

Developing a Better Research Culture in Body Psychotherapy ^[1]

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Abstract

This three-part article looks at: **Part 1:** The ‘history’ of the EABP Science and Research Committee initiatives; **Part 2:** Different types of appropriate research for Body Psychotherapy; **Part 3:** Possibilities for future developments towards a better research culture in Body Psychotherapy.

Research into the efficacy and effectiveness of the many and various different ‘modalities’ of psychotherapy is absolutely essential that if that branch (or ‘mainstream’) of psychotherapy is to have any ‘standing’ at all within the general psychotherapy community, or with universities, or with governments and ministries of health, and with the general public.

Up until fairly recently, the field of Body Psychotherapy has been quite ‘strong’ on theory; it has also been ‘good enough’ (until recently) in the clinical practice of its many different modalities and methods; but has been decidedly ‘poor’ with respect to any proper research.

In this article, different aspects of Body Psychotherapy research are explored. Research in the field of Body Psychotherapy is seen as an essential part of developing a professional culture, which has to be fostered both in training and in practice. We also need (much better => good) connections with research departments in universities.

Therefore, apart from being sufficiently trained in and now (hopefully) being able to demonstrate the ‘professional competencies’^[2] of a Body Psychotherapist, as a ‘clinician’, there is an additional role (or set of competencies) – as a potential ‘researcher-practitioner’ – that now have to be developed and fostered, especially as there are often negative perceptions of research – or lip-service paid towards the need for research – to be found within the psychotherapy community in general, and especially within the humanistic and body-oriented (somatic) psychotherapies.

Some of this wider background and some of the more recent developments with respect to research into Body Psychotherapy are mentioned, but this article is focussed more on the development of a solid ‘research-practitioner’ culture in Body Psychotherapy, now and especially for the future.

Key Words: Body Psychotherapy Research, Appropriate Body Psychotherapy Research, Evidence-Base, Practitioner-based Research, Research Training Module, Practitioner Research Network, Case Studies.

Part 1: The History of EABP-SRC Initiatives

Body Psychotherapy (or Somatic Psychology as it is also known in the USA, Australia, etc.) is a well-established and unique set of psychotherapeutic approaches and body-related procedures, which have developed separately over the last 100 years or so, have come together into one integrative branch (or mainstream) of psychotherapy. The foundations of Body Psychotherapy are: a holistic concept of human nature; a bio-psycho-social model of dis-ease; somatically-oriented considerations of aspects of developmental psychology, attachment theory, cognition theory (an ‘embodied mind’) and various neuro-psychological scientific theories; and a general theory and various types of praxis in psychotherapy, which, in addition to conscious and unconscious cognitive and emotional processes, consistently encompasses processes of body experience, body expression and body communication; and methodically includes the client’s body in aspects of their ‘treatment’ in a variety of ways. Body

Psychotherapy is characterized by these fundamental orientations towards the client's body-mind. Body Psychotherapy has developed historically from psychologists and psychotherapists interested in working with their client's 'body' in a number of different ways: 'character analytical'; 'affect-related'; 'psycho-somatic'; 'body-oriented'; 'perceptual' 'movement-oriented'; and other socio-cultural attitudes to our bodies.

The basic assumption within Body Psychotherapy is that 'bodily' experience is the foundation of 'subjective' experience. Our 'body-self' experience constitutes the core of our sense of identity. 'Object relations' are based on the early configuration of relationships, which take place through the developing body and result in the development of motor affective schemata, or somatopsychic character structures. Life experiences continually and constantly influence the structure of a person's body, as well as that of the person's 'psyche'^[3]: we are not 'stuck' into any particular fixed position or pattern, though we can be constrained within certain somatic limitations. Body Psychotherapy can help to widen those limitations.

In the case of defense mechanisms against unconscious psychological material, both mental and bodily processes are functionally identical; not only emotional and cognitive but also sensorimotor and vegetative processes can be at the root of any psychological pain or distress.^[4] There are numerous other descriptions of Body Psychotherapy^[5]; and what we might mean by 'Body Psychotherapy'^[6]; or as a brief description of Body Psychotherapy:

"Body Psychotherapy helps people deal with their concerns not only through talking but also by helping people become deeply aware of their bodily sensations as well as their emotions, images, and behavior. Clients become more conscious of how they breathe, move, speak, and where they experience feelings in their bodies. People seek body psychotherapy for the same reasons they seek talking or any form of psychotherapy (e.g., anxiety, depression, relationship problems, sexual difficulties), but also for physical problems (e.g., headaches, lower back pain)."

Or as a 'Definition of Body Psychotherapy'^[7]; or as 'Body Psychotherapy vs. Somatic Psychology'^[8]; etcetera, etcetera. Given that Body Psychotherapy is now an increasingly established 'method' or 'mainstream' of 'psychotherapy', we must then consider whether it has a sufficient 'scientific' base or whether it has a sufficiently solid 'research-based' into establish a degree of 'scientific validity' (see later). This is the 'raison d'être' and the 'mission' of the EABP Science & Research Committee.

The basic considerations for creating a Science and Research Committee (SRC) within the European Association of Body Psychotherapy (EABP) came out of the following concepts:

- Our BP 'community' of (mostly) EABP and USABP members doesn't really have a clear position about the balance between 'clinical practice' and/or 'scientific research'. Most of us identify ourselves more as 'practitioners' and – as such – we tend to be 'critical' about various aspects of the 'scientific' or 'research' world;
- Most of us had – in our Body Psychotherapy training – certain charismatic teachers, "as if they were preaching a truth that is in their genes and thus it is admirable that we should love

and admire them. So, they are part of our history”. So, they may well deserve a valid place in our brain, our behavior, and in our practice; but not necessarily in our minds. We need to be able to examine their theories and ‘findings’ critically;

- We have developed various ways of life and practice whereby many of us (clinicians) have chosen to work outside of our national health care systems: partially for ideological reasons; partially because of external rejections; and partially because of economic and sociological conditions;
- Neuroscience (and other scientific disciplines) are becoming more and more interested in exactly what we think and what we have been doing in Body Psychotherapy. However, they say to us that we need to get ‘real’ and to ‘demonstrate’ how our theories and practice actually work. For example, the concept of “embodiment” (which was originally a working term in ‘computer science’) and – yet now – it is fundamental to our psychological / psychotherapeutic practice;
- In order to demonstrate to the scientific world (and to other disciplines and to governmental and health services) what is clinically relevant in our Body Psychotherapy practice, then we will have to: stand up for our various concepts; explain our various concepts and theories; and to compare our different methodologies;
- We have to learn the value of a systematic, science-based approach, not just for another way to train ourselves how “different” we are, and how “critical” we might think, but also in order to be able to discuss specific questions, observations, data, hypotheses, testing, and theories, which are the formal parts of each scientific method. We also need to be able to stand up for ourselves and our theories and our practices. We need to be able to demonstrate the value of these, as well.

SRC Historical Background

In the late 1990s and early 2000s, the (first) EABP Scientific Committee met a couple of times with Michel Heller as Chair. At the 2001 General Assembly in Travemünde, on his initiative, an amount of SF 5,000 (about € 4,380) was voted to be dedicated to the ‘Scientific Committee’ from the annual budget. Since then, these amounts were only used partially and spasmodically for several different projects (not necessarily anything to do with ‘science’). That particular Scientific Committee has not met since. There was then a ‘Discussion Group’ (just before the EABP Conference and General Assembly in Vienna, October 2010), and it was decided then-and-there to reconvene a (new) EABP Scientific Committee and Herbert Grassmann was appointed as its representative in the EABP Board.

SRC Purpose

The 2010 revised EABP Scientific & Research Committee (SRC) decided that their purpose was to be much more of a ‘task-focused’ committee:

- (1) Essentially holding, advising, recommending, deciding, defining, supporting and initiating a variety of ‘scientific’ and ‘research’ projects in Body Psychotherapy; and
- (2) Supporting EABP and its members in all matters to do with scientific and clinical research, connected with Body Psychotherapy (BP);

- (3) To help to express and publish our Body Psychotherapy / Somatic Psychology (BP/SP) clinical knowledge in ways whereby other researchers can replicate or modify our observations, using other psychotherapeutic methods or experimental procedures;
- (4) To publish and promote BP/SP scientific and research projects, via the EABP website, with EABP funds, or by any other means.

This (new) SRC then met in Amsterdam on a number of occasions; essentially, twice per annum for the next four years; and one of the main features that started in that period was: developing a ‘Scientific Symposiums’ as a significant adjunct to (or component in) the EABP biannual Congresses, which have started to attract considerable interest. The first symposium was in Cambridge, UK, 2012, and these Symposia continued in: Lisbon in 2014 (see Endnotes); Athens in 2016; and most recently Berlin, 2018. In between these Symposia, every year, two SRC face-to-face meetings are held, and there are also regular (monthly) ‘skype’ meetings in between.

EABP SRC Aims

- To find different ways to promote research in the field of BP/SP using the three main categories of ‘science’ – Experimental research; Empirical research; and Clinical research, as we need to be able to demonstrate the value and the soundness of our work; etc.
- To make links with academic researchers (in universities, etc.) and clinical practitioners (within EABP and USABP members) that can support or help with BP/SP research, possibly working together towards building a Collaborative Practitioner’s Research Network (CPRN); etc.
- To act as a reference and collection point for all sorts of different BP/SP research projects; viz: EABP Bibliography of Body Psychotherapy; the EABP website ‘list’ of research projects; a proposed international database of BP research projects; the Student Research Prize(s); a database of research projects (inc. student theses); membership of the Society for Psychotherapy Research (SPR); a Somatic Psychotherapy division of the APA; etc.
- To help standardize paradigms, vocabulary and reference terms in connection with BP/SP and psychotherapy: e.g. which descriptors do we use? ‘Body Psychotherapy (BP)’, ‘Somatic Psychology (SP)’, ‘Body-Oriented Psychotherapy (BOP)’ or ‘(BOPT)’; etc.
- To help the design of any research projects that can be used by EABP (or USABP) members in order to help and support their clinical practice in BP/SP; etc.
- To ensure that there always be made a ‘space’ for science and research components in all of the EABP (and associated: e.g. FORUM, Council, ISC, USABP, etc.) conferences and symposia; and to ensure that some conferences are possibly “Scientific” conferences (as opposed to ‘Clinical’ or ‘Professional’ or ‘Developmental’ etc.)
- To support and promote ‘scientific’ publications about BP/SP in various journals, books, on websites, etc.
- To encourage the teaching of basic and appropriate ‘scientific’ principles in all Body Psychotherapy / Somatic Psychology training courses and especially in EABP FORUM schools; etc.
- To help establish Body Psychotherapy as a scientifically-valid modality in psychotherapy and to help get BP/SP generally accepted as an effective and efficacious method of psychotherapy, equal and parallel to all other mainstreams, modalities or methods of psychotherapy; etc.
- In furtherance of these aims, to make sure that the ‘Body Psychotherapy Competencies’ document (developed by Gill Westland, Clover Southwell and Michaela Boening; July 2012) is circulated, published, reviewed, critiqued and amended (if necessary) on a European-wide basis, as well as on an international basis (inc. USABP, etc.)

Structure of EABP-SRC

- Numerical limits of a Chairperson (ideally one who is also an EABP Board Member) plus a maximum of 6 other members, each with reasonably defined roles and able to collaborate together in order to have a workable team;
- A commitment from each committee member to try to attend at least 1 or 2 face-to-face meetings each year and some of the monthly Skype meetings;
- The committee can choose to be supplemented by appointed 'Consultants' (e.g. from USABP; for international developments and partnerships, conferences, or for a 'special project', or just as observers, advisors, etc.);
- The Committee reports regularly to the EABP Board and receives comments and suggestions from the Board.
- Membership (involvement) of a wider SRC / Consultants Group / Network is currently being left 'open' – certainly open to all other members of the EABP & USABP "Research Network" and to others, as new ideas or projects come 'on line', in various ways, to open to others, in-EABP/USABP members, and others (inc. non-psychotherapists);

Current EABP SRC Members & their Roles

Herbert Grassmann: SRC Chair; Contacts between EABP & USABP; contributed to Scientific Symposium in Lisbon Congress, 2014;

Courtenay Young: publishing, books, articles, etc.; helping to promote basic scientific understanding about appropriate research (poss. / esp.) in FORUM schools; wanting to see a Practitioner's Research Network; has given presentations about BP to SPR; contacts with EAP's SRC and their 'project' to develop the professional competences of a European Psychotherapist;

Frank Röhrich: MD FRCPsych Germany/United Kingdom Consultant Psychiatrist (MD, FRCPsych); Body Psychotherapist; Visiting Professor University of Hertfordshire, School of Psychology and Honorary Professor Centre for Psychoanalytic Studies, University of Essex. Presented at the symposium in Lisbon; Contacts to universities; Research projects for EABP;

Maurizio Stupiglia: Vice President of the Italian Association for Body Psychotherapy (AIPC), Professor assistant at Westdeutsche Akademie of Dusseldorf, Guest Professor at the University of Bologna in Group theory and technique and Professor of General Psychology at the University of Genova. He is a Trainer in Biosystemic psychotherapy and co-founder, with Jerome Liss, of the Societe Internazionale Biosistemica. Video projects; Links with universities; the EABP Research Network. Produce and promote videos and video sessions: how to use videos in a theoretical and observational context.

Christina Bader Johansson: Has helped to promote basic scientific understanding about appropriate research (poss. / esp.) in FORUM schools; is interested in 'Grounded Theory'.

Zoe Schillat: Clinical Psychologist and Psychotherapist. She is educated in Systemic, in Psychodynamic, and in Body Psychotherapy in Germany, where she has been working as a registered Psychotherapist over 25 years. Currently she is developing a Greek Research network.

Biljana Jokic: Graduated in psychology from the University of Belgrade. She was awarded a PhD from the same University (field: psychology; subfield: social cognition). Parallel to the academic education and career, she received a certificate from the Serbian Body Psychotherapy school Tepsyntesis and became a full member of both Serbian Union of Associations for Psychotherapy and the European Association for Body Psychotherapy. Biljana has been involved in research projects since the '90s.

Research is a crucial element in advancing our collective knowledge of psychology, psychotherapy and especially that of Body Psychotherapy. Body Psychotherapists often struggle to engage in meaningful relationships with the literature in psychology and psychotherapy research and with the community of scholars who typically produce it.

There are some important reasons, as well as trends, for the current disconnection between Body Psychotherapy and research; but Body Psychotherapy is also not the only form of psychotherapy that has significant gaps (or even gulfs) between ‘practice’ and ‘research’.

Historically, most professional training programmes in Body-oriented Psychotherapy / Somatic Psychology were developed outside of the formal academic settings where most psychological research occurs. Becoming more ‘research-oriented’ as a field has distinct advantages, especially in the current climate of requiring any psychological practice to be ‘evidence-based’, but part of the challenge in doing so is that many ‘standard’ or ‘normal’ research paradigms and methods do not seem to match the values, skills and experiences of this unique group of psychotherapy practitioners.

We will have to learn a new ‘scientific’ language and a (left-brain) set of concepts quite different from our empathic, receptive and intuitive skills as clinicians. Then we can start to find a number of ways to ‘bridge’ this gap between scientific research and clinical practice, especially in our field of Body Psychotherapy. But first, we have to understand a number of basic concepts about science and research and some of its terminology. Hopefully, the next few pages will assist people (without a proper science/research background) to “cultivate a better ‘research mind’” (Caldwell & Johnson, 2015): hopefully, no-one will be offended.

What is the Scientific Method?

The Scientific Method requires that any ‘propositions’ are **testable** and **repeatable**. A proposition, assertion or explanation is phrased, first as a **hypothesis**, and then that hypothesis is put to the test.

Theories (about practice) are a wider domain consisting of a system of interlocking hypotheses. The scientific method itself is characterized by observations (measurements), hypotheses (explanations), reasoning (logic), prediction (expectation), testing and assessing the results of the test: ‘Was our hypothesis correct?’ ‘Did we get it wrong?’ ‘Should we do more study?’ ‘Can (ideally) someone else replicate our findings?’

The output of all these processes will not yield any specific answers: a point that many people seeking “proof” – of their theories – find quite hard to accept. The scientific process does not give us proof, but rather, it is a gathering of a body of knowledge. This accumulating body of knowledge can improve our next set of predictions or hypotheses. Sources of uncertainty are gradually reduced and processes are increasingly understood.

As Thomas Kuhn (2012) pointed out in “The Structure of Scientific Revolutions”, theories may change, but the criterion for the establishment of the new theory is that it can explain (or predict) something which an earlier theory did not explain.

There exist general principles of scientific method that are applicable across all of the science's productivity and perspective. These general methodology principles involve deductive and inductive logic, probability, parsimony, and hypothesis testing as well as science's presuppositions, limitations, and bold claims of rationality and truth. ... One purpose [of this book] is to increase productivity by fostering a deep understanding of the general principles of scientific method. For instance, although few scientists are aware of this tremendous opportunity, parsimonious or simple models are often more accurate than their data, and this greater accuracy can increase repeatability, improve decisions, and accelerate progress. The other purpose is to enhance perspectives on science by interrelating the sciences and humanities. A humanities-rich version of science is more engaging and beneficial than a humanities-poor version." (Gauch, 2012, p. xii)

Thus, a method for reducing the uncertainty in prediction is one which consistently produces sound knowledge. Scientific knowledge does that. It is not based on 'gut sense', faith, or personal testimony. It is, rather, a set of methods designed to be unbiased and to lead to increasing valid knowledge on a given subject. It, therefore, stands to reason that 'scientific thinking' is a fundamental building block of most scientists, managers, engineers and other professionals – and, in particular, health-care professionals.

Unfortunately, this is not often the case. Many, perhaps even most, of those professionals are not taught the 'scientific method' properly: there are PhDs who have graduated from colleges of chemistry, physics and biology without ever having taken a course in the (scientific) method of designing a valid scientific experiment.

What is Scientific Thinking?

Scientific thinking is based on three things: **(a)** using empirical evidence (empiricism); **(b)** practicing logical reasoning (rationalism); and **(c)** possessing a skeptical attitude (skepticism) about current presumed knowledge that leads to attitudes like: self-questioning, holding only tentative conclusions, and not being dogmatic. Science is not merely a collection of facts, concepts, and useful ideas about nature and the world around us, nor even the systematic investigation of nature (although both are common definitions of science). Science is a way of investigating nature – a way of knowing about nature – that discovers reliable knowledge about it. In other words, science is a method of discovering reliable knowledge about nature.

Reliable knowledge is the knowledge that has a high probability of being true because its veracity has been justified by a reliable method and not just experience. Some people make a distinction between 'belief' and 'knowledge'; on the one hand, what one believes is one's knowledge; but the important distinction is whether one's knowledge or beliefs are 'true' (accurate) and, if true, are demonstrably true.

Every person – as from childhood - has some knowledge, some experience and some beliefs, but not all of each person's knowledge is reliably true and can be relied on (justified). In fact, most individuals believe in things that are untrue or unjustified or both: most people possess a lot of unreliable knowledge and, what's worse, they often act on the basis of that knowledge!

Other ways of 'knowing' (and there are many in addition to science), are not really reliable because their 'discovered' knowledge is not able to be justified. Science is a method that allows a person to possess – with the highest degree of certainty possible – reasonably reliable knowledge

(justified true belief) about nature and the world around us. The method used to justify knowledge ‘scientifically’, and thus make it reasonably reliable, is called the “scientific method”.

Empirical evidence is evidence that one can see, hear touch, taste, or smell; it is evidence that is susceptible to one's senses. Empirical evidence is important because it is evidence that others besides yourself can experience, and it is repeatable, so empirical evidence can be checked by yourself and others after knowledge claims are made by an individual. Empirical evidence is the only type of evidence that possesses these attributes and is, therefore, the only type used by scientists and critical thinkers to make vital decisions and reach sound conclusions.

Scientists and researchers always try to use logical reasoning. Logic helps people to reason correctly, but it is a complex topic and not easily learned; many books are devoted to explaining how to reason correctly, and we cannot go into the details here. However, most people do not reason logically, because they have never learned (been taught) how to do so. Logic is not an ability that humans are born with, nor one that will gradually develop and improve on its own, but it is a skill or discipline that must be learned within a formal educational environment. Emotional thinking, hopeful thinking, and wishful thinking are much more common than logical thinking because they are far easier and more congenial to human nature. Most individuals would rather believe something is true because they feel it is true, hope it is true, or wish it were true, rather than deny their emotions and accept that their beliefs are false or based on fallacies. (see also Kuhn, 2010)

What are the Basic Research Skills?

The basic research skills – to observe, measure, compare, contrast, organize, classify, analyze, infer, hypothesize, predict, experiment, evaluate, and apply, etc. – are all essential steps towards establishing better scientific thinking. These ‘process skills’ are a means for learning and are essential to the conduct of any ‘proper’ science. Perhaps the best way to teach process skills is to let students carry out scientific investigations and then to point out the process skills that they used in the course of their investigations. Look for and encourage the use of the following skills in your research:

Observing: An observation is simply a record of sensory experience. Observations are made using all five senses. Scientists use observation skills in collecting their data. Most observations are initially qualitative or quantitative.

Measuring: Measuring is the process of making observations that can be stated in numerical terms. All scientific measurements should be compared with that.

Comparing: Comparing involves assessing different objects, events, or outcomes for similarities. This skill allows students to recognize any commonality that exists between seemingly different situations. A companion skill to comparing is contrasting, in which objects, events, or outcomes are evaluated according to their differences.

Contrasting: Contrasting involves evaluating the ways in which objects, events, or outcomes are different. Contrasting is a way of finding subtle differences between otherwise similar objects, events, or outcomes.

Organizing: Organizing is the process of arranging data into a logical order so the information is easier to analyze and understand. The organizing process includes sequencing, grouping, and classifying data by making tables and charts, plotting graphs, and labeling diagrams.

Classifying: Classifying involves grouping items into like categories. Items can be classified at many different levels, from the very general to the very specific.

Analyzing: The ability to analyze is critical in science. Students use analysis to determine relationships between events, to identify the separate components of a system, to diagnose causes, and to determine the reliability of data.

Quantification: Is the process of using numbers to express observations rather than relying only on qualitative descriptions. This is possibly more precise and allows mathematical logic to be applied to the data.

Inferring: Inferring is the process of making explanations or interpretations based on our observations, or drawing conclusions, based on reasoning comparative experiences.

Hypothesizing: Hypothesizing is the process of developing testable explanations for phenomena. Testing either supports a hypothesis or refutes it.

Predicting: Predicting is the process of stating in advance the expected result of a tested hypothesis or making an educated guess about an outcome. A prediction that is accurate tends to support the hypothesis.

Experimenting: Given a problem; forming a hypothesis; predicting an outcome; testing the hypothesis, and evaluation of the hypothesis; are all parts of experimentation. Experimenting is also identifying and designing an appropriate experimental procedure to test a prediction or hypothesis. It includes understanding the limitations and scope of an experiment (for example, sample sizes, identification of variables, and measurement uncertainties)

Relationships: The process skill of relationships deals with the interaction of variables and assessing the influence – counter-influence between the variables.

Evaluating: An evaluation of the results of an experiment can assess its effectiveness

Application: The application of the results of the experimentation must then be translated in useful (clinical) practice in order to benefit humanity. Research findings are only as valuable as how well they can be put into practice to improve outcomes.

Communicating: All steps of the above process need to be communicated with others, often using ‘referents’ (terms the other person understands).

Part 2: Different Types of Appropriate BP Research

Introduction & Background

It is not ‘good enough’ nowadays just to say that “*All methods of psychotherapy are equally effective*” (viz: Rosenzweig’s (1936) ‘common factors’ theory)^[9]; and/or “*All deserve prizes*” (viz: Lambert’s 1992 ‘Dodo-bird’ conjecture)^[10] – as these hyperboles are much too much of being global statements and thus somewhat meaningless (rather like Epimenides’ paradoxical, “All Cretans are Liars”).

There are many different psychotherapeutic approaches (some lists record about 156^[11]; others report about 400^[12] – even though this second figure may be somewhat apocryphal) and these methods and modalities can be grouped into various “mainstreams”, with different criteria, categories, sub-categories, client groups and philosophical and epistemological backgrounds, etc.

However, one of the increasingly crucial points of differentiation is: the size of – and the type of – the “evidence-based” for that method or modality of psychotherapy. Of course, this is not indicative of anything in itself: some of the ‘newer’ methods will have (naturally) built up less of an evidence-base; and some of the older psychotherapy methods were not really interested in research (thus they carry a smaller evidence-base); and some of the more ‘prolific’ psychotherapies use an evidence-base that may be appropriate for them, but are not appropriate for many other psychotherapies – so, ultimately, numerical comparisons can be somewhat useless.

Psychotherapy Research

It is, therefore, becoming increasingly crucial and vital for all psychotherapeutic methods involving professional practice, and (no matter where, when, how, on whom, or by whom – the psychotherapy is applied) to have a sound and solid ‘research’ background, both with respect to theory, but also especially with respect to aspects of clinical practice. With the increasing pressures on global health service budgets, primarily from expanding and aging populations, there is an absolute necessity to be able to ‘prove’ (or demonstrate) both the ‘efficacy’ and ‘effectiveness’ of any particular form of ‘treatment’, using both qualitative and quantitative methodologies: ‘**efficacy**’ is the extent to which an intervention does more good than harm (under ideal circumstances), or it describes how a treatment performs in an idealized or controlled setting (usually, a clinical trial), i.e. **whether it ‘works’ or not**; ‘**effectiveness**’ assesses whether an intervention does more good than harm (when provided under usual circumstances of healthcare practice), or it describes how a treatment is used in a real-world setting where patient populations and other variables cannot be controlled, or (essentially) it describes **“how well it works”**.^[13]

This is especially relevant for the therapeutic and/or helping ‘professions’ – since the field is currently divided into so many different overlapping sectors and segments – all arguing the benefits

of their own particular form. In addition, there is the burdening spectrum of ‘Big Pharma’, busily churning out different pills and potions for different ‘diagnoses’. In one respect – possibly the only one – they are ‘way ahead’ of the psycho-sociological ‘therapeutic’ sector, as they have been forced to “prove” the effectiveness and efficacy of their ‘products’. This they do (mainly) by using randomized controlled trials (RCTs) comparing a random sample of people with a particular ‘problem’ or diagnosis, who are using the product and against a control sample of people with the same diagnosis, but who not using the product or using a placebo. This ‘scientific’ approach and method is in accordance with the established ‘scientific method’ for assessing such pharmaceutical ‘products’. That is ‘it’!

However, this principle and methodology have also become the basis for what is often being referred to as ‘Empirically Supported Therapies’ (ESTs).^[14] Unfortunately, these are – and always have been – impossible to control (or isolate) all the multiple variables in a person-to-person therapeutic encounter, let alone in an intense therapeutic relationship stretching over time, and especially with many encounters and different levels of emotional reactions.

The main proponents of using RCTs in therapy has been the numerous & various Cognitive Behavioural Therapies (CBT). By the process of ‘manualisation’ (doing the same thing, to different people, by different people, at different times), they have tried to introduce a scientific rigor to their methodology and their research. Unfortunately, all the different types of people with different types of problems cannot be placed into the format of ‘one-size-fits-all’; and people with dual-diagnoses (or multiple problems) cannot be used in such studies: something which is ‘conveniently’ and frequently overlooked.

There have been a number of different attempts to break this hegemony of the RCTs as being the ‘best’ (or ‘only’) form of appropriate research, especially for research into the more philosophical, psychological and sociological disciplines. At this point, it may be interesting to note that the ‘profession’ of psychology (and thus also of ‘psychotherapy’) are **not** classified within the ‘sector’ of the ‘Health Professions’, but in the ‘Legal, Social & Cultural Professions’, and – furthermore - in the sub-group of ‘Social & Religious Professionals’ (ESCO-08: 2634).^[15]

There is, therefore, a lot of confusion – probably / possibly deliberate – between ‘clinical psychology’, ‘psychotherapy’, ‘counselling’, and ‘psychological counselling’, and the ‘cognitive-behavioural therapies’ (CBT), which claims to have the ‘best’ (or ‘only’) evidence-based therapy, as the CBT’s empirical base has been founded on a very large number of randomised controlled trials (RCTs), each one for a single diagnosed category. Whilst all these studies may (possibly) show that CBT (and/or its variants) are somewhat more effective than a control group (where there has been no therapeutic input), or the ‘placebo effect’ (which can effect up to about 33%), RCTs are totally the ‘wrong’ method of assessing the efficacy or effectiveness of any proper psychotherapy. This is

because the impersonal ‘manualisation’ process (designed to ensure the possibility of repetitious effects) effectively eliminates the most ‘efficacious’ and ‘effective’ factor in therapy, which is ... the quality of the therapist-client relationship.

There are, as well, considerable ‘problems’ with the overlap between the professions of psychology and psychotherapy, and these vary considerably, depending on which side of the Atlantic Ocean you are standing, even though there are also different ‘laws’ and regulations about psychotherapy abound in different European countries.

In Europe, there is an increasingly strong initiative for the profession of psychotherapy to be seen as both different and separate from the professions of ‘psychology’ or ‘psychiatry’: this initiative is the *raison d’être* and the domain of the European Association of Psychotherapy (EAP).^[16]

The **Society for Psychotherapy Research** (SPR)^[17], backed by its excellent journal of now more than 25 years standing^[18], has helped to establish the wider – and separate – field of ‘psychotherapy’ (as opposed to the field of ‘psychiatry’ or ‘clinical psychology’), but very few articles about Body Psychotherapy (or somatically-based psychotherapies) have appeared in it: it is still quite RCT-oriented and RCTs are very expensive and difficult to carry out without substantial backing (financially and institutionally). This can be changed.

However, the final difficulty lies in the ‘gulf’ between research and practice: this gulf is found in many areas but is extremely poignant for the therapeutic professions. Earlier, the well-acclaimed (1994) *Handbook of Psychotherapy*, edited by such prominent UK-based figures such as Petruska Clarkson & Michael Pokorny, only had 23 pages (out of 542 – just about 4%) on “practitioner-research” in a chapter by Jenifer Wilson & Michael Barkham.^[19] The chapter starts:

“Psychotherapy practitioners are pragmatists, interested [only] in the theory and research which ‘fits’ with their current belief system and with their observations of their own practice. It is commonplace to bemoan the lack of interest shown by most practitioners in reading or using research findings.” (p. 49)

There has been a (more recently published) edited book: *Psychotherapy Research: Foundations, Process and Outcome* (Gelo, 2015), which builds on the previously published books by John McLeod, *Qualitative Research in Counselling & Psychotherapy* (Sage, 2011)^[20]; *An Introduction to Research in Counselling and Psychotherapy* (Sage, 2013); *Doing Research in Counselling and Psychotherapy* (Sage, 2014); and the book by Mick Cooper, *Essential Research Findings in Counselling and Psychotherapy: The Facts Are Friendly* (Sage, 2008)^[21], as well as the more detailed work of the SPR (as previously mentioned); but these books and articles are mostly written for psychotherapists that are interested in general research (a relative minority).

There is slightly more of an interest in modality-oriented and cross-modality research, but – again – most practitioners don’t do research and most researchers don’t have much contact with (or

understanding of) practitioners and/or of practitioner organizations. All these aspects provide a somewhat difficult and confusing background to the issue of science & research in the clinical practice of psychotherapy, and especially in the practice of Body Psychotherapy. There are also a number of other (more general) considerations:

(A) **The Professional (Core) Competencies of a European Psychotherapist** stipulates (in Domain 12) that: “A European Psychotherapist is *[needs to be]* competent to: -

- **§12.1: Be aware of psychotherapy research**
 - **12.1.1: Awareness of psychotherapy research:** which involves – recognising the value of research in the systematic evaluation of psychotherapy practice; being aware of what psychotherapy research has been done and how it impacts on current practice; being aware of different research parameters and methodologies; being aware of appropriate research methods, especially for one’s own modality of psychotherapy; etc.
 - **12.1.2: Make use of psychotherapy research:** which involves – having the ability to access sources of information from a wide range of resources (books, journals, internet, etc.) that can inform one’s practice; being able to evaluate research and other evidence to inform one’s own practice; utilising or adapting any significant and appropriate findings to improve one’s practice; changing one’s practice in the light of any newly evidenced developments; etc.”

These professional competencies would also – quite naturally – apply to any European professional Body Psychotherapist; and there have been some efforts (already made) to develop the [Specific] competencies of a Body Psychotherapist, but – as yet – nothing totally definitive has emerged, even though an excellent start was made by Boening, Westland & Southwell (2012), and there has also been a more recent ‘Italian’ initiative in 2018, but both of these are not definitive.

(B) Another set of considerations comes from Caldwell & Johnson’s (2012) article. This starts from a similar perspective: that – whilst there is often a ‘gulf’ between clinical practice and research (p. 28) – there are also some common principles, like ‘constructivism’ – especially in qualitative studies (p. 29); and ‘open-mindedness’ – healthy ‘scepticism’ and ‘transparency’ (p. 30); plus ‘inter-rater reliability’ (p. 31); as well as thinking systematically and critically. The authors therefore suggest a number of different ways (or possibilities) that can be used to ‘develop’ a (better) research mind (p. 33-34) ... “*which is highly related to a ‘clinical mind’*”. These can include relatively simple and easy methodologies, accessible by any practitioner and can also be done in collaboration with other practitioners (and researchers). Their observations are well-worth considering.

Body Psychotherapy Research

The first real indication that a ‘social’ (as opposed to a ‘medical’ or ‘health’ profession – such as psychotherapy) actually needed a substantive evidential research-base was when the European Association for Psychotherapy (EAP) ‘required’ all European mainstreams and modalities of

psychotherapy – represented by the various modality-based European Wide Organisations (EWO) – to have their methods “scientifically validated” by answering (in full) the EAP’s “15 Questions” about Scientific Validity.^[22]

This (new) ‘requirement’ was initially so astonishing a concept that the general reaction from the European psychotherapy community at the time was echoed by a published journal article (Young & Heller, 2000) exclaiming about the “Scientific ‘What’ of Psychotherapy” and claiming that ... “Psychotherapy was a ‘Craft’, not a ‘Science’ – but a ‘craft’ that was certainly informed by science, and possibly even (at some point) informing science”. This view is still valid.

Even now, this basic attitude towards research in and about psychotherapy (and especially from modality-oriented clinicians) has hardly changed during the last 20 years or so. There is still something of this (intellectual) ‘gulf’ between psychotherapy research and practice – and ... it is sometimes very difficult to differentiate whether such arguments are valid or just biased. When we come to examine Body Psychotherapy, it is probably the latter.

However, these EAP ‘15 Questions’ (on Scientific Validity) were actually proposed by a very well-known Body Psychotherapist and the founder of ‘Biosynthesis’, a recognised Body Psychotherapy modality, David Boadella,^[23] who was (at that time) also the chairperson of the EAP Scientific Validation sub-committee, and these 15 Questions were based (somewhat diplomatically) on an excellent compendium: *“Psychotherapies: eine neue Wissenschaft vom Menschen [The Psychotherapies: A new human science]*, edited by Alfred Pritz, which book was acclaimed as *“without doubt the best single book on psychotherapy as a human science, in any language”*.

These 15 Questions initiated an incredibly complex ‘socio-political’ and ‘professional’ process of validation and acceptance for a number of the (very different) European-based psychotherapeutic modalities, presented by their relevant professional associations and conducted through a process of self-assessment and peer-review within the European-Wide Organisations Committee (EWOC). So far, about 36 different modalities of psychotherapy have gone through (or have undergone) this process, with only about 3 modalities being rejected completely, and several were ‘required’ to provide further information and evidence before any final ‘validation’.

In 1999, EABP developed its submission for Body Psychotherapy – as a “mainstream” within psychotherapy,^[24] and (since then) a number of other Body Psychotherapeutic “modalities”: ‘within’ EABP: (firstly) Biosynthesis; (then) Hakomi; Biodynamic Psychotherapy; Bioenergetic-Analysis; Psycho-Organic Analysis; Bodydynamics; Unitive Psychotherapy; Character-Analytic Vegetotherapy; Postural-Integrative Psychotherapy; and also Concentrative Movement Psychotherapy, etc.; have **all** been similarly accepted by the EAP as being ‘scientifically-valid’.^[25] Some of the European professional associations representing different Body Psychotherapy modalities are also represented separately within EAP, rather than as subsidiaries of EABP.

All these different sets of ‘Answers’ to the 15 Questions could be used in a very interesting research project in its own right: comparing and contrasting how the different types of psychotherapy (or different types of Body Psychotherapy) consider the ‘scientific validity’ of their methodologies.

From a very different perspective, EABP’s ‘sister’ organization, the USABP, was founded in 1996 at a conference held in Beverley, MA; followed by (roughly) bi-annual conferences: 1998 in Boulder, CO; 2000 in Berkeley, CA; 2002 in Baltimore, PA; 2004 in Tuscon, AZ; and so forth. The (largely unadvertised) ‘Proceedings’ of these early conferences also added something (quite substantial) to the richness of available information about the Body Psychotherapy / Somatic Psychology “mainstreams” in the USA. However, there has – so far – been very little ‘organization’ and/or ‘collaboration’ between the different aspects (or components) of the ‘field’ of Body Psychotherapy or ‘Somatic Psychology’ (as it is often referred to in the USA, especially academically). Some excellent work has been done by Serge Pringle, interviewing a large number of people from different BP modalities (see Conversations^[26]).

Back in Europe, Michael Heller edited a (post-conference) book, *‘The Flesh of the Soul’*, based on the EABP 1999 Travemünde Congress,^[27] and another Body Psychotherapy Congress-based book followed, based on the UKCP 2004 Conference, *‘About a Body’*.^[28] Most recently, there was the book of the 2014 EABP Conference in Lisbon: *‘The Body in Relationship: Self – Other – Society’*, published by Body Psychotherapy Publications.^[29]

Prior to these BP conference publications, only the body-oriented psychotherapy journal, *Energy & Character*, with David Boadella as its publishing editor, in its several different incarnations, had been published continuously since the 1960’s, containing (mostly unedited) articles about the practice and theory of Body Psychotherapy, with – however – only a few articles that can be considered as ‘research’ articles: i.e. this canon cannot be counted as “research”. Otherwise, there were several other published ‘research’ articles, extant in several different places and in different (often quite short-lived) journals, that together provided some sort of a (very tenuous) start for a research-based (and/or evidence-based) for Body Psychotherapy.

The *‘EABP Bibliography of Body Psychotherapy’* was started in 1994 to bring together all of these different entries into an accessible and coherent whole. This Bibliography is now available online, with a search function that lists: titles, authors, languages, abstracts, and other relevant factual information, but this does not provide access to the actual published articles, chapters, books, tapes, films, and websites, etc. themselves. It has considerably more than 4,500 – 5,000 entries,^[30] and is steadily growing, almost exponentially. However, amongst the various different categories, a search that mentions ‘research’ (currently) reveals only: 173 books and chapters; 180 journal articles; 2 theses & dissertations; 26 conference papers; 10 films, tapes and videos; and 12 websites (i.e. only about 7.7% of the total).

A small selection of articles, pertinent to Body Psychotherapy science and research from sources such as these, were re-published into an edited book, *'About the Science of Body Psychotherapy'* (Young, 2012); and a significant number of other articles have also since been 'listed' (many with hyperlinks to the originals) on the EABP website (www.eabp.org) in the 'Research' section, which forms: *'The Research Base for Body Psychotherapy'*.^[31]

Given these considerations, there have only been a few RCT studies in Body Psychotherapy (Lowe *et al.*, 2001; Nickel *et al.*, 2006; Röhricht & Priebe, 2006; Lahman *et al.*, 2009; Lahman *et al.*, 2010; Röhricht, Papadopoulos & Priebe, 2013). These are listed on the EABP website under the tab: 'The evidence-base for Body Psychotherapy'.^[32] There have also been a few other 'proper' published research studies (e.g. Mattsson *et al.*, 1998; Monsen & Monsen, 2000; Allmer *et al.*, 2007; etc.) also listed on the EABP website.

There have also only been a few meta-studies about Body Psychotherapy research. John May published a 2005 review in the USABP Journal;^[33] there was another research article published (in 2006) in German;^[34] and the third article in 2009, by Frank Röhricht, in the Taylor & Francis peer-reviewed journal.^[35] This latest article was later extended into a chapter in the *Handbook of Body Psychotherapy & Somatic Psychology* (Marlock *et al.*, 2015).

The USABP Journal (under the editorship of Jacqueline Carleton) started publishing peer-reviewed articles on Body Psychotherapy in 2002. This journal has now been 'revamped' into the *International Body Psychotherapy Journal*.^[36] Subsequently, Taylor & Francis has published a journal, *Body, Movement & Dance in Psychotherapy*, that started in 2006.^[37] This is a properly peer-reviewed 'scientific' journal, which adds a more professional touch to this 'web' of more effective, properly peer-reviewed articles about the various science and research aspects of Body Psychotherapy. (NB: This journal publishes both a combination of Body Psychotherapy and Dance Movement Psychotherapy articles.)

As a more recent addition, in their own different ways, three or four major books about this particular mainstream of Body Psychotherapy have been published: *'The Emergence of Somatic Psychology & Body-Mind Therapy'*, by Barnaby B. Barratt (Palgrave Macmillan, 2010); Michael C. Heller's *'Body Psychotherapy: History, Concepts, Methods'* (W.W. Norton & Co, 2012); and *'The Handbook of Body Psychotherapy & Somatic Psychology'* (North Atlantic Books, 2015), edited by Gustel Marlock, Halko Weiss with Courtenay Young & Michael Soth.

This latter – fairly massive tome – is a totally new and revised edition of the original (2006) *'Handbuch der Körperpsychotherapie'* (published in German by Schattauer).^[38] The publication of this English-American edition of the *Handbook* in 2015 helped further to establish the 'field' of Body Psychotherapy and/or Somatic Psychology, especially in the USA and other (predominantly) English-speaking countries. This edition of the 'Handbook' is now being translated back into German.

Given all these different considerations, there have only been a few (scientific) RCT studies in Body Psychotherapy (Lowe *et al.*, 2001; Nickel *et al.*, 2006; Röhricht & Priebe, 2006; Lahman *et al.*, 2009; Lahman *et al.*, 2010; Röhricht, Papadopoulos & Priebe, 2013). These are listed on the EABP website under the tab: ‘The evidence-base for Body Psychotherapy’.^[39] There have also been a few other ‘proper’ published research studies (e.g. Mattsson *et al.*, 1998; Monsen & Monsen, 2000; Allmer *et al.*, 2007; etc.) also listed on the EABP website. This sort of listing – which is not complete – includes ‘Journal Articles (peer-reviewed) on other Body-Oriented Therapy Research Projects (mainly dance-movement and movement (psycho)therapy)’ and ‘Body Psychotherapy Research Articles – published in the USABP Journal’.

There have also been many other books and articles published recently – too numerous to mention here – and all of these should eventually become listed in the *EABP Bibliography* (and there is also a ‘self-entry’ function on the website database for anyone to add any new listings). However, it can be noted that, as with any or all of these ‘listings’, there has been no proper ‘evaluation’ of all these different and various (varied) entries and studies. We may not know that they exist, but we are not sure about how good all these ‘entries’ are.

EABP-SRC

All these sorts of initiatives within the ‘science and research’ of Body Psychotherapy helped towards the European Association for Body Psychotherapy (EABP) accepting a proposal to re-establish a Science & Research Committee (SRC) at the Congress and AGM in Vienna in 2010. What has developed since then – out of these activities – is presented and described herein.

There have been four ‘Scientific Symposia’, organized by the EABP-SRC, since then: one at the 2012 Congress in Cambridge, UK;^[40] one at the 2014 Congress in Lisbon, Portugal;^[41] one at the 2016 Congress in Athens, Greece^[42]; and the latest one at the 2018 Congress in Berlin^[43]. These ‘symposia’ have helped the Congress participants and – to a certain extent – EABP members to become (gradually) more aware of what research can mean to – and what types of research are appropriate for – Body Psychotherapy clinicians and practitioners.

Besides the ‘*EABP Bibliography of Body Psychotherapy*’ and ‘*About the Science of Body Psychotherapy*’, and – as mentioned – a number of other published articles (including those available on the EABP website) that all go towards establishing the current research-base of Body Psychotherapy. In addition, there have also been several attempts to develop other initiatives with respect to Body Psychotherapy research.

One of these initiatives was to try to set up a Body Psychotherapy Collaborative Practitioner Research Network (BP-CPRN) and this was hoped to ‘bridge’ something of the gap between research and practice: “[A CPRN] ... can transform perceptions of psychotherapy research, strengthen

connections between members, and encourage some continuous development and co-creation among participants”.[44] However, this initiative has – not yet – provided much activity.

In 2014, the SRC has since established a set of ‘Guidelines for Writing Body Psychotherapy Case Studies’ – a contribution towards research that any practitioner can easily undertake.[45] Several BP case studies were presented at the 2016 Scientific Symposium in the Athens EABP Congress there; and was then decided to extend this initiative into a new, specific (2018) publication on ‘*Body Psychotherapy Case Studies*’ prepared for the 2018 Berlin Congress.[46]

In this same ‘Scientific Symposium’ (at the 2018 Berlin EABP Congress), Christina Bader Johansson (another member of the EABP-SRC) presented on ‘Grounded Theory’ and Courtenay Young presented on ‘Case Studies’ being a legitimate form of research. He also presented the new edited book on Case Studies from Body Psychotherapy Publications.[34]

In 2017, the EABP-SRC also promoted a questionnaire for EABP members and other Body Psychotherapists about their interest in, and participation in, ‘research’ – and especially research pertaining to Body Psychotherapy. This provided something of a more factual basis for the broader picture about attitudes and interests regarding research, as well as about the knowledge and skills to do research from the Body Psychotherapy community. The results of this survey were presented in the Scientific Symposium at the Berlin 2018 EABP Congress by Biljana Jokic.[47]

One of the four sections in this 2017 survey enquired of (BP) participants about: (i) participation in training modules about research or experience of research methods and/or techniques during one’s training (Q.19); (ii) involvement in any research project about BP that includes one’s clinical work (Q.20); (iii) involvement in any kind of research project – designing a research study; designing a questionnaire/guide for an interview; videotaping a session for research; collecting data; statistical analysis; writing a research report based on quantitative data; or writing a case study.

A research article about this survey has since been submitted to the International Body Psychotherapy Journal in early 2019: ‘*Body Psychotherapy Practice and Research: A Survey Among Body Psychotherapy Practitioners*’ by Biljana Jokić (with Frank Röhricht and Courtenay Young).

All these different inputs about different aspects of Body Psychotherapy ‘research’ (to date) build on – and hopefully extend – the various previous initiatives that have been presented herein, and – on the basis of these presentations – several distinct types of research appropriate for clinical practitioners in the Body Psychotherapy community can be identified, relatively easily.

In the next part of this article, the focus shifts therefore towards achieving a better understanding of the current status of research within the whole of the Body Psychotherapy community; and also towards developing a ‘better’ Body Psychotherapy research culture. And, finally, this article points at certain challenges for future developments for research in and about Body Psychotherapy and the need for further – networking and capacity-building – types of research.

Part 3: Developing a Wider Research Culture

Research activities, within the European Body Psychotherapy community (as represented by EABP), are currently co-ordinated mostly by the EABP Science & Research Committee (SRC). There are also recently developed guidelines or protocols (still in the decision-making process) about how EABP could evaluate and promote any proposals for grants for Body Psychotherapy research – not that it has really ever put any money in its annual budget for research projects.

So far, the EABP – as an organization – has offered a “Body Psychotherapy Student Final Paper Award” every 2 years from 2012: the access-links (downloadable PDFs) to the papers themselves are available on the EABP website under the “Research” tab options.^[48] Hopefully these submissions will also (over time) help to build up the ‘research-base’ with fresh new material, and – will be published in other forms as well or built on further – especially if translated in English. The USABP also offers two “Alice K. Ladas Research Awards” biannually: one for “Outstanding Research in Advancing the Profession of Body Psychotherapy” and one for “Outstanding Research in Advancing the Profession of Body Psychotherapy by a Student”.^[49] The criteria for these are accessible, but (unfortunately) no further details are currently available.

The main focus of the EABP-SRC has – as mentioned – been on promoting the concept of Body Psychotherapy research and in promoting the concept of ‘bottom-up’ research, especially with projects by Body Psychotherapy practitioners, by Body Psychotherapy organizations and institutes, as well as by trying to create a collaborative practitioner-research network (CPRN).

With respect to this last point, the SRC has been attempting to form a growing network of Body Psychotherapy practitioners-researchers all over Europe – and also involving other countries and continents. All Body Psychotherapy researchers, trainers, trainees and practitioners are invited to initiate, to conduct, and to support any research activities in Body Psychotherapy. It is particularly worth pointing out that a growing number of people involved in Body Psychotherapy are also working with universities or cooperating with other researchers at universities. The Koemeda-Lutz (2006) study is such an example.

At this moment, the prospective ‘network’ includes people with potential affiliations with about 8-10 different universities, which will hopefully become an excellent starting point for more university-based and co-operational research activities. This last concept, whilst an excellent idea (see [here](#)^[50]), has not been taken up properly as yet, even though it was fairly strongly promoted by Sheila Butler (an original member of the EABP-SRC). The reasons for this lack of interest – if available – might help towards a practical understanding of the ‘gap’ between research and practice. But the development of such a potential community could be very promising.

It is necessary to go on trying to build, not only the capacity to do research, but also to improve the platform for sharing and disseminating Body Psychotherapy research. In order to reach out for

other participants, one has to look at the current status of research in the broader Body Psychotherapy community of national training and accrediting organizations. We will also need people to teach and develop Body Psychotherapy research, and these people will need to have ‘conventional’ qualifications (MA, PhD, etc.), as well as having undertaken a fairly eclectic BP training.

There are also some proposals starting to emerge for a wider – relatively straightforward, but longer term – ‘outcome’ survey on Body Psychotherapy to be conducted. Initially, these have been greeted conceptually, but there has also been a level of inertia and a lack of resources to implement this. Again, the reasons for this lack of interest – if available – might help further towards a practical understanding of the ‘gap’ or ‘gulf’ that exists between research and practice.

Psychotherapy Outcome Studies

A meta-analysis of nearly 400 psychotherapy outcome studies demonstrated convincingly that psychotherapy is more efficacious than not having therapy: *“On average, the typical therapy client is ‘better off’ than 75% of untreated individuals”* and *“Few important differences in effectiveness could be established among many quite different types of psychotherapy”* (Smith & Glass, 1977). Many more recent meta-studies have not changed these findings, though the emergence of an incredible plethora of Randomised Control Trials (RCT), largely coming from all the many variations of the Cognitive Behavioural Therapies (CBTs) has complicated the picture.

So, it is necessary to get something that is quite fundamental established **now!** CBT practitioners do not (really) consider themselves as “psychotherapists” – they don’t join in any ‘psychotherapy-based’ professional associations; they do not ‘experience’ the ‘therapy’ that they practice; they are more ‘technicians’ than therapists. That is not to say that they do not do "good work". Many of the people referred to them just need: **(i)** a perceptual change, or **(ii)** a behavioural modification, or (possibly) **(iii)** a chance to reflect with a professional on their personal difficulties. However, CBT also does not call itself a ‘psychotherapy’! Most “psychotherapists” do not consider CBT as a ‘psychotherapy’ – as it is more a series of techniques, performed by people who do not fully enter into a ‘psychotherapeutic’ relationship and the "subject–object mind-set" within CBT also does not allow for a ‘proper’ psychotherapeutic alliance type of relationship. So, when talking about ‘psychotherapy research’, we might have to consider what we mean by “psychotherapy”. However, this paper does not do that: it ‘assumes’ that we are talking about “Body Psychotherapy” and research into this ‘mainstream’ of psychotherapy.

Outcome research is just one form of research. It is – perhaps – one of the more significant forms of research that might be appropriate to Body Psychotherapy, as we are still – to a certain extent – trying to establish Body Psychotherapy as a legitimate psychological ‘treatment’. Any form of ‘treatment’ should have a clearly identified and attainable goal: *“The ultimate goal of [any*

psychological] treatment should be [better] interpersonal functioning that allows for pleasure, interdependence, and intimacy in relationships”.^[51] Looking at the totality of a person – their whole body-mind – as we do, we are – perhaps – not so interested in “symptom reduction”, but more in increased mental health and well-being. Yet most of the scientific literature on psychological outcome studies is largely based on average scores of symptom-based outcome measures, which also ignores individual differences – another possible reason for clinicians’ general lack of interest in research.

Mental health is multi-factorial and complex: it is influenced by a large number of things including our age, our genetic and family background, employment, education, relationships, living conditions, as well as a number of ‘life-style factors’ that include: diet, exercise, habits (such as alcohol & smoking), sexual health, social life, etc. Anxiety and depression are usually the resultant symptoms of almost overwhelming life stress (stressful events) and our ability or inability to cope with them. Psychotherapy – of any sort – is therefore interested, primarily, in helping the client/patient increase their adaptability and resilience to such stressful life events.

Psychotherapeutic interventions are multiple, relational, often non-verbal as well as verbal, and the style of the intervention (or skill of the therapist) is often as important than the intervention itself. The receptivity of the client/patient is also another major factor and (despite CBT’s rejection of the concept of both positive and negative transference) the type or quality of the interaction between the psychotherapist and the client/patient remains the most significant factor in any successful therapy.

In order to determine the ‘success’ of any type of psychotherapy, we must therefore look at the actual outcomes: and not just by way of what is measured in ‘symptom-reduction’, or single-symptom studies: as most people have more than one ‘symptom’. Neither can we use ‘double-blind’ studies, nor ‘control groups’, selective studies (which exclude certain types of issues), nor ‘comparative studies’ with different types of psychotherapies. We are therefore much more interested in looking at ...

Body Psychotherapy Outcome Research

This type of study requires a measurement of some sort ‘before’ the therapy starts and measurement – of a similar sort – at the end of the therapy. Ideally, the type of measurement should be fairly wide and not look at just one factor: anxiety, or depression, or symptom reduction, but more at a measurement of wider mental health, the level of problems the person is facing, their ability to function, and (perhaps) whether there is any significant ‘risk’ to be considered. We would – ideally – need to tap as wide a population of therapists and clients so as to get some significant results: a small number could only be done as a trial or sample study. There would also need to be a degree of homogeneity: i.e. not comparing apples with pears (or motor cars).

Given the fairly large number (about 650+) of EABP members (plus all the USABP Clinical Members, plus other possible clinical members) who have all been educated to roughly the same level, and nearly all practicing various forms of Body Psychotherapy (mostly in private practice), it seems eminently feasible to try to encourage as many as possible of such clinical practitioners to perform some collective ‘outcome research’ on Body Psychotherapy with their clients.

This could be done by using (something like) the UK-standard this CORE Information Management System (CORE-IMS)^[52] – a relatively simple ‘tick-box’ form (5-point Lickert scale, with 34 measures, over 4 domains: Well-Being; Problems; Functioning & Risk), for the client to fill in **before** the 1st and then (say) **before** every 3rd or 6th session. The CORE system already has a huge data-base of results mainly from UK-based NHS counseling & psychotherapy services for comparison, and this CORE-IMS system also has the advantage of being properly translated (with all its forms) into a great number of different languages.

This sort of Outcome Study, which only takes a client about 3 minutes to fill-in and then (later) about 3 minutes for the therapist to score, would probably show nearly all the clients’ scores improving steadily, which would – if done in sufficient numbers – give us some excellent evidence on the effectiveness of Body Psychotherapy, especially with the possibility of a follow-up form (at say 3-month and/or 6-months) – to show if the beneficial effects are lasting. There are further forms that can be used to enhance this form of outcome study. Such a study, spread over 10 or more European countries, as well as several other countries and continents, would clearly be able to establish the effectiveness of Body Psychotherapy in general, as well as the effectiveness of different Body Psychotherapy modalities. It can also demonstrate how well each practitioner and/or client is doing; given different circumstances and search criteria.

If such a ‘standard’ outcome form was also combined with (for example) a specifically body-oriented research study form, then we might also be able to demonstrate some of the physical and experiential changes that BP clients might have experienced/be experiencing during the progress (process) of their psychotherapy. A large study such as this could also help to generate other research studies in Body Psychotherapy.

Research activities and their outcomes are often presented at Body Psychotherapy conferences and in Body Psychotherapy journals, like the International Body Psychotherapy Journal (IBPJ)^[53]; the journal for Body, Movement & Dance in Psychotherapy,^[54] and – hopefully – ‘Psychotherapy Research’ (the Journal of the Society for Psychotherapy Research: SPR),^[55] but – let it be noted – very few research articles about Body Psychotherapy have been published in the SPR Journal. Occasionally, articles about Body Psychotherapy and/or Somatic Psychology may have also appeared in other non-specific-modality journals – for example, like in the International Journal of

Psychotherapy (Brenner *et al.*, 2006; Young, 2007; Young, 2009; Young & Steckler, 2007), but these are usually not research articles.

Some of the universities that have a Body Psychotherapy / Somatic Psychology degree and/or Master's degree and even Ph.D. doctoral programmes also have students that produce research articles, dissertations, and theses. Some of these documents have been published outside of the university (e.g. Matulaité, 2013), but – again – these sort of studies are relatively few and far between and often not very accessible (though ResearchGate is gaining in popularity and lists quite a number (c. 90+) of “Body Psychotherapy” articles, if you search under “Publications”).^[56] It is therefore probably that all of these sources could significantly add to the ‘research basis’ of Body Psychotherapy. But, what about improving the ‘culture’ of Body Psychotherapy research?

History of Body Psychotherapy Research

The original level of ‘research’ within Body Psychotherapy was almost non-existent: as was the initial concept of “Body Psychotherapy” (Young, 2012). There was – and still is – a considerable level of ‘differentiation’ between the different types (or ‘modalities’) of Body Psychotherapy, so many of the early research initiatives would have originally been confined to these modalities: e.g. ‘Bioenergetic Analysis’^[57], or ‘Orgonomy’^[58], or other modalities within what now is being considered as the wider ‘mainstream’ of Body Psychotherapy. It is difficult, without any proper evaluation, whether these early studies are useful. They were furthermore probably done without much ‘proper’ training in research – as research did not figure largely in the various modality-based Body Psychotherapy training courses; or they were done within such a tight modality-based framework that any results are not easily transferable to other modalities, or available to other modalities.

Equally, the topics were quite individualistic and idiosyncratic: there was no overall planning and the topics varied widely. Until they are all resourced (as described), then they cannot be searched, classified, or evaluated easily. One of the future ‘tasks’ of the EABP-SRC (or perhaps some student or graduate from a BP/SP university course) could use (something like) the *EABP Bibliography*, or the *Research-Base of Body Psychotherapy* to collate and evaluate these studies: then we can see whether there are any ‘holes’ and then start to do something about these.

Some of the topics of interest for research within the wider field of Body Psychotherapy and Somatic Psychology might include:

*** Effectiveness studies in ‘applied’ Body Psychotherapy**

- Process and outcome research in Body Psychotherapy
- Body Psychotherapy with (for example) women who have had experiences of violence
- Effectiveness and rehabilitation of depressive patients using Body Psychotherapy
- Body Psychotherapy and the treatment of obesity and/or eating disorders
- Body Psychotherapy with patients who suffer from substance abuse.

* **Research concerning training in Body Psychotherapy**

- The integration of research in the Body Psychotherapy training curriculum
- Training processes and the personal development of trainees
- A survey of different models of training in BP or within EABP
- The development of intuition and empathy in BP training

* **Research on theoretical foundations of Body Psychotherapy**

- Research on the identity, theory and methodology of Body Psychotherapy
- The integration of different perspectives of Body Psychotherapy
- The influence and meaning of Body Psychotherapy in the 20th & 21st century
- The inclusion of body-oriented awareness in other psychotherapies

However, the success of any one of these topics depends entirely on a significant number of people becoming interested and sufficient time, energy and money to be made available to achieve these.

Body Psychotherapy Case Studies

As has been noted, Case Studies are a legitimate form of qualitative research and have formed the historical basis of much psychotherapy ‘research’: only such studies can indicate what happens (or might have happened) behind the ‘closed door’ of the therapy room. There are a number of different forms of case study and they can serve a number of different purposes. There is also a certain uniqueness about case studies, as no-one except Body Psychotherapists (or their clients) can write a ‘proper’ Body Psychotherapy case study.

In 2014, the EABP-SRC produced some ‘Guidelines’ for writing Body Psychotherapy case studies (Young, 2014)^[34] and a couple of years later, helped to ‘sponsor’ the production of *Body Psychotherapy Case Studies* (Young, 2018). Hopefully, there will be several more similar volumes. But this is only one type of research and – in itself – does not really help towards establishing Body Psychotherapy as a legitimate form of psychotherapy; however, these case studies do help to inform others about Body Psychotherapy and how the body is seen and can be worked with in Body Psychotherapy. Case studies actually have considerable value – even though some ‘scientists’ will dismiss them as being insufficiently ‘objective’ (or too ‘subjective’) and thus do not form part of ‘proper’ science, which is ridiculous.

Status of Research in EABP

Another form of ‘improper’ science, but still of considerable interest, clinical research in Body Psychotherapy needs practitioners in Body Psychotherapy who are interested to share their practices and to engage as research practitioners: this can be done within a collaborative Body Psychotherapy research network. Apart from being a Body Psychotherapy practitioner, their roles – as researchers –

need to be developed and fostered. Several ‘requirements’ probably need to be met to enhance practitioner research amongst Body Psychotherapy therapists, trainers, and trainees:

- To acknowledge research as important for Body Psychotherapy practice,
- To get information about current research from journals, books, symposia etc.
- To engage in research training and to improve knowledge and skills,
- To participate in research activities and projects,
- To create networks of research practitioners and institutions,
- To present, publish and share results and experiences of research.

All these aspects of research are seen as essential (necessary, but not necessarily sufficient) for fostering a better research culture within a professional community of Body Psychotherapists. Since EABP is the main professional network of Body Psychotherapy training and accrediting organizations, it is necessary to understand better the current status of research in this community of practitioners, trainees, and trainers. Therefore, a survey was undertaken to determine the status of research in Body Psychotherapy (Jokic *et al.*, 2019).

In the survey, about 440 different practitioners from a number of different countries were able to express their experiences about research in Body Psychotherapy. There were about 18 preliminary questions about the respondent’s training, modality and practice.

They were then asked: (Q.19) Whether they had had any training about research methods and/or techniques? (Q.20) Whether they had been involved in any BP research project concerning their work with clients? (Q.21) Whether they had been involved in any kind of research project (i.e. designed a research study; designed a questionnaire for an interview; video-taped a session for research; collected data; analyzed statistics; written a research report; or written a case study)? (Q.22) Whether their place of employment had an institutional review board or other committees to oversee research projects? (Q.23) Had they ever sent a research article to a journal for publication? (Q.24) Had they ever had a research article published in a journal? (Q.25) Whether they read research papers (regularly; periodically; rarely; almost never)? Then, there were a number of questions/statements focusing on attitude, interest, information and competence regarding research in Body Psychotherapy that were rated.

This sort of overview helps to determine the current status of research in Body Psychotherapy and thus give a good ‘ground’ to discuss further what might be needed in order to strengthen the role of Body Psychotherapy research as an important part of their ‘normal’ professional practice. There are – almost certainly – significant numbers of Body Psychotherapy practitioners doing whatever they were taught to do, without thinking about it

Given this limited space in this article, something of an overall picture of this piece of research was presented first. Subsequently, the focus was more specific on the actual practitioners in Body Psychotherapy. Research in the profession of Body Psychotherapy is generally seen as being very

important and meaningful for Body Psychotherapists at all levels. Interest in doing research seems to be slightly lower but is still above average. Information about research was rated in the middle of the scale, and competence in research was reported below average, across all groups of trainers, practitioners and trainees in Body Psychotherapy.

On the basis of the data available, and by the help of cluster analysis, three distinct research roles or identities can be discovered within the Body Psychotherapy community (as surveyed). These different research roles show a specific profile regarding the chosen four variables: (1) acknowledging the importance of research for the profession; (2) interest in doing Body Psychotherapy research; (3) the level of information about research; and (4) the research competence of the Body Psychotherapist. According to this form of self-report from Body Psychotherapists, three different relationships to research can be described:

- The “research-practitioner” includes practicing Body Psychotherapists who see research as important. They could describe themselves as interested, competent and well-informed about research.
- The “research-learner” includes Body Psychotherapists who see themselves as not very well-informed about current research in Body Psychotherapy, and they also describe themselves as not having enough research competencies. However, they see research not only as very important, but they are also very interested to learn how to engage in research. They would like to acquire competences in research.
- The “research-distant” includes Body Psychotherapists who say that research is more or less important, but they describe themselves as not very well-informed, nor competent in research. They express very little interest in Body Psychotherapy research and thus tend to avoid research.

One also has to bear in mind that the proportion of those who might be classified as “research distant” might – in reality – be much higher. If somebody is not interested in research, he or she is thus more likely not to have responded to the questionnaire, as opposed to others who may have interest in research. Taking this bias into account, it is nonetheless important to highlight that there is a significant potential of interest and competence in research, expressed by the data.

Since it is assumed that trainers in Body Psychotherapy would normally play a key role in supporting trainees to develop their professional identities as Body Psychotherapists, which includes (or should now include) a scientific and research-informed basis about their professional practice, it is therefore necessary for such trainers to have some experience and understanding of appropriate Body Psychotherapy research. Some results of the survey indicate how practitioners could have: (a) participated as a counselor or psychotherapist in a research project; (b) participated as a researcher in a research project, or (c) conducted their own research project.

Participating in research – as a potential practitioner, or as a trainer – means taking the opportunity to study and investigate actual Body Psychotherapy practice, systematically. Body

Psychotherapy practitioners can participate in both small or large-scale studies, or they can become part of research conducted within health service institutions or smaller-scale therapy centers. Since Body Psychotherapy trainers are seen as crucial for helping trainees to acquire positive attitudes towards research in Body Psychotherapy, a focus should be taken on the research experience of Body Psychotherapy trainers, as well as by introducing a research module about appropriate BP research into the 'normal' modality-based BP training (see "Possible Contents of a Scientific & Research Module", (Young *et al.*, 2018)).

The survey also gave us an insight as to how many Body Psychotherapy practitioners have already participated in a research project. However, the survey also showed that a significant number of BP practitioners have never participated in any research processes or projects. Some have participated only once or twice in research; whereas only a small minority of Body Psychotherapy practitioners have participated either several times, or often, in research projects.

Finally, this survey showed that the research participation of Body Psychotherapists is relatively low. Given the fact that many practitioners see themselves as 'ready' to do research, the 'actual' participation in research is not as high as the self-reported levels of 'competence' and interest in doing research might suggest. This could indicate a willingness to participate, but only a few actual opportunities being offered.

The role of the BP professional associations (like EABP, EABS^[59], EFBA-P,^[60] EAPOA^[61], etc.) becomes extremely significant here as they could easily promote some forms of research (as outlined) amongst their members.

Discussion

The results of this recent EABP-SRC survey about research underlines that research is seen as very important for the profession of Body Psychotherapy and that there is an interest in learning and participating in research projects within the various groups of trainers, trainees, and practitioners. However, there is still a lack of real research experience and information about possible research opportunities within the field of Body Psychotherapy

The results of this survey also showed that – on the one hand – there is a considerably strong group, who see themselves as well prepared to conduct research or as interested and motivated learners, but – on the other hand – it is shown that real research experiences are not often reported. This gap – between a positive attitude and interest towards research and a lack of real research experience or opportunity – can be interpreted as **(a)** either the tendency of just giving socially expected answers; or **(b)** showing real potential for research, which can be developed in the future.

If a research culture in Body Psychotherapy is to be developed further, a number of different research activities or opportunities on different levels will be needed. The survey also displayed that

– for many practitioners – research knowledge and research skills really have to (must) be improved. This can only really be done with help from the various professional associations: therefore, more opportunities to participate and engage in research activities should (must) be offered. This could be done: **(a)** by creating and promoting Clinical Practitioner Research Networks (CPRN), or **(b)** by conducting more research projects (e.g. case studies, outcome research, ‘prizes’ for dissertations, etc.); and also **(c)** by encouraging / requiring members to get some ‘necessary’ Continuing Professional Development (CPD) credits in this area of ‘science & research’.^[62]

Lastly, the results suggest that information about research and training in research has to be addressed much better from within the training curriculum. If trainees get an opportunity to reflect upon, and to learn about, Body Psychotherapy from the perspective of a research-practitioner early enough in their training and practice, they will then – step-by-step – acquire significant research competencies (starting out from the beginning of their training and may thus become more competent throughout their working career).

There is – therefore – a very significant proposal coming from the EABP-SRC, currently going to the FORUM of Body Psychotherapy and the Council of National Associations, to develop a generic training module about BP science and research that will become integrated into the usual BP 4-year training curriculum, irrespective of the different BP modalities. Such a module will be designed so as to be taught at the same level as a university Master’s degree. This is a revolutionary new concept and also quite a different type of intervention – an inclusion of some specific content into all aspects of training, rather than just requiring the training school to achieve normal ‘training standards’.

By educating Body Psychotherapists to become concerned with identifying the ‘factors’ (for example) particularly related to psychotherapeutic change, they may also acquire a number of practical hints which can be recommended for ‘better’ process, and as well as doing some outcome research, leading to more cost-efficient learning and practice. It can therefore be contended that – possibly – only research-oriented practitioners can do qualitative research, which may go towards improving their effectiveness, which is much more significant to their clinical practice, as opposed to quantitative research, which is possibly more concerned with overall efficacy and uses data collection methods beyond the scope of individual practitioners.

*“As change is multi-faceted, it is undesirable to rely on any single measure of change. To obtain an understanding of a particular outcome, it is generally best to employ more than one measure. For example, a phenomenon which is tapped only by a single measure will be extremely vulnerable to the specific ‘noise’, and unreliability carried by that one measure and findings may be an artefact of that one measure. Without the availability of a parallel measure, it is sometimes difficult to unravel this problem. Another issue concerns the frequency with which any phenomenon is tapped. A simple rule is to measure as often as possible. Two reasons underlie this rationale. First, how a particular measure performs can be better understood the more often it is used. Secondly, in line with current psychotherapy research, practitioner-scientists should be tapping the **process** of change.*

By implication, a measure used only once or twice (that is pre- and post- psychotherapy) is unlikely to summarise adequately any process of change. ...”

“Thirdly, we would recommend the adoption of multiple methodologies (that is, methodological pluralism). Psychotherapy research is unlikely to be sufficiently informed by practitioner-scientists selecting on principle [just] one approach rather than another. Differing psychotherapeutic approaches are tools employed towards enabling clients to achieve improved well-being. The issue is being able to select a method or approach which is most appropriate to the phenomenon under investigation. And fourthly, we would encourage piloting of any procedures: implementing what may seem a very simple and straightforward evaluation procedure can throw up unforeseen obstacles. Often, the introduction of smaller components of a study in stages enables the evaluation of whichever aspect of the study is causing difficulties in implementation.” (Wilson & Barkham, 1994, p. 65-66)

Some of the more common ‘quantitative’ research methods, involving large amounts of data collection, are usually outside of the possibilities of any single practitioner, or of a smaller training organization; therefore, it would be necessary to utilize the wider multi-modal facilities of national professional psychotherapy associations and larger international modality-based psychotherapy associations to demonstrate the efficacy of any (body-oriented) psychotherapeutic method. However, whilst the research-design of (say) a large outcome study can be undertaken relatively easily by an individual practitioner, the research only really comes into value by the organization of and collection of lots of similar data, and the size and significance of such a project depends on the overall numbers of individual participants and also the number of (client) data ‘sets’ that each participant contributes.

Conclusions

This article can hopefully become a good starting point with which to reflect upon the importance of developing clinical research in Body Psychotherapy and introducing appropriate training about research into Body Psychotherapy training organizations, into different modalities, and in different countries. In all the various ‘modality-based’ BP organizations, associations and sub-groups, considerable and sustained efforts will also be needed to strengthen the role of appropriate ‘practitioner-based’ research into modern, professional Body Psychotherapy practice.

The whole concept of research, therefore, has to be addressed explicitly both by currently practising Body Psychotherapists, as well as within the various Body Psychotherapy training organizations and their training curricula. The scientific literature on Body Psychotherapy and body-oriented therapies – and on many specific topics of interest to such – can be selected, added to and made available in order to further education and practice critical reading, not only just of BP theories and concepts, but also of various empirical studies on the discussed issues.

Furthermore, Body Psychotherapy trainees once educated in appropriate research, can easily learn and practice basic methods of inquiry: for example, in interviewing or creating appropriate

feedback questionnaires, which they can then apply with their clients. Specific qualitative and quantitative research competencies need to be understood during their training – and then practiced – in order to evaluate or investigate Body Psychotherapy activities. Connections with other reflective and investigative processes – like supervision – can easily be established and used for small scale inquiries in specific topics of interest. The regular use of standard ‘outcome’ measures – especially if co-ordinated across modalities and in different countries – can also be used to demonstrate the effectiveness of Body Psychotherapy.

All these integrated ‘research’ activities – especially during BP training – would also require Body Psychotherapy trainers to have had some basic knowledge and competencies in the field of research. Opportunities for getting further training – especially with respect to training people in research competencies – should, therefore, be offered by Body Psychotherapy associations and organizations in a way that takes in all the different needs in the various sub-groups (or modalities) into account.

A Body Psychotherapy training organization that is ready to introduce an appropriate research module into their Body Psychotherapy training courses may have a need to share ideas with other Body Psychotherapy training organizations about how to integrate such a ‘standardized’ research module into their different training courses. They might also be interested in sharing appropriate and easy-to-use research tools and procedures, or literature on Body Psychotherapy research, with other organizations.

Trainers (who might consider themselves as ‘learners’ in this area) might also be more interested in getting specific training on research skills and methods in counselling and psychotherapy. Trainers, who are more ‘distant’ with regards to research, might need more space and time in which to discuss any of their concerns or worries. Others might just – initially – be somewhat insecure about ‘research’ and might try to avoid it, essentially (and perhaps only) because they never had a proper opportunity to receive good training in research, or to introduce research activities into their Body Psychotherapy practice. These colleagues might also need to consider a more ‘in-depth’ reflection about the role of research for their profession, especially in ways that were not shameful or threatening to their already ‘expert’ status as an experienced Body Psychotherapy practitioner.

Even though research still plays a relatively minor role within the whole field of Body Psychotherapy, there are some definite potentials for further development, some of which have been identified here. It seems that a relatively high proportion of the Body Psychotherapy practitioners have some competences and have expressed some interest in doing research, but only a few have yet initiated anything practically or communally. New initiatives can be proposed on an individual level but would probably be more effective on an institutional or organizational level – like establishing co-operational activities with (perhaps) appropriately university-based research institutions; or

participating in international collaborative research projects, initiated by the relevant professional associations.

This extended article is dedicated to the memory of **Christa D. Ventling**, an indefatigable Body Psychotherapy practitioner (from Bioenergetic Analysis), feminist supporter, and international researcher, who sadly died in November 2018 in Basel, Switzerland.

It is also dedicated to the memory of **Joop Valstar**, past-President of EABP, and a member of the EABP-SRC for several years (2010-2016), who 'hosted' many Board, Committee and SRC meetings in his beautiful house in central Amsterdam. He died peacefully and elegantly in May, 2018.

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He has also been: the initiator of the EABP Bibliography of Body Psychotherapy; the lead writer for the EABP's 'Answers' to the EAP's 15 Questions about Scientific Validity; the lead writer of the EAP Project to Establish the Professional Competencies of a European Psychotherapist; the English editor for the "*Handbook of Body Psychotherapy & Somatic Psychology*"; and the founder of (and the editor of several books from) Body Psychotherapy Publications.

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Herbert Grassmann is the Chair of the European Association for Body Psychotherapy's Committee for Science and Research, and was formerly on the EABP's Board of Directors. His extensive record of research has emphasized both on developing and evaluating interpersonal-neurobiological models, and on bridging the gap between attachment and dissociation theories with a somatically focused model of trauma therapy. He is a highly experienced clinician with a speciality in body psychotherapy, founder of the SKT Institute (for Structural Core Therapy and Somatic Memory) and Director of the European Institute for Somatic Trauma Therapy, as well as the International Association for Structural Integration. As a social anthropologist trained at the Universidad de Guadalajara and as a trauma specialist, he has presented trainings on the treatment of trauma in South America (Brazil, Colombia, Mexico), especially focusing on the phenomena of domestic violence and chronic pain. With his background in both psychotherapy and somatics (including Gestalt, Systemic approaches, Hakomi, Somatic Experiencing and Ida Rolf's heritage of Structural Integration), Dr Grassmann currently leads training programs for corporations. He is author of numerous articles, as well as a popular book on relationship and psychotherapy, "*Zwei im Einklang*" ("*Two in Harmony*"). Professor of Psychosocial Studies and Bodymind Healing; Fellow, Parkmore Institute, he has an eminent reputation internationally for his research and teaching in the area of trauma and memory.

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References

Boening, M., Westland, G. & Southwell, C. (2012). *Body Psychotherapy Competencies*.
www.eabp.org/pdf/BodyPsychotherapyCompetencies.pdf

- Brenner, J., Peleg, I., Shimonov, M., Shwartz, D.K., Ravinda, O., & Ben Shahaar, A.R. (2010). Effectiveness of Body Mind Therapy of Cancer Patients receiving chemical treatment. *International Journal of Psychotherapy*, Vol. 14, No. 2, pp. 49-66.
- Caldwell, C. & Johnson, R. (2012). Research 101 for Body Psychotherapists: Cultivating a Somatically- Informed Research Mind. In: C. Young (Ed.), *About the Science of Body Psychotherapy*, (pp. 27-35). Galashiels, Scotland: Body Psychotherapy Publications.
- Caldwell, C. & Johnson, R. (2012). Research 101 for Body Psychotherapists: Cultivating a Somatically- Informed Research Mind. *International Body Psychotherapy Journal*, Vol. 14, No. 2, pp. 47-54.
- Clarkson, P. & Pokorny, M. (Eds.) (1994). *Handbook of Psychotherapy*. Hove, UK: Routledge, Taylor & Francis.
- Cooper, M. (2008). *Essential Research Findings in Counselling and Psychotherapy*. London, Sage.
- Gauch, H.G. (2012). *Scientific Method in Brief*. Cambridge, UK: Cambridge University Press.
- Gelo, O.C.G., Pritz, A. & Rieken, B. (2015). *Psychotherapy Research: Foundations, Process and Outcome*. Vienna: Springer-Verlag.
- Jokic, B., Röhricht, F. & Young, C. (2019). Body Psychotherapy Practice and Research: A Survey Among Body Psychotherapy Practitioners. *International Body Psychotherapy Journal (in press)*.
- Koemeda-Lutz M., Kaschke, M., Revenstorf, D., Schermann, T., Weiss, H. & Soeder, U. (2006). Evaluation der Wirksamkeit von ambulanten Körperpsychotherapien - EWAK. Eine Multizenterstudie in Deutschland und der Schweiz [Evaluation of the efficacy of outpatient body psychotherapies - EWAK. A multi-center study in Germany and Switzerland]. *Psychotherapie Psychosomatik medizinische Psychologie*, 56, pp. 1-8.
- Kuhn, D. (2010). What is Scientific Thinking and How Does it Develop? In: U. Goswami (Ed.), *Handbook of Childhood Cognitive Development (2nd edition)* (Oxford, UK: Blackwell) Accessed 5-Feb, 2019: www.educationforthinking.org/sites/default/files/pdf/05-02WhatIsScientificThinking.pdf
- Kuhn, T.S. (2012). *The Structure of Scientific Revolutions: 50th Anniversary Edition*. Chicago: University of Chicago Press.
- Lahmann, C., Nickel, M., Schuster, T., Sauer, N., Ronel, J., Noll-Hussong, M., Nickel, M., Tritt, K., Nowak, D., Röhricht, F. & Loew, T.H. (2009). Functional Relaxation and Hypnotherapeutic Intervention as Complementary Therapy in Asthma: a randomized, controlled clinical trial. *Psychotherapy and Psychosomatics*, 78, pp. 233-239.
- Lahmann, C., Röhricht, F., Sauer, N., Ronel, J., Noll-Hussong, M., Henrich, G., Nickel, M., Tritt, K. & Loew, T.H. (2010). Functional relaxation as complementary therapy in irritable bowel syndrome: a randomized, controlled clinical trial. *Journal of Alternative and Complementary Medicine*, 16, 1, pp. 47-52.
- Loew, T.H., Tritt, K., Siegfried, W., Bohmann, H., Martus, P. & Hahn, E.G. (2001). Efficacy of 'functional relaxation' in comparison to terbutalin and a 'placebo relaxation' method in patients with acute asthma: A randomised, prospective, controlled, crossover experimental investigation. *Psychotherapy and Psychosomatics*, 70, pp. 151-157.
- Marlock, G., Weiss, H., with Young C. & Soth, M. (Eds.) (2015). *The Handbook of Body Psychotherapy & Somatic Psychology*. Berkeley, CA: North Atlantic Books.
- Matulaité, A. (2013). 'Your Body Just Goes Bananas': Embodied Experience of Pregnancy.
- McLeod, J. (2011). *Qualitative Research in Counselling & Psychotherapy*. London, Sage.

- McLeod, J. (2013). *An Introduction to Research in Counselling and Psychotherapy*. London, Sage.
- McLeod, J. (2014). *Doing Research in Counselling and Psychotherapy*. London, Sage.
- Monsen, K. & Monsen, J.T. (2000). Chronic pain and psychodynamic body therapy: A controlled outcome study. *Psychotherapy: Theory Research Practice Training*, 37, pp. 257-269.
- Muller-Hofer, B., Geiser, C., Juchli, E. & Laireiter, A.R. (2003). Client-centered body psychotherapy (GFK): An effectiveness study. *Psychotherapie Forum*, 11, pp. 80-91.
- Nickel, M., Cangoez, B., Bachler, E., Muehlbacher, M., Lojewski, N., Mueller-Rabe, N., Mitterlehner, F., Egger, C., Leiberich, P., Rother, N., Buschmann, W., Kettler, C., Gil, F., Lahmann, C., Fartacek, R., Rother, W., Loew T.H. & Nickel, C. (2006). Bioenergetic exercises in inpatient treatment of Turkish immigrants with chronic somatoform disorders: A randomized, controlled study. *Journal of Psychosomatic Research*, 61, pp. 507-513.
- Röhrich, F. & Priebe, S. (2006). Effect of body oriented psychological therapy on negative symptoms in schizophrenia: a randomised controlled trial. *Psychological Medicine*, 36, pp. 669-678.
- Röhrich, F., Papadopoulos, N. & Priebe, S. (2013). An exploratory randomized controlled trial of body psychotherapy for patients with chronic depression. *Journal of Affective Disorders*, 151, pp. 85-91.
- Smith, M.L. & Glass, G.V. (1977). Meta-Analysis of Psychotherapy Outcome Studies. *American Psychologist*, 32(9), pp. 752-760.
- Ventling, C.D. (Ed.) (2002). *Body Psychotherapy in Progressive & Chronic Disorders*. Basel, CH: Karger.
- Ventling, C.D. (2002). Efficacy of Bioenergetic Therapies and Stability of the Therapeutic Result: A retrospective investigation. *USABP Journal*, Vol. 1, No. 2, pp. 5-17.
- Wilson, J.E. & Barkham, M. (1994). A practitioner-scientist approach to psychotherapy process and outcome research. In: P. Clarkson & M. Pokorny, *The Handbook of Psychotherapy*, (pp. 49-72). London: Routledge.
- 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. (2007). The Power of Touch in Psychotherapy. *International Journal of Psychotherapy*, Vol. 11, No. 3, pp. 15-24.
- Young, C. (2008). Re-Balancing the Autonomic Nervous System. *International Journal of Psychotherapy*, Vol. 12, No. 2, pp. 24-35.
- Young, C. (Ed.) (2012). *About the Science of Body Psychotherapy*. Galashiels, Scotland: Body Psychotherapy Publications.
- Young, C. (Ed.) (2014). *The Body in Relationship: Self – Other – Society*. Galashiels, Scotland: Body Psychotherapy Publications.
- Young, C. (Ed.) (2018). *Body Psychotherapy Case Studies*. Galashiels, Scotland: Body Psychotherapy Publications.
- Young, C. & Steckler, L. (2009). Depression & Body Psychotherapy. *International Journal of Psychotherapy*, Vol. 13, No. 2, pp. 32-43.

Endnotes:

- ¹ This article was conceived, based on one with a very similar title by Hannes Kraal (but that article referred instead to Psychodrama), which appeared in the *International Journal of Psychotherapy*, June 2017, No. 2, pp. 67-78.
- ² Body Psychotherapy Competencies (2012): www.eabp.org/pdf/BodyPsychotherapyCompetencies.pdf
- ³ “Psyche” here means: soul, persona, sense of personal identity, etc.
- ⁴ This short introduction is condensed out of the “Basic Curriculum for Body Psychotherapy”, approved by the general meeting of the German Association of Body Psychotherapy on 22nd September 2011.
- ⁵ ‘What Is Body Psychotherapy? A European perspective’: www.eabp.org/docs/WhatIsBodyPsychotherapy.pdf
- ⁶ Common Ground in Body Psychotherapy: A dialogue and debate.
www.eabp.org/docs/CommonGroundBodyPsychotherapy.pdf
- ⁷ Definition of Body Psychotherapy: www.usabp.org/Definition-of-Body-Psychotherapy/
- ⁸ Body Psychotherapy vs. Somatic Psychology: www.usabp.org/Body-Psychotherapy-versus-Somatic-Psychology/
- ⁹ Rosenzweig, S. (1936). Some implicit common factors in diverse methods of psychotherapy. *American Journal of Orthopsychiatry*, 6, 412-415.
- ¹⁰ Lambert, M (1992). Implications for outcome research for psychotherapy integration. In: J.C. Norcross & M.R. Goldstein, *Handbook of Psychotherapy Integration*, (pp. 94–129). New York: Basic Books.
- ¹¹ Different types of psychotherapy: en.wikipedia.org/wiki/List_of_psychotherapies
- ¹² Different types of psychotherapy: www.psychologytoday.com/intl/therapy-types/integrative-therapy
- ¹³ Efficacy vs. Effectiveness: see: www.ncbi.nlm.nih.gov/pmc/articles/PMC3726789/ or www.managedcaremag.com/archives/2013/1/effectivenessefficacy-difference-too-often-ignored.
- ¹⁴ Empirically Supported Therapies (EST): see Chambless, D.L. & Hollon, S.D. (1998). "Defining empirically supported therapies", *Journal of Consulting and Clinical Psychology*, 66, pp. 7–18.
- ¹⁵ ESCO-08: Code 2634: ec.europa.eu/esco/portal/occupation
- ¹⁶ European Association of Psychotherapy: www.europsyche.org
- ¹⁷ Society for Psychotherapy Research (SPR): www.psychotherapyresearch.org
- ¹⁸ Society for Psychotherapy Research (SPR) Journal: founded in 1991:
www.psychotherapyresearch.org/general/custom.asp?page=SPRJournal
- ¹⁹ Wilson, J.E. & Barkham, M. (1994). A practitioner-scientist approach to psychotherapy process and outcome research. In: P. Clarkson & M. Pokorny, *The Handbook of Psychotherapy*, (pp. 49-72). London: Routledge.
- ²⁰ McLeod, J. (2001). *Qualitative Research in Counselling & Psychotherapy*. London; Sage.
- ²¹ Cooper, M. (2008). *Essential Research Findings in Counselling and Psychotherapy*.
- ²² The EAP’s 15 Questions about the ‘Scientific Validity’ of Methods and Modalities of Psychotherapy:
www.psychotherapy-competency.eu/Documents/EAP_15_Questions.pdf
- ²³ Boadella, D. (1987). *Lifestreams: An introduction to Biosynthesis*. Hove, UK: Routledge.
- ²⁴ The 1999 Answers to EAP’s 15 Questions about the Scientific Validity of Body Psychotherapy:
www.eabp.org/backup/scient/scientific_validity.htm
- ²⁵ The Scientific Validity of Body Psychotherapy:
www.eabp.org/docs/about/Scientific%20Validity%20of%20Body%20Psychotherapy.pdf
- ²⁶ Serge Prengel’s Somatic Perspectives: www.somaticperspectives.com
- ²⁷ Heller, M.C. (Ed.) (2001). *The Flesh of the Soul: The body we work with*. (Berne: Peter Lang AG).
- ²⁸ Corrigan, J., Payne, H. & Wilkinson, H. (Eds.) (2005). *About a Body: Working with the embodied mind in psychotherapy*. (Hove, UK: Routledge)
- ²⁹ Body Psychotherapy Publications: www.bodypsychotherapypublications.com
- ³⁰ EABP Bibliography of Body Psychotherapy: www.eabp.org/bibliography

³¹ The Research Base for Body Psychotherapy: www.eabp.org/research-evidence.php

³² The evidence-base for Body Psychotherapy: www.eabp.org/research-evidence.php

³³ May, J. (2005). The Outcome of Body Psychotherapy Research. *USABP Journal Vol 4, No 2, pp. 93-115.*

³⁴ Loew, T.H., Tritt, K., Lahmann, C. & Röhricht, F. (2006). Körperpsychotherapien - wissenschaftlich begründet? Eine Übersicht über empirisch evaluierte Körperpsychotherapieverfahren. [Body Psychotherapy – scientifically proved? An overview of empirically evaluated body oriented psychological therapies.] *Psychodynamische Psychotherapie, 5, pp. 6-19.*

³⁵ Röhricht, F. (2009). Body oriented psychotherapy. The state of the art in empirical research and evidence-based practice: A clinical perspective. *J. of Body, Movement & Dance in Psychotherapy, Vol. 4, No. 2, pp. 135-156.*

³⁶ International Body Psychotherapy Journal: www.ibpj.org

³⁷ Body, Movement & Dance in Psychotherapy journal: www.tandfonline.com/loi/tbmd20

³⁸ Marlock, G. & Weiss, H. (Eds.) (2006). *Handbuch der Körperpsychotherapie*. Stuttgart: Schattauer.

³⁹ The evidence-base for Body Psychotherapy: www.eabp.org/research-evidence.php

⁴⁰ **Programme: 1st Scientific Symposium (2012, Cambridge, UK):**

Opening: Herbert Grassmann 09.00 - 10.30: Session 1: Sheila Butler (Chair) A: Joop Valstar B: Frank Röhricht C: Rae Johnson & Christine Caldwell D: Sheila Butler E: Audience participation 10.30 - 11.00: Tea break 11.00 - 12.30: Session 2 Frank Röhricht (Chair) F: Courtenay Young G: David Tune H: Stefan Priebe I: Elisabeth Sedlmayr-Länger J: Audience participation 12.30 - 13.30: Lunch 13.30 - 15.00: Session 3: K: Helen Payne L: Maurizio Stupiggia M: Eric Wolterstorff N: Sheila Butler Closing Plenary: Herbert Grassmann + SRC Audience participation	Chair of EABP Scientific Committee The Science of Body Psychotherapy: relevance, methods and future perspectives What am I doing anyway? A clinician's perspective. What could I be doing? Research informing practice. The Research Mind 101 Bringing the themes together Open facilitated discussion Evaluating therapeutic processes and outcomes in BP research projects What are we not doing? Process research – pros and cons Are randomised controlled trials the only gold that glitters? The Criteria of Evaluation Open facilitated discussion Other relevant scientific findings, projects and developments From Practitioner to Practitioner-Researcher Effects on Body Image Build Nations, End War Building Bridges: What is happening in other fields The Body Psychotherapy Practitioner Research Network Open facilitated discussion – audience participation
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⁴¹ **Programme: 2nd Scientific Symposium (2014, Lisbon, Portugal): “Research Perspectives for Body Psychotherapy: Social / Emotional / Isolation”**

09.30 - 11.00: Session 1: Sheila Butler (Chair) 1: Herbert Grassmann (Chair: SRC) 2: Maurizio Stupiggia 3: Ana Karina Figueira Barreiros Audience participation 11.00 - 11.45: Session 2: Courtenay Young (Chair) 4: Frank Röhricht 5: Audience participation 11.45 - 13.00: Session 3: Sigmar Gerken (Chair) 6: Sheila Butler 7: Audience participation 8: Stephan Bishof, Chair of EABP Forum 9: Joop Valstar 10: Herbert Grassmann 11: Joop Valstar	Update on the work of the SRC - 2012-2014 Theory & evidence-base for BP work in social and emotional isolation. Case Study: Understanding the change process in BP from the patient's perspective Open facilitated discussion Efficacy Study: An exploratory randomized controlled trial of BP for patients with chronic depression. Open facilitated discussion Interactive workshop on how to design and implement an evidence-based case study project for BP practitioners and how to access training Overall guideline leaflet on practice research based on Evidence-Based Case Study to APA Standard: <i>Case Study Research: J. McCloud</i> Group discussion with practice-based examples for exploration Training & research opportunities: Science & research seminars for EABP members The “Wilhelm Reich Foundation”
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⁴² **Programme 3rd Scientific Symposium (2016, Athens, Greece)** “Embodied Self in a dis-Embodied Society”

<p>Part 1: 09:00 – 11:00 Herbert Grassmann (Chair: SRC)</p>	<p>Welcome & Introduction Overview of 25 years of psychotherapy research – “landscape” Overview of 25 years of Body Psychotherapy research – “landscape” Embodiment and research: thinking “outside the box”</p>
<p>Part 2: 11:30 – 13:00 Christine Bader Johansson Svetlana Djordjevic Courtenay Young</p>	<p>Case Study of Female Emancipation Role of Embodiment in the Therapeutic Process Re-Embodiment without Touch</p>

⁴³ **Programme 4th Scientific Symposium (2018, Berlin, Germany)** “Building Bridges”

<p>Part 1: 15:00 – 16.30 1: Herbert Grassmann (Chair: SRC) 2: Biljana Jokic 3: Christina Bader Johansson Audience participation</p>	<p>Welcome & Introduction EABP’s Members Research The Art & Science of Being a Body Psychotherapist: Grounded Theory Discussion & Questions</p>
<p>Part 2: Roundtable 1. Herbert Grassmann (Chair: SRC) 2. Karin Schreiber-Willnow 3. Rae Johnson</p>	<p>Dogma & Discussion</p>

⁴⁴ EABP Collaborative Practice Research Network: www.eabp.org/research-cprn.php

⁴⁵ EABP-SRC Guidelines for Writing a Body Psychotherapy Case Study: www.eabp.org/research-case-study-guidelines.php

⁴⁶ Young, C. (2018). *Body Psychotherapy Case Studies*. Galashiels, Scotland: Body Psychotherapy Publications.

⁴⁷ To be published in the *International Body Psychotherapy Journal*.

⁴⁸ EABP Student Final Papers Awards: 2012-2018: www.eabp.org/research-scientific-student-thesis-prize.php

⁴⁹ USABP Alice K. Ladas Research Award: www.usabp.org/Alice-K-Ladas-Research-Award/

⁵⁰ EABP Collaborative Practice Research Network: www.eabp.org/research-cprn.php

⁵¹ David M. Allen. (2012). Why Psychotherapy Efficacy Studies are Nearly Impossible. *Psychology Today*: <https://www.psychologytoday.com/us/blog/matter-personality/201212/why-psychotherapy-efficacy-studies-are-nearly-impossible>.

⁵² CORE-IMS (Clinical Outcome Research & Evaluation – Information Management System: www.coreims.co.uk

⁵³ International Body Psychotherapy Journal (IBPJ): www.ibpj.org

⁵⁴ International Association of Gestalt Psychotherapy (IAGP): www.iagp.com

⁵⁵ Society of Psychotherapy Research (SPR): www.psychotherapyresearch.org

⁵⁶ ResearchGate lists about 140 articles (1-Feb, 2019)
www.researchgate.net/search.Search.html?type=publication&query=Body%20Psychotherapy

⁵⁷ See EABP Bibliography (www.eabp.org/bibliography): ‘Search’ for ‘Bioenergetic Analysis research’: 338 Chapters & Books; 360 Journal articles; 14 Theses & dissertations; 113 Conference presentations; 15 films, tapes & videos; 15 websites: as on 1st Aug, 2018.

⁵⁸ Journal of Orgonomy: ‘Science’: www.orgonomy.org/sciences.html

⁵⁹ European Association for Biosynthesis (EABS): www.biosynthesis.org/

⁶⁰ European Federation for Bioenergetic Analysis Psychotherapy (EFBA-P): www.bioenergeticanalysis.net

⁶¹ European Association for Psych-Organic-Analysis (EAPOP): www.eapoa.com

⁶² There is an overall requirement of about 250 hours of CPD spread over 5 years, with a number of different ‘categories’ of CPD, with an additional requirement that no more than a certain percentage of the total can be spent in any one category.