4. Controversies in the Development of Embodied Approaches to Psychotherapy

A) Issues between embodied approaches and the mainstream

Since Freud, there has been a fundamental controversy about the relevance of the various embodied approaches to psychotherapy, especially from within psychoanalysis, partly because Freud had essentially rejected (or not acknowledged) the vital contributions of Pierre Janet (a fellow pupil of Charcot's) and his basic direction towards body-oriented (or other embodied) approaches (Boadella, 1997; see also Paper 1).

Freud also disliked Reich's systematic clinical work on people's sexuality that actually supported some of Freud's earlier theories, though Reich's 1934 exclusion from psychoanalysis was probably as much due to his controversial socio-political views as to his emphasis on sexuality and on analyzing aspects of the libido, something which Freud had by then moved away from. In the later 1930s, Reich began to touch his patients, something which was - and remains - deeply controversial within psychoanalysis, and as an ongoing source of conflict between body psychotherapy and other approaches (Sharaf, 1984, pp. 234-6; Shapiro, 2009).

Psychoanalysts who touched their patients (like Ferenczi) or who expressed an interest in working with the body in psychoanalysis (like Fenichel), were often criticized or traduced (Heller, 2012): potentially valuable contributions such as Fenichel's attempts to develop a psycho-physiological approach within psychoanalysis, and Ferenczi's humanistic techniques of 'empathic response' and 'self-disclosure' were therefore disowned. Thus a controversial 50-year separation developed between the field of psychoanalysis (Mind) and the different embodied psychotherapeutic approaches (Body), similar to the body-mind distinction epitomized in Descartes' dualistic statement, "I think, therefore I am". [i]

Many of the embodied approaches therefore become marginalized from the post-war field of psychology and psychotherapy, despite awareness of their potential efficacy. While those practicing in psychology, psychiatry or psychotherapy, who became interested in embodied approaches, were channelled towards to mind-based approaches, medical doctors (like Lowen, Pierrakos, and some of the other medically-trained pupils of Reich (Orgonomists and Reichians), as well as physiotherapists (like Gerda Boyesen) were more able to adopt embodied approaches into psychotherapy, as they were already professionally 'allowed' to touch.

B) Issues within the embodied approaches

a) The role of physical interventions

There are acknowledged risks in the practice of body psychotherapy (Young, 2015) given the use of certain powerful and evocative breathing techniques and methods of energetic discharge and the occasional use of physical pressure to help 'break-down' somatic armouring, especially if there has been insufficient building of the core persona first. Therapeutic touch can be abusive, if used inappropriately: some of the other physical techniques that are sometimes used can be considered as regressive, over provocative, or possibly even seductive, especially if used without due caution, or by an ungrounded or relatively untrained therapist.

b) Working with trauma

In addition, regression and re-traumatisation is considered a significant risk factor when body-oriented techniques and embodied methods are employed. There are also particular responsibilities within embodied approaches when working with people in trauma. World expert on the treatment of PTSD and complex trauma, Bessel van der Kolk (2015), says that therapists must have had the training, skills and understanding of a body psychotherapist in order to work effectively with people in trauma. If not, then, *"… the attempt at therapeutic re-experiencing and discharge of traumatic experience succeeds only in recreating the original trauma, and even imposing a further layer of trauma on the client. The client may be no more able now than in the original situation to process their experience effectively"* (Totton, 2003, p. 125).

Some also argue that more simplistic body-oriented techniques for the treatment of trauma, such as EMDR (Shapiro, 2001), do not have the lasting effects of embodied therapies that enable the person to fully integrate and come to terms with their traumatic (somatic) experience over time.

There are also differences within body psychotherapy about how to work appropriately with trauma. Many practitioners still hold to the traditional model of cathartic abreaction, the famous – and often highly effective - 'banging and screaming' style of bodywork. Others are more cautious, and perhaps more sophisticated; trainers like Babette Rothschild, Peter Levine and Pat Ogden each, in different ways and to different degrees, emphasise the risk of re-traumatisation and therefore the need to carefully stay within the 'comfort zone' whilst material is being integrated and also to develop resources in the client, in some cases using insights gained from neuroscience research.

c) Professionalisation

In the development of the embodied approaches to therapy, there are confusions that still linger about the difference between "body therapy" and "body psychotherapy". There are – as is also common across the whole range of psychotherapies – a vast number of different approaches which have been developed since, and – in some cases – out of, Reich's pioneering work; many (but not all) of these are listed and described in either Totton (2003) or Young (2010). It is therefore often quite difficult to find one's way through the thicket of sub-modalities and to assess their validity and effectiveness.

One direction attempting to clarify this situation, in body psychotherapy ~~(~~as well as in the field of psychotherapy as a whole~~)~~, has been to move towards greater professionalisation, particularly in Europe, introducing various methods of assessment, registration, standardisation, definition of competencies, and so on, as part of establishing Body Psychotherapy as a legitimate mainstream within psychotherapy. The EABP Training Standards were developed; all EABP training schools are members of the EABP FORUM who recognise and accredit each other; body psychotherapy competencies[ii] are being developed;

European psychotherapy[iii] now requires a training to have a post-graduate level of entry, 4-year training, personal experience of psychotherapy and a set of professional core competencies to be attained[iv] (see the EAP's ECP document and the EAP's 2013 Core Competencies document). Several of the body-oriented modalities fit within these criteria.[v] In the USA, the establishment of body-oriented (or somatic) psychotherapy Masters and Doctoral programs in several universities[vi] has legitimized the development of a highly-qualified professional body psychotherapy training and there are moves to create a Somatic Psychology 'division' (or

society) within the American Psychological Association (APA). These academic and training standards have been assisted and supported by the growth of several national and international professional associations for body psychotherapy and somatic psychology,[vii] which have also helped to create a clearer definition and understanding of embodied psychotherapy.

However there is also a controversial view, shared by many body psychotherapists as well as by other psychotherapists (Lees, 2016; Mowbray, 1995; Postle, 2007; Totton, 2012), that the whole professionalisation process within psychotherapy has significant inherent drawbacks that outweigh any more obvious advantages: i.e. that it obscures the extent to which psychotherapy is an art rather than a science (Young & Heller, 2000); it tries to impose regularised standards and only approved techniques on what is a largely non-standardised process, where each encounter between client and therapist is an unique event; and it also invents an unnecessary hierarchy of control and regulation, pathologising mistakes, whereas the critics believe that the profession could be managed on a more respectful peer-level, where errors can become learning opportunities.

d) Quality and accreditation of trainings

The development of so many different methods of embodied approaches within body psychotherapy almost inevitably leads into another area of confusion and controversy, around the quality of teaching and administration on these trainings. Young and Westland's two-part article, about the "Shadows in Body Psychotherapy" (2014a; 2014b), is an exposé of some of the more contentious and largely unspoken aspects of these embodied psychotherapies, covering concerns about their origins, distortions to their history, unacknowledged risks of practice, the ethics of touch, and significant boundary issues. Different tensions (practical, administrative, financial, relational) that exist within many of these (quite small) training organizations, together with the mixture of roles (trainer, therapist, founder, director, etc.), are often hard to unravel. Some training schools became more like closed communities – something akin to a sect or cult – idealizing the trainer/founder/leader, and ignoring their idiosyncrasies, which could include narcissism, favouritism and sycophancy, as well as any possible contra-indications about their more experimental methods.

e) 'One-body' and 'two-body' approaches

Body psychotherapy, similarly to some other forms of early psychotherapy, traditionally took a rather objectivist approach by focusing on neuroses and trying to identify what is 'wrong' about the client's body-mind, and then using various techniques to put it 'right'. The therapist's subjectivity was not seen as a part of this process; rather, the psychotherapist was a professional, applying expert criteria and technical skills (Totton, 2003, pp. 54-6; 2015, p. 48).

This sort of pathologyising approach – in psychotherapy as a whole – has been characterized as a 'one-body psychology', as opposed to a 'two-body psychology' that treats the therapist as profoundly implicated in the therapeutic process (Rickman & Scott, 1957; Balint, 1950). The move towards a two-body approach came somewhat later to body psychotherapy, largely as a result of the influence of Relational Psychoanalysis (Mitchell, 2000). More recently, however, this relational field has established itself as perhaps the leading progressive paradigm ~~to~~ in these embodied approaches (Marlock & Weiss, 2015; Asheri, 2009; Rolef Ben-Shahar, 2014; Totton, 2015; Young, 2012b).

f) Approaches to sexuality

Following in Freud's footsteps, Reich saw sex as the primary factor in human life and therefore implicated in the origins of neuroses. While he was very strongly sex-affirmative in his approach (to a degree that was unusual – if not radical – at the time in the 1920s in Vienna), he also held quite dogmatic views on what constituted 'good' sex, which he identified with what he called 'genitality'. Reich's model of a healthy sexual act was heterosexual, penetrative, gentle and leading to both partner's having simultaneous orgasms; however, he gave a very conventional short shrift to the whole range of other expressions of sexuality – in particular, although he opposed the persecution of homosexuals, he saw them in a very traditional way as deviant and perverse (see Sharaf, 1984, Ch. 7; Totton, 2011).

Whilst often being publicly lambasted as the 'sex doctor', Reich's essentially conservative views on sexuality were taken up by most of his leading followers (e.g. Baker, 1967; Lowen, 1965), and are still fairly prevalent in the field today. However, the large majority of modern body psychotherapists – taking up the underlying radicalism of Reich's approach – are far more accepting of sexual diversity, while still affirming the centrality of sex in a fully healthy human life. At the same time, though, as in the rest of psychotherapy, there has developed a tendency to downplay sexuality and to focus instead on mother-infant relations and attachment issues at the expense of sexual themes (Ludwig, 2015).

g) Idealising the body

Another important feature of the body psychotherapeutic tradition has been a tendency, in a simple reversal of our culture's general privileging of the mind, to privilege what is often referred to as 'The Body' and to see it as the source of all wisdom. A widespread trope (or recurrent motif) in body psychotherapy is this rather dubious usage, spurred by a romantic notion that 'the body never lies', or 'Your Body Tells the Truth' or ''The Body Remembers' (Rothschild, 2000), or 'The Body Tells the Score' (van der Kolk, 2015) (see Totton, 2005). At its most dangerous, these idealisations can be used to underpin uncritical belief in recovered or constructed memories of abuse (Miller, 2005; APA, 2016), as argued in the controversies around the so-called 'false memory syndrome' (Dallam, 2002).

h) Sexuality and spirituality in embodied psychotherapies

There have also been many attempts – throughout history – to bring together (embodied) sexual experiences (which can also be ecstatic) and the psyche (or spirituality): viz: Dionysian cults, Tantric yoga, Hindu 'sacred sex' Taoist sexology, etc.; and even today there are still many attempts within psychotherapy (and particularly within the embodied therapies) to integrate psychotherapy, spirituality and sexuality (Mahoney & Espin, 2009; Diamond, 2014; Nolan & West, 2014; MacKenna, C., 2007; Rosenberg & Rand, 2015). Various embodied psychotherapists have ventured into the field of spirituality (Reich, 1953; Lowen, 1965 & 1990) and the Hakomi Method tries to combine these, as do some other body-oriented psychotherapies (Krier & Britt, 2015) and Integral Psychotherapy (Wilbur, 2000; Forman, 2010) tries to cover issues of culture, difference, gender, race, sexuality, spirituality, disability, and psychotherapy contexts and themes. The USABP's 2016 conference is entitled, 'Sexuality, Spirituality and the Body'.

C) Conclusion

Gradually body psychotherapy is struggling towards a more sophisticated and nuanced understanding of 'body' and 'mind', not as two experiences, but as two facets of a unified human organism; and towards being able to negotiate the complex ways in which human beings use this polarity, ranging from total opposition to total identification (Totton, 2015). The

mind/body polarity is something that we can never fully transcend, nor simply accept; so it will continue to be at the heart of body psychotherapy.

Body psychotherapy is also becoming much more coherent and grounded and is ~~much~~ more able to look at these controversies in an introspective and creative manner: much of this process is helped by wide-spread publications such as Heller's (2012) 'Body Psychotherapy: History, Concepts, Methods' and 'The Handbook of Body Psychotherapy and Somatic Psychology' (Marlock *et al.*, 2015), as well as by dialogues in professional journals such as the International Body Psychotherapy Journal and the Taylor & Francis journal, 'Body, Movement & Dance in Psychotherapy'.

2,385 words

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Endnotes:

[i] The **mind–body problem** is the problem of explaining how mental states, events and processes—like beliefs, actions and thinking—are related to the physical states, events and processes, given that the human body is a physical entity and the mind is non-physical: (https://en.wikipedia.org/wiki/Mind%E2%80%93body_problem).

[ii] **Body Psychotherapy Competencies:** http://www.eabp.org/forum-body-psychotherapy-competencies.php

[iii] **European Psychotherapy** (as per the EAP's 15 Questions on Scientific Validity and the EAP (ECP) Training Standards)

[iv] **EAP's Core Competencies:** http://www.europsyche.org/download/cms/100510/Final-Core-Competencies-v-3-3_July2013.pdf

[v] **Body-Oriented Modalities that have been 'accepted' via the EAP's 15 Questions on Scientific Validity:** Biosynthesis; Bioenergetic Analysis; Hakomi; Biodynamic Psychology; Bodynamic Analysis; Emotional Re-Integration; Psycho-Organic Analysis; Concentrative Movement Therapy; Character Analytic Vegetotherapy;

[vi] JFK University, Berkeley, CA; Naropa University, Boulder, CO; California Institute of Integral Studies, San Francisco, CA; & the Pacifica Graduate Institute, Santa Barbara, CA; and outside the USA, in the UK, with the Cambridge Body Psychotherapy Centre via the Anglia Ruskin University; and in Italy at the Societa Italiana di Psicoterapia Funzionale Corporea (SIF) via the University of Naples.

[vii] European Association for Body Psychotherapy (EABP); United States Association for Body Psychotherapy (USABP); Australian Somatic Psychotherapy Association (ASPA); Japan Association for Somatics and Somatic Psychology (JASSP),