founders of body psychotherapy were nearly all very gifted; they also broke the mould, frequently dedicated their lives to their creative work, and worked extremely hard (Young, 2008; Young, 2010). Many have died quite elderly and some are even now still working. Many have rightfully received awards and recognition for their lifelong dedication and contributions to the field. Often, they had very genuine aspirations (and

some little success) of making the world a much better place.

Body psychotherapy (like many other humanistic trainings were, and still are) is taught mostly experientially, by demonstration, repetition, case discussion and supervision, so that the ways of working with others therapeutically become absorbed in a very embodied manner. This is in contrast to the more rigid ‘manualised’ forms of therapy: where you have to do it “by the book” and where there are standard syllabi, forms, tests, training standards, and pass criteria.

An apprenticeship style of training was very popular, especially between 1970 and well into the 1990s, and, to a certain extent, still is. As the students progressed through and out of their training, they took on more responsibility and the more able graduates of these trainings were often chosen (by the founder) to become trainers in turn, and to pass the founder’s training methods on to others.

Whilst this lineage of training has some advantages, psychotherapists can often become somewhat like carbon copies of the founder. In the training of body psychotherapists, there was much less emphasis on any academic requirements, and virtually no external assessors or examiners, so the only “judge” of being a (good enough) therapist was the original founder. The trainee might have become very good in the founder’s method, but there was no objectivity as to whether he/she was actually a good psychotherapist. It is only with the development of a set of Core Competencies (EAP, 2013) within psychotherapy that we can begin to edge toward any degree of objectivity. Some competencies for body psychotherapy are in the process of being developed (Boening, Westland & Southwell, 2012).

Job opportunities were also quite limited in the 1990s, and many graduates therefore tended to work as trainers and therapists in the centre in which they trained, or in clinics set up by the founders, as these places provided referrals and an assured income, as well as maintaining (sometimes required) contact with the founder. This was often quite a cosy set-up until the original trainee (now being an experienced therapist and possibly trainer) wanted to leave and set up somewhere else in his or her own right. What rules or restrictions might apply? Or are these ripe trainees “duty-bound” to continue doing therapy and training as a carbon copy of the original founder? Some founders registered copyright on their therapy and training methods, or gave it a registered trademark. These sorts of controls may ensure a degree of purity or control, but they can also stop any organic development and growth or extension of the methodologies into other fields.

Additionally, setting up another centre or clinic might even be seen as being in “competition” with the founder, on whom they were still dependent for professional recognition in the founder’s method. The established system therefore tended to perpetuate itself – or the independence-seeking trainee became “deviant”.

There were several instances of founders “excluding” people (former trainees) from their own psychotherapy organisation because of a “natural” parting of the ways, in body psychotherapy, as well as in other forms of psychotherapy. Unfortunately, founders sometimes even “fell out” with favoured trainers (or visa versa), and those apparently being “groomed” for greater responsibility were disappointed not to receive it, as the founder could not just “let go”. Gossip, strife and splits into factions started to develop within several body psychotherapy modalities (as well as existing in many other types of psychotherapy), especially where there was a charismatic-type of founder. So, a methodology of, “This is how to do it” would become, “Do it my way”. Depending on the core-strength of the founder, this might even turn into a narcissistic structure.

### Tensions within Organisations

Some sort of collaborative “grouping” – in order to create an identity and a degree of solidarity – has definite advantages. However, the “group” that is created then has to be very careful whom it lets “in”. It is no good just letting in everybody (at first), only to set up criteria later that would exclude current members. The Hans Krens affair had the potential to cripple body psychotherapy in Europe, and it was only because he was obviously so antagonistic towards EABP, who had rejected him (in 1994) and later his school (in 2000), that a healthy “separation” was clearly apparent when the “fall” ultimately came in 2006/7 (see Endnote 9).

The freedom to try out new ideas in organisations, unconnected to universities and hospitals, brought exciting developments but also some inherent problems. The founders, quite rightly, wanted to see graduates practising the particular form of psychotherapy that they had developed. However, where narcissistic patterns of relating were in the ascendant, what was often missing was the graduates practising this form of body psychotherapy *in their own way*, whilst, at the same time, being true to the method. Body psychotherapy has to be embodied and personalised for the unique meeting between this particular therapist and that particular client. If the graduate attempts to do it in the exact way of the founder, it is likely to be ineffective and inauthentic. The graduate, not being the founder, cannot possibly work exactly like the founder. The “general” and the “particular”, as described by Thich Nhat Hahn (2001), have become confused. If the graduates take on different influences, and develop the work in their own way, is this still the sort of body psychotherapy that they were trained in? Will the founder accept it, or will the founder – as has sometimes happened – reject the graduate and their developments?

However, we can get lost in generalisations, and, maybe, we need to stick to more specific examples:

**Narcissism.** The term ‘narcissism’ is relatively imprecise and is often used pejoratively, but in its broadest sense it involves an overwhelming interest in oneself and not in others (Jacoby, 1991). Freud (1914) defined this as the libido invested in self-regulation, but it can also mean something like Kernberg’s (1975) *disturbance* of narcissism, which indicates an over- or under-indulgence of the narcissistic wounds. Lowen (1985) sees narcissism as a thread running through nearly all of the characterological defence systems.

Our reason for mentioning it here is that founders, training organisations and associations involved in body psychotherapy can (unconsciously) enact, or re-enact, several elements of narcissism. These can be in the form of excessive contraction and control, or over-inflation. There can be a blown-up sense of specialness that is not understood, or feelings of anxious inferiority.

Sometimes, graduates became enmeshed in loyalty to an idealised founder and any individual uniqueness of their practice became sacrificed. Sometimes, individuals developed beyond an organisation and methods and needed a different psychic container for their creative journey. There was often a painful process of leaving a valued organisation, which nevertheless no longer met the inner trajectory of change. Lowen and Pierrakos both developed Bioenergetic Analysis together out of Reich’s work, deliberately changing it and making it more acceptable, but these two also seem to have been able to stay amicable even when they went their separate ways. Pierrakos went on to develop Core Energetics, strongly influenced by his wife Eva and her more spiritual ‘Pathwork’, whilst Lowen continued with Bioenergetic Analysis, supported also by his wife.<sup>iii</sup>

However, body psychotherapy has also had its fair share of publicly enacted battles, full of rage, hurt, shame and humiliation, when narcissistic needs for symbiotic perfection were seemingly being challenged. The overwhelming narcissistic need for entitlement (Mason & Kreger, 2010) can be relatively easily crumbled, and it is not always as robust as it appears. These sorts of painful histories can linger on many years later, and can continue to permeate the profession of psychotherapy (and body psychotherapy) today without the latest graduates being able to have much purchase on some of the original dynamics that they are unconsciously being led into re-enacting.

The adulation of the students, or clients, can be used (or abused) to boost the ego of the “teacher”, and thus s/he is often encouraged (or indulges him/herself) to make wider and deeper claims in order to get increased adulation: so, if the founder has some aspects of a schizoid personality disorder, an incipient form of a cult can be formulated with a form of aggrandisement so the teacher becomes a “Teacher”, or “Leader”, not just a very “gifted” individual. Sometimes the therapy itself receives a “preciousness” that it does not really deserve. Again, this “risk” is evident in any form of belief system, philosophy, religion, sect, cult, education, or social organisation, and is not particularly restricted to body psychotherapy (Boyd, 2010).

The more exaggerated aspects of such narcissistic components seek admiration to bolster unconscious low self-esteem and to cover self-doubt and shame. Where there is more unconscious identification with the resigned version of narcissism, there is a tendency to take solace in withdrawal, but also to feel exquisitely sensitive at the merest hint of disapproval. The more exaggerated or outgoing aspects of narcissism hope for recognition, but constantly anticipate rejection and being ignored: the individual, or group, looking for admiring reflection (from the therapist) is also a part of this dynamic. These dynamics are not a good basis for a psychotherapy training organisation.

In reality, the individual (or group) can get little nourishment from admiring followers, and yet the admiration is always sought or even demanded. When this dynamic is active around an individual leader, eventually the leader is found wanting by some of the followers. Greater disillusionment sets in as the leader is found to be imperfect, leaving the follower with a sense of inner emptiness and rage. Others remain loyal to the founder, or to the original grouping, and continue to play their part in the narcissistic dynamic. For an organisation, the group identity can often be maintained only by defending against a common enemy: the critic.

For the field of body psychotherapy, this could be the medical model, psychiatry or psychoanalysis (which rejected Reich), mainstream academia, or any psychotherapist who does not work with any form of embodiment. This can become complicated when there is both a real and an imagined attack going on. This dynamic reached a peak within body psychotherapy in the 1960s through 1980s, but began to change significantly during the 1990s, especially as body psychotherapy developed a greater mainstream identity (with the development of EABP and USABP). It also began to become more accepted in Europe, through liaison with the European Association of Psychotherapy (EAP), the UK Council for Psychotherapy, and other exterior professional bodies. In the USA, it is a pity there is not (yet) a somatic psychotherapy division of the American Psychological Association, like there is for humanistic psychology (APA Division 32).

**Schizoid or Schizophrenic<sup>iv</sup>.** “Madness in great ones must not unwatched go” (Claudius, in Hamlet). Stevens and Price (2000) offer a closing discussion about the schizophrenic

components in many cults, and in their prophets, and how the negative symptoms of schizophrenia (apathy, loss of motivation and withdrawal) are often not particularly apparent in the cult leaders, though much more so in their followers. One can therefore hypothesise that the existence of “followers” acts as a sort of preventative, which serves to inhibit the negative symptomatology (often quite narcissistic and/or paranoid) in the leader. Any form of sustaining support can make the difference between high morale and complete psychological collapse. If the followers are isolated, there is then only the support of the leader that keeps them afloat. Isolation can be physical, emotional or ideological:

As he (the prophet) gratifies their spiritual hunger, he visibly swells with self-validation and renewed self-esteem, finding rich nourishment in their love and rapt attention, putting himself as he does so beyond the reach of the alienation and the despair that is the lot of the schizophrenic patient (Stevens & Price, 2000, p. 200).

We (the authors) are not saying that any of the founders of the various body psychotherapy modalities were, in any way, schizophrenic, or developed their methodologies into specific cults, but we do hold that observations about this phenomenon are very interesting and can give another, possibly deeper, way of thinking about the dynamics within various organisations, especially psychotherapy and body psychotherapy ones.

### Private Businesses and Risk-Taking

Body psychotherapy trainings, approximately from 1960 to 1990, were often grouped around a particular (often charismatic) individual, and were often private businesses, sometimes even trade-marked, registered and franchised. Sometimes this mix of personal, training, and therapeutic components had a significant (though covert) conflict of interest. Students were accepted on the criteria of the prevailing principle of that time: that we all have the potential to develop. There was also much more of an emphasis on personal development, rather than training in body psychotherapy for a new career. Nevertheless, there was leniency around any particular histories of mental illness, so that an individual was sometimes accepted, who might not have had the emotional robustness for the training but, as an extra student, boosted the organisation’s income. This was a time of more risk-taking than we are used to nowadays, and risks were almost certainly taken that (perhaps) compromised the integrity of some organisations and thus the quality of their subsequent therapists.

Trainings in psychotherapy and body psychotherapy were then much less formalised than they are now and were never, ever, ‘manualised’. Individuals kept on training until they felt (or were judged) ready to practise independently. Some trainees had no intention to practice, just to develop personally. Development was ongoing and each person developed at his or her own particularly individual rate (irrespective of the course structure), and so “training” could take what seems a long time by today’s standards.

It is (perhaps) interesting to note that, in this context, psychotherapy (and body psychotherapy) trainings should now all be of a four-years duration, with a *post-graduate* level of entry (or the equivalent). In common with ALL professional trainings, this would mean that any individual, after three years (or the equivalent) of a university first degree could enter into a professional training (in psychotherapy or body psychotherapy) consisting of four years of post-graduate study and experience, and then emerge as a professional competent to practice.<sup>v</sup>

### Excluded Minority Psychotherapies

Body psychotherapy in the past has functioned as a somewhat underground movement (Boadella, 1980), possibly out of necessity. In the 1990s, body psychotherapy trainings and practitioners were then able to band together and project onto an attacking external world, which apparently did not understand it: this is a classic case of the “underdog” with the “truth”. Body psychotherapy is only, in recent times (post-2000) becoming a mainstream branch of a “recognised” profession: realistically, we are still in a transition process.

Kathrin Stauffer (2012) recently opened the possibility of exploring this sense of external lack of recognition, and its internal sense of deficit amongst body psychotherapy practitioners, at the last EABP Congress for body psychotherapy. It is likely that the exploration will find components of low self-esteem, poor sense of worth, and even some shame. It is easy to criticise the conventional psychotherapy establishment for its lack of recognition and acceptance of body psychotherapy, and it is therefore quite easy to slip into a “counter-culture” of getting-by and “decrying” conventional standards, or not fulfilling acceptable conditions, or (not even) undertaking proper research. But, we now need to embrace these challenges, not just from the outside, but also from the inside.

The world of psychotherapy, especially in Europe, is becoming much more professional, much more scientific (“evidence-based”), and also much more academic. Standards are changing quite rapidly and, to date, body psychotherapy has met some of these challenges and has tried to bring itself up to the newly applied standards. However, there are currently no training standards applied (for example) by the United States Association of Body Psychotherapy (USABP), though the EABP training standards may be used as a guideline; there is no “established” set of professional competencies, and there is no established “acceptance” of body psychotherapy as a “legitimate” form of psychotherapy.

### Body Psychotherapy Methods

Another ‘shadow’ element in body psychotherapy resides in the actual methods themselves, which are not intrinsically problematic, but without checks and balances, as we have seen, can be potentially abusive or just illusory. We have already mentioned the inherent “risks” within body psychotherapy (Young, 2006a). Sometimes, it is possible that the methodologies and techniques have been applied without any form of differentiation or discrimination. There was generally very little teaching, within these methods, about the contra-indications for any particular method. In particular, breathing techniques, cathartic methods, touch techniques, and deep tissue work can – sometimes – be quite problematic, depending on to whom, and how these techniques are being implemented. There is therefore much more systematic work that needs to be done, detailing and researching in this area.

A greater introspection and comparison of the actual methods themselves has to be left to other authors. Hopefully, they will compare the benefits, as well as the various disadvantages, of each of these distinctive methods within body psychotherapy. Here, we are trying to identify trends rather than actual or specific examples, but the proliferation of different methods within body psychotherapy is, in itself, quite notable.

All of the European Association of Psychotherapy (EAP)’s psychotherapy modalities have to be scientifically validated by answering a set of “15 Questions”. The proliferation of body psychotherapy modalities meant that, initially, the EAP would not accept body psychotherapy as a mainstream method within psychotherapy without requiring that each modality within body psychotherapy also substantiate its own set of answers to the 15 Questions (Young,

2006b; Young, 2010), which was – significantly – not required of any other “mainstreams” within psychotherapy.

In the 1990s, EABP had also managed to establish Training Standards, Membership Criteria, improved Ethics Guidelines and principles, as well as a process to assess and accredit body psychotherapy training institutes according to whether they deliver on these training standards.

### Changes since the 1990s

In Britain, several body psychotherapy training organisations have always been accepted into the UK Council for Psychotherapy (UKCP). These (3 or 4 Member Organisations) are located with the Humanistic and Integrative Psychotherapy College (HIPC). All HIPC trainings are required to teach some knowledge of other forms of psychotherapy, not just their own.

Since the late 1990s, body psychotherapy organisations have become more transparent, and trainings have operated with much more open systems of organisation and training standards. Now, psychotherapy trainings are set at a minimum of four years from start to finish, are normally at post-graduate level of entry (or equivalent), and have to meet recognised standards, as set by the professional associations in line with European-wide professional standards. Internally, these trainings have begun to be less hierarchical, and to have management committees as well as student and trainer involvement in decision-making processes. Some organisations also include non-training staff on their governance committees. Curricula have been developed and even put into manuals. Trainings have become more selective regarding their prospective students, with a view to training them to be professional body psychotherapists. Codes of Ethics and Practice, Complaints Procedures, and External Moderators and Examiners are now fairly standard within many body psychotherapy organisations. Trainings still remain very experientially biased, but with the addition of some specific academic requirements. Engaging in training, solely for personal development, has largely disappeared, although personal development remains a significant part of the training in order to become a body psychotherapist. However, some of the risk-taking has gone, especially as society has become generally much more cautious.

### Other Developments

Way back in the 1970s, David Boadella founded one of the first body psychotherapy journals, *Energy and Character*, which enabled a proper dialogue between methods and training organisations, and was also somewhere to publish fairly seminal articles – but it is not, and has never been, a peer-reviewed journal, nor was it properly scientific. Now, there are two or three professional, scientific, peer-reviewed journals that are starting to cover this and allied fields.

Methods of working with clients have become much more refined. There is far more sophistication when, for example, working with traumatised clients, and it is now accepted that when working with specific client groups like this, or with clients who have been sexually abused, additional specialised training is often desirable and even necessary, and furthermore that some clients may not be suited for body psychotherapy.

There is also much more awareness of context, and need for the actual resources in the daily life of clients. We are, after all, all largely working towards self-empowerment for our clients, and thus the elevation of the therapist into an all-powerful position, as “healer”,

“guru” or wonderful clinician, is thus somewhat counterproductive. Emphasizing what the person has got, or has done (rather than what they have not done, or not got) is a good first step.

Body psychotherapists in the UK still work mostly in private practice, and much less in the various training institutes, once they are qualified. Job opportunities are opening up for body psychotherapists, and some are even found working in the UK National Health Service in departments of clinical psychology, mental health institutions, or with patients from oncology and transplant surgery. They still remain a little bit invisible, as they are often employed as technicians, counsellors and psychologists, rather than explicitly as body psychotherapists, but there is a definite movement of change (for the better) here. Professional registration is a necessary requirement.

### Conclusion

For the future of body psychotherapy, as a whole, we are hopefully finding a way of acknowledging and living with many of these shadow aspects, by both honouring the lineage and the gifts of our pioneering founders, and also by not denying some of the other often (very personal and detrimental) hurts, pain, mistakes and conflicts in the developing history of these body psychotherapy methods and our combined methodology. This is, perhaps, the only way that we can bring all these disparate things together and eventually integrate them within a better professional continuum. In doing this, we are not stating that body psychotherapy is, in any way, less ethical than other forms of psychotherapy. We are just trying to put our own house in order: first by acknowledging some of the untidiness and deficiencies; and secondly, (hopefully) by indicating where the mops and brooms are.

### BIOGRAPHY

Courtenay Young trained in Body Psychotherapy over 30 years ago, with Gerda Boyesen, David Boadella, and with significant inputs from John Pierrakos, and later Stan Grof and Arnold Mindell, amongst others. He is now an accredited psychotherapist, working within humanistic, transpersonal and body-oriented modalities and also working as a counsellor and psychotherapist in the National Health Service in Scotland. He has served on the Boards of the United Kingdom Council for Psychotherapy (UKCP), the European Association of Body Psychotherapists (EABP), and the European Association for Psychotherapy (EAP). He has recently been heavily involved in a project to establish the Professional Competencies of a European Psychotherapist for the EAP ([www.psychotherapy-competency.eu](http://www.psychotherapy-competency.eu)). He has written a number of articles for the EAP's *International Journal of Psychotherapy*, for the *USABP Journal*, the *Journal of Body, Dance & Movement in Psychotherapy*, and *Energy & Character*, and has also written other articles in other journals as well as chapters in books. He has had one book published, *Help Yourself Towards Mental Health* (Karnac Books, 2010) and has published another, *First Contacts with People in Crisis and Spiritual Emergencies* (AuthorHouse, 2011). He also publishes a series of collections of Body Psychotherapy articles on various topics, as a director of Body Psychotherapy Publications. He is currently editing the English-American version of the *Handbook of Body Psychotherapy & Somatic Psychotherapy* with Gustl Marlock and Halko Weiss, due to be published by North Atlantic Books in 2015.

**Gill Westland** is Director of Cambridge Body Psychotherapy Centre (CBPC) and a UKCP registered Body Psychotherapist, trainer, supervisor, consultant and writer. She has worked as

a Body Psychotherapist for many years and has been training Body Psychotherapists for the past 30 years. She worked originally as an Occupational Therapist in the National Health Service in Mental Health at the Maudsley Hospital, London, and then at Fulbourn Hospital, Cambridge, as a clinician and then as a manager, clinical supervisor and teacher. She is a full member of the European Association for Body Psychotherapy (EABP); an External Examiner for the Karuna International Institute in Devon, U.K. and the London School of Biodynamic Psychotherapy, London, U.K; and a supervisor on the M.A. Body Psychotherapy programme at Anglia Ruskin University, Cambridge, UK. She is also co-editor of the journal, *Body, Movement and Dance in Psychotherapy* (Taylor and Francis). The Body Psychotherapy training offered at CBPC is rooted in a psycho-spiritual perspective.

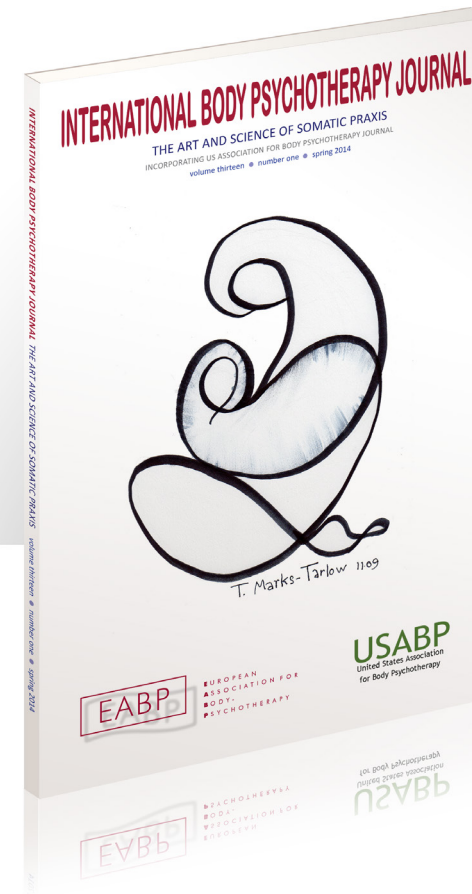
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#### Endnotes

- <sup>i</sup> Both authors were in the same body psychotherapy training group (1979-1983) at the Gerda Boyesen Centre for Biodynamic Psychology & Psychotherapy in Acton, London and witnessed occasions such as this. We are therefore – in this instance – not speaking theoretically but experientially and thus feel that we can be more explicit here.
- <sup>ii</sup> From a "Project Muse" review by Winthrop Wetherbee. "Fumo devotes a long chapter to Ovid's treatment of Apollo as a "human" god, showing how rarely he appears in a positive light, how often his powers (as healer, teacher, or lover) prove ineffectual and his authoritative posturings absurd. When he appears in the middle of the *Ars amatoria* to deliver the Delphic injunction "know thyself," what he goes on to propose are effective means of self-display—narcissism rather than self-knowledge (51–52). As physician, he has a prominent role in the *Remedia amoris*, but his remedies turn out to be incitements to renewed passion (68–69). Yet Ovid plainly identifies himself with Apollo, who becomes patron, alter ego, and role model for Ovid's own "narcissistic and often self-defeating activity" as poet (48)." Accessed 25-Jan-2014: [muse.jhu.edu/login?auth=0&type=summary&url=/journals/studies\\_in\\_the\\_age\\_of\\_chaucer/v034/34.wetherbee.html](http://muse.jhu.edu/login?auth=0&type=summary&url=/journals/studies_in_the_age_of_chaucer/v034/34.wetherbee.html)
- <sup>iii</sup> Lesley Lowen collaborated with her husband Alexander Lowen in *The Way to Vibrant Health* (1977) published by Harper Colophon.
- <sup>iv</sup> Schizophrenic (here) is not used in the narrow psychiatric sense, but much more in the characterological sense: of the schizotypal (schizoid) personality disorder. There is on-going controversy about the use of this word and the pathologization of 'normal' human differences.
- <sup>v</sup> These criteria are what is largely accepted as the post-graduate 'specialist' professional training requirements for most professions. They form the basis of the European Union's training requirements for the 'liberal professions' (CEPLIS) and have been incorporated into the training standards of the EAP and thus all member organisations (including UKCP and EABP).



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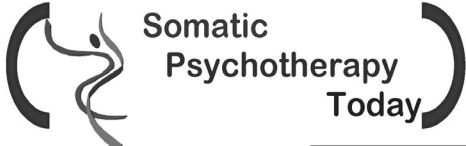
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volume thirteen • number two • fall 2014

### TABLE OF CONTENTS

#### 05 Editorial

Jacqueline A. Carleton, PhD

### ARTICLES

#### 08 A Fairy Tale Or the Strange Case of Rose

Lydia Denton, LCSW

#### 18 Shadows in the History of Body Psychotherapy: Part II

Courtenay Young with Gill Westland

#### 29 The Scene of the Crime: Traumatic Transference and Repetition as Seen Through Alfred Hitchcock's *Marnie*

Eric Wolterstorff, Ph.D. and Herbert Grassmann, Ph.D.

#### 44 Body Psychotherapy for Anxiety Disorders

Manfred Thielen, PhD

Translation by Elizabeth Marshall

#### 61 Somatic Psychotherapy and the Ambiguous Face of Research

Gregory J. Johanson, PhD

#### 86 Somatic Colloquium: Embodied Relating

Introduction: Asaf Rolef Ben-Shahar, PhD

#### 88 Embodied Relating: The Ground of Psychotherapy, Nick Totton, MA

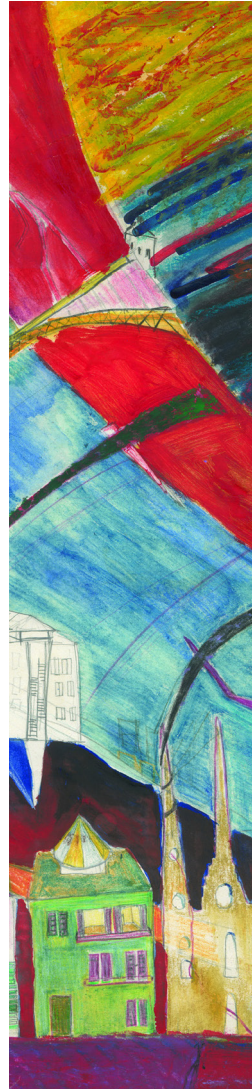
104 Commentary on Embodied Relating, David Boadella, B.A., M.Ed., D.Sc.hon

106 Commentary on Embodied Relating, Stanley Keleman, PhD hon.

110 Commentary on Embodied Relating, Will Davis

116 Commentary on Embodied Relating, Akira Ikemi, PhD

122 Response to Commentaries on "Embodied Relating", Nick Totton, MA



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