

A 2020s Credo for Body Psychotherapists

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Abstract

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

Key Words: Body Psychotherapy, research, evidence.

Many 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 didn’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 understand the ‘psyche’ of their clients’ better. 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’, ‘rift’, ‘chasm’ or ‘gulf’ between the science and the practice of Body Psychotherapy.

Of course, it was (and is) greatly appreciated (which is very nice to follow up on) all the excellent work that is now being done by neuroscientists, and neuro-psychologists, and neuro-psycho-physiologists, and others, who are deeply involved in the study of the human brain and its functioning, and of the human body and its functioning. 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 the body works, and how these might even work together, or in opposition with each other – and so, we discovered that all this scientific information and knowledge, based on research, can now help us, in due course, to improve some aspects of our Body Psychotherapy techniques and practice. An excellent example is Stephen Porges’ (1995, 2007) Polyvagal theory and his wife, Deb Dana’s (2018) application of this to therapy.

But – please – let this be very clearly understood – that none of these findings from neuroscience (or whatever) has anything 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 brilliant neuroscientists: people like, Alan Shore, 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 Psychotherapy 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 favourably. They are often invited – and usually come – to our Body Psychotherapy conferences, and they also contribute to webinars, and collaborate in seminars, or 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 – emphatically – that we should be doing **our** research. So, this ‘advice’ – from them – is almost something of a contradictory reversal of what should be happening: we should be asking them to research what we are doing. This reversal can even contribute 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 we can – from within our practice – or we 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 knowledge of the details and tolerances of the transmission system; access to all the wiring diagrams, other technical manuals and diagrammatic overlays; can all inform us – in detail – how something like a motorcycle works: but how can all of – 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 – just by itself – has its quite severe limitations: here, in our field, it is skill and experience that are also essential. This combination of knowledge, skill and experience is vital and necessary to any form of good professional practice: this is now the “gold standard” for any therapeutic modality or method. This is also – essentially – why the European Association 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 for a European Psychotherapist (Young *et al.*, 2013).

This is also why the EABP’s Science & Research Committee (SRC) has been promoting different initiatives over the last 10 years to develop the “science” of – and the “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 to contribute to a coherent body of knowledge and experience (Young & Grassmann, 2019).

As well as all this, the publication of various recent handbooks and anthologies relating to Body Psychotherapy (to mention just a few: Levine, 1997; Macnaughton, 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 of these publications give marvellous insights into the deep well of knowledge and into the vast experience of clinical practice involved 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, which help to support the background and basis for potential ‘research’ – properly conducted – in this field of Body Psychotherapy & Somatic Psychology. But the great majority of these books and articles do not really contain anything like ‘proper’ research; they may be supported by some bits and pieces of research; and they may support (or be supported by) other ‘evidenced’ clinical practices. But, we are still a long way short of 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 book: *‘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 ‘plebs’; 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 and all our actions and for the great untapped potential that lies within the depth 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 to find different ways to change their behavioural patterns, as well as their perception of themselves, as well as their worldly abilities and attitudes. So, we really need to find properly ‘evidenced’ ways to indicate – more precisely – how their (our clients) bodies can actually change – and how these bodily changes can actually change their minds: or how we can really help them to 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 are going to be going through: it is somewhat like trying to re-wire a car (the brain) and tune the motor (the body), using all these manuals, etc., whilst one is still driving a car, or a motorbike, down the motorway. However, the really important thing that needs to change is – not their actual brains – but their bodies, and their minds, and their attitudes. This is a totally different perspective and (within itself) has many and various and very different aspects. Whoever said that psychotherapy is not political? (Schmidt, 2012).

It is actually almost impossible to ‘isolate’ and to ‘allow for’ all the variable factors that exist in any research program into client-based, face-to-face psychotherapy, in order to be able to make a proper and careful enquiry or sampling about which aspects are relevant.

I have also tried to address those aspects of psychotherapy and counselling 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. So, 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 motorway – the Body Psychotherapist, himself or herself, and their actual experience as a therapist: how can we – as therapists – help our clients to cope with, and make use of, the plethora of knowledge and information coming from all these different practices, as well as also from neuroscience itself. There is almost “*Too Much Information*” for us, ordinary Body Psychotherapists – focussed 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, or therapy, or psychotherapy (Whitkowski & Zatonski, 2015; Vitz, 1994).

But, nothing 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 to change the client’s mind – about themselves and their bodies. 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: and 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. ‘Mindsight’ 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 1990’s was to try to come to an understanding of what definition of the ‘mind’ that would appeal most to the common ‘wheal’ 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 gobble-de-gook, 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 care giver 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 with thus with their “body-mind” – but also with our bodies, and also with our “mind-body”. This is because we are also (hopefully) a reasonably embodied psychotherapist (Shaw, 2003; Rachels; 2015; Cozolino, 2016; Totton, 2018).

Firstly, this view suggests that the essential role of the psychotherapist is to assist the client to explore and confront the issues that are disturbing him or her. 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).

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.

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 being metaphysical.

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’ manualised 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).

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. Alan Shore (2009) has demonstrated the influence of non-verbal 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 (to a positively exhilarating) experience is to offer, or to receive, something like a 'hand-shake' or hug? The effectiveness of such non-verbal 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 e-mail, 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 to conduct an effective "risk assessment": i.e., estimate what might go wrong, and what one needs to do, to minimise the risk; and possibly also an effectiveness assessment – how effective can my therapy be, using this form of distant contact (see Young, 2005, 2009).

Furthermore, we really now need to be able to demonstrate that Body Psychotherapy really works: and we can only do this 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 2020's – 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 & 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) which has been translated into most of the major languages, which can possibly be used with a similar body-oriented measure, so that we can 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 months, 6 months, or 12 months, etc. 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

socio-economic background. The data can easily be fed directly into a central data-base from which it can be analysed. The keeping of the database and this 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 & 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 – is that this sort of ‘research’ goal is relatively straight-forward to implement; does not have to involve huge amounts of money or resources; and it 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.

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Previously, he was the EABP General Secretary (1992-1999) and the EABP President (2000-2004) – and is now an Honorary Member and is a founding member of the EABP’s Science & Research Committee (SRC). He was also a founder member of 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 also 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.

References

- American Psychological Association (2012). *Recognition of Psychotherapy Effectiveness*. Accessible [here](#).
- American Psychological Association (2015). *Eight strategies to keep patients on track*. Accessible [here](#).
- Barratt, B.B. (2010). *The Emergence of Somatic Psychology and Bodymind Therapy*. London: Palgrave Macmillan.
- Cozolino, Louis (2018). *Why Therapy Works: Using our minds to change our brains*. New York: W.W. Norton & Co.
- Dana, D. (2018). *The Polyvagal Theory in Therapy: Engaging the rhythm of regulation*. New York: W.W. Norton & Co.
- Duncan, B.L., Miller, S.D., Wampold, B.E. & Hubble, M.A. (Eds.) (2009). *The Heart and Soul of Change: Delivering what works in therapy (2nd Ed)*. Washington, DC: American Psychological Association.
- Fonagy, Peter & Roth, Anthony (2006). *What Works For Whom?: A Critical Review of Psychotherapy*. New York: Guilford Press.
- Goldhill, Olivia (2016). Scientists say your mind is not confined to your brain, or even your body. *Quartz Weekend Writer*.
- Hartley, L. (Ed.) (2009). *Contemporary Body Psychotherapy: The Chiron Approach*. Abingdon, UK: Routledge.

- Heller, M.C. (2012). *Body Psychotherapy: History, Concepts, and Methods*. New York: W.W. Norton & Co.
- Hillman, J. & Ventura, M. (1993). *We've Had a Hundred Years of Psychotherapy and the World is Getting Worse*. San Francisco, CA: HarperSanFrancisco.
- Hubble, M.A., Duncan, B.L. & Miller, S.D. (2008). *The Heart & Soul of Change: What Works in Therapy* (2nd Ed.). Washington, DC: American Psychological Association.
- Johnson, David (2014). Whose therapy is it anyway? When Your Client is Uncommitted to Change. *Psychotherapy Networker: Accessible [here](#)*.
- Kepner, James (1988). *Body Process: A Gestalt approach to working with the body in psychotherapy*. Cleveland, OH: Psychology Press Ltd.
- Levine, P. (1997). *Waking the Tiger: Healing Trauma – The intimate capacity to transform overwhelming experiences*. Berkeley, CA: North Atlantic Books.
- Lombardi, D.R., Button, M. & Westra, H.A. (2014). Measuring Motivation: Change talk and counter-change talk in cognitive behavioural therapy for generalised anxiety. *Cognitive Behavioural Therapy, 43* (1), pp. 12-21. Accessible [here](#).
- Macnaughton, I. (2004). *Body, Breath, Consciousness: A Somatics Anthology*. Berkeley, CA: North Atlantic Books.
- Marcher, L. & Fich, S. (2010). *Body Encyclopedia: A guide to the physiological functions of the muscular system*. Berkeley, CA: North Atlantic Books.
- Marlock, G., Weiss, H., Young, C. & Soth, M. (2015). *The Handbook of Body Psychotherapy & Somatic Psychology*. Berkeley, CA: North Atlantic Books.
- Miller, Scott D. (2011). *What Works in Therapy: Translating 40 Years of Outcome Research*. Accessible [here](#).
- Norcross, J.C. (2001). Purposes, processes and products of the task force on empirically supported therapy relationships. *Psychotherapy: Theory, Research, Practice, Training, 38*, 345-356.
- Norcross, J.C. (2011). *Psychotherapy Relationships That Work: Evidence-based responsiveness*. (2nd ed.) New York: Oxford University Press.
- Porges, S. (1995). Orienting in a defensive world: Mammalian modifications of our evolutionary heritage: A Polyvagal Theory. *Psychophysiology, 32*, pp. 301-308.
- Porges, S. (2007). The Polyvagal Perspective. *Biological Psychology, 74*(2), pp. 116-143.
- Pirsig, Robert M. (1974). *Zen and the Art of Motorcycle Maintenance: An inquiry into values*. Morrow & Co. (HarperCollins).
- Rachels, Karen (2015). *Body, Brain, Love: A Therapist's Workbook for Affect Regulation and Somatic Attachment*. USA: Karen Rachels.
- Reich, W. (1946). *Listen, Little Man!* New York: Farrar, Straus & Giroux.
- Rubinfeld, Ilana (2002). *The Rubenstein Synergy Method*. New York: Piatcus.
- Schere, R.A. (2015). *Reconsidering Evidence Based Psychotherapy*. San Diego Psychologist.
- Schere, R.A. (2017). *A Driver's Credo for Psychologists*. Academia: Accessed [here](#):
- Schmidt, P.F. (2012). Psychotherapy is political or it is not psychotherapy: The person-centered approach as an essentially political venture. *Person-Centered & Experiential Psychotherapies, Vol. 12, No. 2*, pp. 95-108.
- Schore, A.N. (2009). *The Paradigm Shift: The right brain and the relational unconscious*. Invited plenary address to the American Psychological Association 2009 Convention, Toronto, Canada.
- Shaw, R. (2003). *The Embodied Psychotherapist: The Therapist's Body Story*. Hove, UK: Routledge.
- Siegel, Daniel J. (2017). *Mind: A Journey to the Heart of being Human*. New York: W.W. Norton & Co.
- Skinner, B.F. (1953). *Science and Human Behavior*, (pp. 92–3). Oxford, England: Macmillan.
- Stauffer, K. (2010). *Anatomy & Physiology for Psychotherapists: Connecting Body & Soul*. New York: W.W. Norton & Co.

- Totton, N. (2018). *Embodied Relating: The ground of psychotherapy*. New York & Abingdon, Oxon: Routledge.
- van der Kolk, B.A. (2014). *The Body Keeps the Score: Mind, Brain and Body in the Transformation of Trauma*. New York: Viking.
- Vitz, P.C. (1977, 1994). *Psychology as Religion: The cult of self-worship* (2nd Ed.). Grand Rapids, MN: William B. Eerdmans Pub. Co.
- Westland, G. (2015). *Verbal & Non-Verbal Communication in Psychotherapy*. New York: W.W. Norton & Co.
- Witkowski, T. & Zatonski, M. (2015). *Psychology Gone Wrong: The Dark Side of Science and Therapy*. Boca Raton, FL: BrownWalker Press.
- Yalom, Irvin D. (2003). *The Gift of Therapy: An open letter to a new generation of therapists and their patients: Reflections on Being a Therapist*. London: Piatkus.
- Young, C. (2005). Doing Effective Body-Psychotherapy without Touch: Part 1. *Energy & Character, Vol. 34, pp. 50-60*.
- Young, C. (2009). Doing Effective Body-Psychotherapy without Touch: Part 2: Embodiment. *Energy & Character, Vol. 37, pp. 36-46*.
- Young, C. (2015). *What Works in Psychotherapy & Counselling*. Internet article accessible [here](#).
- Young, C. (Ed.) (2018). *Body Psychotherapy Case Studies*. Galashiels, Scotland, UK: Body Psychotherapy Publications.
- Young, C. & Heller, M. (2000). The scientific 'what' of psychotherapy: psychotherapy is a craft, not a science! *International Journal of Psychotherapy, Vol. 5, No. 2, pp. 113-131*.
- Young, C., Szyszkowitz, T., Oudijk, R., Schulthess P. & Stabingis, A. (2013). The EAP Project to Establish the Professional Competencies of a European Psychotherapist. *International Journal of Psychotherapy, Vol. 17, No. 2, pp. 39-57*.
- Young, C. & Grassmann, H. (2019). Towards a Greater Understanding of Science and Research within Body Psychotherapy. *International Body Psychotherapy Journal, Vol, 18, No. 1, pp. 26-60*.

ADDENDUM:

I was recently asked by the Editor of this Journal if I could write an additional paragraph or so given the CoVid-19 (coronavirus) pandemic. As an Editor myself, I know that this can be almost a fatal mistake – writers should usually be asked to write less, rather than more. But, as I write, we are in the middle of an almost world-wide, unique, ‘change process’ involving a virtual “lock-down” in many of our cities and in many countries.

A pandemic (a widespread disease epidemic) can be looked at in various ways: the word itself (in English) contains the word “panic” and there is certainly a lot of that around. We may be asked – as therapists – by our clients (now isolated) – what can they do to help themselves? So, how can we – as Body Psychotherapists – work with someone over the phone or by Skype?

Other than using the phrase on the front of the legendary book: *The Hitchhikers Guide to the Galaxy*, “Don’t Panic!”, there is actually quite a lot that we can do. They may be very scared and thus need your re-assuring presence. Their present isolation may feel like an earlier abandonment or punishment, which can be worked through. If they live alone, they may be going “stir crazy”, and thus need grounding in their body and other forms of contact.

Some of the techniques explored in my writings about ‘Body Psychotherapy without Touch’ (Young, 2007, 2009, 2018) can be utilised. We can, and should be – if not trained, then certainly aware of – some of the differing factors involved in any sort of On-line Therapy. These are more readily available now, and even people like Pat Ogden are giving webinars about on-line, bodily-oriented therapy.¹

Many more people will be experiencing trauma and – in such situations – this can cause panic and increase the dramatic effects. Much more of our work as Body Psychotherapists will be dealing with people in trauma and we may need to extend our understanding and expertise in this area. Luckily, there is a lot that has been written about this from within our field.

There are a couple of wider aspects to consider: a pandemic has been increasingly inevitable as the world population expands exponentially and as world travel has also increased. Indeed, many scientists (epidemiologists) have just been waiting for such to happen. And this may not be the last pandemic: there have been several others, and there may well be several more – almost inevitably.

In such critical instances – and we are seeing many more human crises as global warming increases the incidence of extreme weather events (hurricanes, floods, wildfires, etc.), everyone should – of course – “Hope for the Best and Plan for the Worst”. However, these events are often beyond any individual’s capacity to cope by themselves and so we are also seeing many more people coming together and creating heart-warming community responses. This is a very welcome sight, especially in an increasingly narcissistic and material world culture.

As this present pandemic dies down, which it will do eventually, there are many lessons to be learnt and many people will have had their lives changed – often quite dramatically. There have been, and will be many more, people experiencing grief; many businesses have gone under; there may well be more restrictions still imposed, similar to some ‘emergency powers’, but gradually lessening; the refugee ‘crisis’ is not over – and may have become more intense – and these most vulnerable groups of people will need additional resources. We may see the military increasingly being used to assist – a humane use of military power – and (no doubt) this resource might also become abused by a military coup.

All these factors – once they seemingly pass – may cause people to become over-joyful or even complacent in the short term; but the next crisis or disaster may well be coming soon. Many people

¹ [Sensorimotor Psychotherapy from a Distance: Engaging the Body, Creating Presence, and Building Relationship In Online Therapy. Pat Ogden. Zoom, US.](#)

may well become almost continually scared – something akin to Post-Traumatic Stress Disorder. These are all external factors in this so-called civilised world.

Internally, our emergency response mechanisms – located deep within our Autonomic Nervous (and Vagal) Systems – will become increasingly triggered. This present-day overload must be treated first, before any further therapy work can be done. We may therefore need to teach our clients – and ourselves – many new ‘tricks’ to self-soothe, stay centered and grounded, relax properly when we can, self-regulate, de-stress and try to maintain an equilibrium in both body and mind. Some of these techniques should have been taught in primary school as our children may now have to learn very different topics: understanding the history of our country takes second place to learning new survival techniques.

There are also wider aspects to be considered. On the TV news recently, one person quoted the maxim about what happens when a single butterfly flaps its wings far away in a forest: they followed this with the question of what happens when someone in a street market cuts up a diseased animal for food and its pathogens mutate across to our species. Many of these ‘plagues’ or pandemics have a zoonotic origin. Perhaps we need to consider a much wider perspective like to how do we (as humans) relate to other animal species and – indeed – to the planet itself.

Finally, there are some meta-physical concepts. We are not the ‘supreme’ beings, or ‘rulers’ of the earth, or so scientifically advanced that nothing can harm us, or so ‘civilised’ and cultural a species that we thought we were: a microscopic being has disrupted our world: it is almost ironic. However, a metaphysical crisis is generally considered as a good thing because it makes us look more closely at our lives. Some people believe that we can create opportunities out of such crises: this may be the way to do so.

We tend to see these plagues and viruses as something ‘bad’, because they impact negatively on our lives and on our world view: we forget that they may have, or there may be, a valid reason for their existence. Many bacteria live in our gut and undeniably perform very useful functions. Are there then some bacteria that are ‘good’ and others ‘bad’?

Maybe, we need to step back and consider such events from a more metaphysical perspective. I am not – quite – going so far as to say that such pandemics might be Nature’s way of reducing the impact of a virulent species (us, humans) that is over-running the health and well-being of its (planetary) host; but I did write a poem to that effect some time ago.

More recently, I posted on Facebook: *“I am trying to treat the CV-19 hysteria by staying in a Zen space: I am wise because I know that I know nothing; because I know nothing, there is nothing to get anxious about (i.e. it is all in my imagination); I stay calm because it is pointless to worry.”*

Stay safe!