

## **The History and Development of Body Psychotherapy: ‘Qui custodiet ipsos custodes?’<sup>1</sup>**

### **Abstract**

This article, part of a series on the history of Body Psychotherapy (Young, 2006, 2008, 2010, 2011), covers some of the shadow or darker aspects of the complex process of development of this branch of psychotherapy; essentially some of the eccentric aspects of the people who created a method; or some of the difficulties that arise from the methods when a few schools teach courses that are not really Body Psychotherapy; or what happens when something starts to go wrong. I have tried really hard not to libel, or accuse, or offend, anyone in particular; I have also tried to be discreet in that I do not ‘name names’: my purpose is only to illustrate some of the pitfalls that can happen, and have happened, within Body Psychotherapy, and that we may therefore need to be more aware of and on the watch out for in the future.

Key Words: Body Psychotherapy, History, Europe, Ethics, Abuse, Sects, Cults.

### **Introduction**

Some of the rich developments and benefits in Body Psychotherapy that derive from all the different methods, influences and from the various contributions from the very gifted post-Reichian innovators, such as Alexander Lowen, John Pierrakos, Chuck Kelley, Stanley Keleman, Malcolm Brown, David Boadella, the Boyesens, Jay Stattman, Lisbeth Marcher, Yvonne Maurer, and others, have mostly already been mentioned (Young, 2010). However, something must now be said about some of the disadvantages that have become apparent within the profession over these post-war years of development. The following caveats can apply equally to some of the body-therapies, as well as to the Body Psychotherapies, and also to some of the other (possibly more radical) non bodily-oriented psychotherapies. Similar examples can also be found in other branches of psychotherapy; some New Age communities; in small spiritual groups; and in various sects and cults: they are not exclusive to Body Psychotherapy, but the main point is that Body Psychotherapy is not immune to these types of failings.

A lot of the politicisation of psychotherapy that started in the early 1990’s was as a direct result of fears about sects (especially like the Church of Scientology) posing as a psychotherapy: and this formed the rationale behind the first attempt in the UK to create a law on psychotherapy (Foster Report, 1971)<sup>2</sup>, from which started a working party on the Statutory Registration of Psychotherapists, which developed into the United Kingdom Council for Psychotherapy (UKCP: [www.psychotherapy.org.uk](http://www.psychotherapy.org.uk)).

Similar fears have been fuelling the French attempt to create a law on psychotherapy. In 2004, the French government passed an un-announced resolution to create a law restricting the title of psychotherapist only to physicians (psychiatrists) and those in possession of a qualification in clinical psychology, apparently based on an ancient law designed to protect the public from the 'magical doings of gypsies and cults' (Oakley, 2004). Despite massive and reasoned protest, the hysteria or deep-rooted fear of a person improperly somehow 'stealing one's soul' seems to pervade the public view of psychotherapy and allow governments to ride roughshod over democratic processes.

“The profession has not been consulted; the observations of our specialised advocates have not been taken into consideration... and our practitioners are very disappointed!”  
(Ginger, 2010)

Fortunately the practice of psychotherapy has not been restricted, but French psychotherapists, without the required qualifications, are going to have to call themselves something different: shamans, witchdoctors, or spiritual healers?

Some of the 18<sup>th</sup> century French reactions to the work of Anton Mesmer echoed this fear, being seen in essence as imagination, illusions and hypnotic spells, and something of this reaction even extends today towards modern hypnotherapy, despite its well-established claims to be able to overcome fear of flying, phobias, etc. Whilst Charcot, the famous French neurologist, studied patients scientifically, many of them were hysteric and hypnosis was one of the treatments that Freud learnt from Charcot. Back in Vienna, Freud was desperate to be published alongside a reputable scientist, Breuer, and together they developed the 'talking cure'. However, this desperation also allowed the shadow side to creep in.

Masson (1985) was one of the first to 'expose' some of the distortions of thinking and changes in policy, and even in basic theory, that characterised some of Freud's early work, and he also suffered for it: often the fate of the whistle-blower. However, this does not diminish the point that the 'fault' that he pointed out was almost certainly valid – Freud had genuinely 'covered up' probable/actual childhood sexual abuse, by (a) not wishing to admit to the potential prevalence of this, adding to the commonly held taboo of silence; (b) conforming to Breuer's requirement for joint publication; and (c) fearful of even more hostility to this new science. Freud thus developed the theory of neuroses, effectively dismissing the numerous reports and 'memories' of his clients as fantasies, or even longings (Ibid, pp. 81-89). There are other frailties that could be pointed out, but enough for the moment, as this is just a very short 'soupçon' about the background to psychotherapy, which has – since its onset, and despite prejudice –always tried to establish itself as a 'scientific' discipline.

## **Flawed Geniuses**

Following on from the genius of Freud, who also had several blindsides and failings of his own, as did some of his pupils, Jung, Adler, Klein, etc., others, (viz: Boadella; 1973; Sharaf, 1983) have written about another of his charismatic pupils, Wilhelm Reich, who became one of the founders of Body Psychotherapy (Young, 2008). There is no doubt that Reich was a genius, and there is no doubt that he also had many flaws of his own: but then maybe this began to set something of a precedent.

I would like to preface the next section by emphasising that psychotherapy is not a science, though it is becoming, and needs to become, more scientific (but only to a certain extent); psychotherapy is also a craft (Young & Heller, 2000). If we look at the private lives of great craftsmen and women, we can find many similar flaws and failings in their character: this does not diminish their artistic genius, but it did not necessarily make them very nice people to be around. Equally similar flaws can be discovered in some of the founders of other psychotherapy methods – viz: Fritz Perls and R.D. Laing were no saints: maybe you know of some others. A lot of psychotherapy training, and especially Body Psychotherapy training, is very experiential: and so the craft component becomes extremely important, and craft has to be taught or acquired along essentially apprenticeship lines. Personal contact with the teacher/trainer (or somebody who has been taught by the teacher/trainer) is therefore extremely important, and thus the character of that person, the trainer, becomes very significant: particularly so when the ‘craft’ concerns the inner processes of the psyche. Some of the flaws of the trainer – as well as their skills – can be transmitted, by a form of osmosis, or by certain deficiencies in the training (and the trainer) being overlooked.

There was definitely an element of genius in many of the people who founded some of the modern Body Psychotherapy methods and trainings (Young, 2008, 2010). These people indubitably broke the mould, went outside of the box, and conquered new ground as pioneers. They re-framed material, put together different influences, thought hard and long, worked long and hard, trained many people and dedicated a great portion of their lives to this pioneering work. Many of their achievements are very commendable and our understanding is developed through their theories, and there have been a definite and significant advancements in the refinement of the clinical practice of Body psychotherapy. For all of this, they must be heartily commended.

Nevertheless it is also important to be able to open up a discussion on some of the negative aspects, or shadowy edges or fringes in the field of Body Psychotherapy. Some of these very gifted innovators have had their darker sides, or moments – after all, they were also human. I

obviously do not wish to identify any of them by name, nor their specific faults and failings – only to use examples of these as ‘caveats’ for people in the field. All the various points made below can be substantiated, or are formed from opinions held by several people about the persons involved: this is not a matter for mere speculation.

In some cases, some of these innovators’ genius has resulted in them being quite egocentric (even to the point of being narcissistic); or being rigid (and even dictatorial); or being unable to hear criticism, or unable to tolerate differing opinions; or of being eccentric, even to the point of possibly being borderline or psychotic: and some of these flaws have therefore inevitably been built into their ‘method’ – and, here is the point, copied by some of their trainees. Some of these trainers have been obsessive, even sometimes quite paranoid, and some of them occasionally verbally abusive. There have also been instances of trainers/ leaders (of a training school), developing (or encouraging) a guru- type of status from their trainees (Boadella, 1980b).

Some of these leaders (by their own admission) grew up in fairly rigid and controlled cultures, and then became pioneers in their own field and may have passed on that rigidity as part of ‘their’ method; or they may have rebelled against the paradigms of their culture, and revelled in their difference, and later built this into their ‘method’; and they themselves – perhaps, or frequently (?) – did not have the time, inclination or opportunity to undergo much personal in-depth therapy work on themselves. This lack of self-exploration and reflection can sometimes still be seen in their work, and in their approach to their work, and – sometimes, even in the work of their colleagues and trainees.

For example, the strictness, or the requirement, put on to trainees to ‘follow the line’ of their ‘trainer’, ‘founder’, ‘leader’; or, being somewhat dictatorial, or purist, and even encouraging various forms of protectionism, can either induce some of these traits in their trainees, or the trainees end up a trying to become carbon copies of the trainer, or being required to stay rigidly within the constraints of the method. Some have specifically “required” their trainees to take a series of follow-up courses in that particular training, otherwise the trainee will become excluded from the professional association of that method; or this (former) trainee will be publicly excluded because they have ‘deviated’ in some way from the ‘method’: thus a message of conformity and obedience is sent to current and other trainees. One or two of these trainers have registered their ‘method’ as a registered trade mark, and one or two others have even accused other people, or been accused by other people, of stealing or betraying their work.

Some of these people have developed methods of working that rapidly became outdated, according to prevailing views, but they have ‘stuck’ to these methods until being forced to change, yet there has never been an admission of any failing, or deficiency, or mistake, and so the people

trained in that method in previous times have not been informed specifically of these changes, and have then been left somewhat bereft as to what the method now is, or isn't.

There was (is) even a generally held assumption that the partners or children of a trainer would naturally have been sufficiently exposed to their 'work' as to be able to teach it effectively themselves: and, whilst there may be some truth to this, such assumptions can be dangerous. Other leaders, or founders, or trainers, have split off from the body of their method, or have even been ousted; or a substantial body of trainees have separated off and founded another parallel institute, and there has therefore been a split in the 'method' with resulting bitterness. Some trainees have been excluded from the training, or later from practicing the method, because they 'disagreed' with the trainer, or were somehow (usually fairly summarily) 'judged' as not being suitable any longer.

Therefore, the underlying message of how to do 'this' type of psychotherapy, or 'that' type of Body Psychotherapy, that has come across in the often very experiential, sometimes unstructured, and even osmotic training courses: (*Trainee: "I am trying to get to feel and understand how you do what you do even though I don't properly understand it yet"; Trainer: "I am trying to get you to feel and understand what I do, possibly because I can't explain it properly."*). This unclarity has resulted in having to have some of the trainer's less likable personality traits filtered out (*Trainee: ... "but maybe not exactly in the way that You do it."*) – and then you get the separation. This can be healthy maturation, if allowed. But it can also become very difficult, given the inherent power structures within the training school.

For example, I realised that my own training was seriously deficient in any real background academic content (in those days, there was no requirement for any post-graduate level of entry) and the literature for the course was sparse and mostly badly written (as that was not their forté). Having helped produce and edit a journal for the method, and having started a library for the centre, I still felt intellectually quite foggy about what I had learnt (despite having a B.Sc. (albeit) in Economics and a Post-Grad Certificate of Education). So, after the training, I did – or felt I had to do – a Diploma in Psychology in order to 'understand' and be able to contextualise what I had been learning so very experientially. And now I happen to think every emerging trainee should similarly critique their training, and explore what deficiencies they have ended up with, in order to practice clearly and professionally in their own right. Sometimes the received training is just not good enough!

## **The New Therapies**

Other trainers used the freedom and the licence of the 1960s and 1970s to break away from mainstream culture, and the predominance (and rigidity) of psychoanalysis, to a point where ‘anything went’ and almost anything new was ‘right’. Then the methodologies, or particularly the way in which they were applied, may be described – with hindsight – as sometimes actually being harmful or abusive, as well as somewhat anarchic. David Boadella’s article about how violence appeared in therapy groups is particularly relevant here (Boadella, 1980a), though often the abuse was much more covert or complicit. The sexual freedom of the 1960s and 1970s meant that some trainers, or group leaders, abused their power of charisma and had sexual relationships with their trainees, or groupies. Such trainers (mostly male) were possibly practicing another form of osmosis. This happened in Body Psychotherapy trainings, as well as in encounter groups, or New Age communities or therapy centres. Some of these therapies were described as “spiritual”, or had a religious component, and therefore ‘must’ be all right (Tan, 2008). There are also several examples – though rarely spoken about openly – of senior therapists and/or trainers forming relationships with, or even marrying, former trainees or patients.

There are other examples of where therapy has been risky; therapists have been abusive or over-influential to quite vulnerable people; some clients have been allowed (or encouraged) to become emotionally dependent on them, or on their methods, during their therapy or training. Some of this over-dependence has resulted in very high fees being charged for the training, and even situations where the trainee has ended up in debt to the trainer and has had to ‘work it off’: a form of indenture. There have also been the use of techniques (like catharsis) that have been fairly indiscriminate (Lilienfeld, 2007; Tan, 2008)); or some of the techniques that were incorporated into the therapy (like hyperventilation) have been potentially dangerous (Young, 2004).

In psychotherapy, and especially in Body Psychotherapy, we are (trained to be) able to contact very deep and powerful emotional material that may have been held down or repressed (as a survival technique) for many years. The intimacy of the individual (one-to-one) therapy sessions can be pervaded with very deep and powerful emotions, possibly being experienced, by the client, for the first time. The prevailing paradigm was that if that material can be released, then the client eventually would get better. It was rare (then) to have any form of discussion about whether the client could handle that material properly; or whether this would destroy their current relationship structures; or even whether the client could or should make a decision about whether or not to release such material – as the presumption was that “of course they should: this is therapeutic!” – and of course it is, for some. But a number of patients feel worse after therapy, and a surprising number of therapists do not realise this (Jarrett, 2008).

The needs of the therapist were also rarely talked about. There was a rule that you shouldn't sleep with (have sex with) your clients. However, there was also an assumption that one's personal needs and dilemmas would have all been resolved in the required individual or group therapy sessions (often a substantial requirement of about 150 hours, or an equivalent in a complex formula of group therapy hours divided by participant numbers). Assumptions are dangerous: one fellow trainee ended up murdering his new partner; others have had breakdowns, or crack-ups later; another, when put in a position of power, alienated many, almost destroyed the centre and virtually bankrupted the trainer. These faults or failings were obviously not resolved by the requirement for so many individual sessions. Similar to the new requirement for a certain amount of continuing professional development (CPD), perhaps there should be a requirement for continuing own therapy, as new material is constantly coming up, triggered by expanding caseloads and new client material.

I remember in a peer supervision group in the mid-1980s relating how I had had a discussion with a client of mine (now that the crisis phase, which had brought them into therapy, seemed to be over) that there was an existential decision that they should probably now make – whether to continue with therapy, on the path of personal growth and transformation, which might risk them possibly growing out of, or moving away from, their present partner, spouse, job, contained life, etc.; – or, whether (effectively) to put everything back into Pandora's Box and 'normalise' their life again after this crisis, seeing it perhaps more as an aberration (break-down), rather than a potential break-through. Whilst I felt this was a legitimate and responsible overview to share with the client, this meta-level seemed to be initially shocking to the group as it questioned the intent of therapy.

At this point in time, there were very few professional associations, formal ethical rules and standards, or whatever. I have been standing in the bar at a psychotherapy conference (in the late 1980s) and I overheard two psychoanalytical psychotherapists discussing whether it was more (or less) improper to sleep with a client after ending therapy with them, after 6 weeks, or 12 weeks, or perhaps having to wait 6 months. Several of these 'therapeutic' liaisons may have actually worked out very well; but I am sure that many did not – and the 'junior' partner often ended up feeling confused, betrayed, and sometimes abused by the (so-called) therapeutic relationship: I know of, and have been consulted about, several of cases like this.

In the UK, the organisation, firstly called 'POPAN', then 'Witness', now 'The Clinic for Boundaries Studies' supports people who feel abused by a therapeutic relationship – in all its formats:

“An important aspect of the Clinic's work is to provide support services for people who feel they have been harmed by a professional in a position of trust.”<sup>3</sup>  
(from the CBS website: [www.professionalboundaries.org.uk](http://www.professionalboundaries.org.uk); accessed 01/12/10)

I am not sure what exists in other countries, but the mere existence of this sort of independent body, supporting those who feel in such difficulties, is incredibly important.

It should, or must be, acknowledged that the combination of very powerful methods, vulnerable people, and unclear boundaries by therapists/trainers, occasionally does not work out very well. Some methods can be unsuitable for certain people, and this has not always been fully recognised by the founder, therapists, advocates or the practitioners of that particular method – until much later: some methods have never had any form research done on their efficacy or effectiveness (Lilienfeld, 2007). There has been a lot of trial and error – with vulnerable people. None of the earlier Body Psychotherapies focussed very much on the ‘contra-indications’ of that method.

In my particular Body Psychotherapy training, we were taught / encouraged to work one particular way with ‘this’ character type, and a different way with ‘that’ character type, but not really when not to work. There was a presumption that the work was ‘good’, psychotherapeutic, and that everyone would benefit somehow. There was the occasional rumour (or horror story) about someone (never properly identified) who had worked too ‘deeply’ with someone else, and that ‘client’ or group member had become psychotic, as too much ‘deep’ (repressed) material had been ‘released’ so that their personality structure then became overwhelmed. There was even a subtle nuance of blame put on to the client, or group member, who had got into ‘deeper stuff’ than was intended or good for them.

Whilst being inspirational at the time, the prevailing culture of the 1960s and 1970s has matured and changed radically since for the better, but this does not mean that these forms of abuse or unprofessional treatment are totally behind us: ask any member of any Ethics Committee, and see what they say, if they will tell you anything. I would be in favour of publishing a synopsis of all ethical cases, suitably anonymised, as a reference aid, as the American Psychology Association (APA) does.<sup>4</sup>

### **Body Psychotherapy – or Not?**

There has always been a problem about defining the limits of the field of Body Psychotherapy. In earlier articles (Young, 2008, 2010), I tried to address this a little by differentiating between Body Therapies and Body Psychotherapies. I was in an e-mail dialogue with Patrizia Pallaro about the differences between Dance Movement Therapy and Dance Movement Psychotherapy and Body



Psychotherapy (Young & Pallaro, 2008). However, there are sometimes less clear differentiations that have to be made.

Within the European Association of Psychotherapy (EAP), in the early 2000's, we had to decide whether one particular group (a training school and linked a professional association) that was applying constituted: (a) a 'proper' psychotherapy – whether they were 'scientifically valid', etc.; and (b) whether what they called themselves (something like 'Depth Body Psychology') was appropriate or not; but there were some deeper reservations, as well. There seemed to be a sudden spate of people, from this grouping, applying for the European Certificate of Psychotherapy, suggesting a coordinated campaign. After examining all the documentation, one of the assessors was of the view that they were more of a sect, than a proper psychotherapy training, as they seemed to require trainees to attend for about 9 years, instead of the more usual 4 years: there were other contra-indications as well. The person presenting the material verbally maligned this assessor; bias was inferred and her integrity questioned; the assessment processes themselves were challenged. Eventually a panel of 5 senior people from different methods in psychotherapy decided to exclude them, and it was only several years later that some of the rather unpleasant truths behind these somewhat tentative reservations became a lot clearer.

Decisions like this are nearly always very difficult to make: often these people are known, or colleagues, rather than being complete strangers. At the founding of the United States Association for Body Psychotherapy (USABP) in 1996, there were several differentiations that had to be made between partners and spouses; one perhaps being a Body Psychotherapist (and therefore 'in' as a Member) and the other being a Feldenkrais practitioner, or Rolfer, or Dance Movement therapist, or something similar, possibly even with a psychology degree: but therefore possibly 'out': and who decides? In the beginning, once the boundaries have been reasonably clearly identified, it is often self-selecting. But there are always a few (sometime unsuitable) people who want to 'push the envelope', and get in under this 'label' or that 'category', or something.

People also change: there are several Body Psychotherapy colleagues, who have become involved in something like 'Shamanism' or 'Circle Medicine' or 'Body Energy Healing': does that mean that this is now part of Body Psychotherapy? Or does it mean that they are now not working in Body Psychotherapy? I am not – at this point – questioning whether this new area of work is ethical or unprofessional: it may not be very scientific, and they may be pioneering something. The choice of their direction of work, or new modality, is, of course, completely theirs; but it can also become quite confusing for members of the public. There was one instance when I was stuck in a foreign hotel, with a relatively well-known person from a traditional branch of Body-

Psychotherapy, and I decided to have a therapy session from them to experience this method: what I received was interesting, possibly beneficial, and it was definitely not Body Psychotherapy. Apparently, in order for the ‘energy’ of the session to continue working, I was required to give up alcohol for a month, which I did. I am sure that I benefited from that part of the treatment; and I have no idea whether there were any benefits from the now freely transmitted ‘energy’.

### **Different Strokes for Different Folks**

In the 1960s and early 1970s, it was also quite common for Body Psychotherapy clients to work stripped to their underwear: Reich and Lowen definitely worked in this way (Boadella, 1973; Lowen & Lowen, 1977), or even to work naked, and this would have usually been at the therapist’s suggestion. Times and standards have changed since then, and this practice is now quite rare, except (perhaps) for some massage therapy clients.

In the 1970s, some psychotherapies (including some Body Psychotherapies) frequently used cathartic approaches, especially in groups, as a method of letting go of repressed feelings in order to gain emotional release. Whilst catharsis has been used in psychotherapy since about the 1890s (originally in the work of Joseph Breuer (Schultz & Schultz, 2004), this venting of long-held emotions became increasingly popular in encounter groups in the 1960s and 1970s, as well as in therapies influenced by Janov’s “Primal Scream” (Nichols & Zax, 1977). It became almost ‘de rigeur’ to cry, laugh, scream, shout, hit and kick (cushions and mattresses), attack, or cathart. Some Body Psychotherapists were, in part, trained during the period when this trend was dominant, and this may have affected their perception of what is (or is not) appropriate when they came to train others.

Because of the very powerful nature of somatic interaction and intervention, there have been a few quite-well recorded instances of people, as clients or as trainees, being pushed beyond their personal limits by aspects of a particular psychotherapeutic system (Proctor, 2002). This has resulted in the client receiving a physical injury, a recreation of the original trauma, or even a psychotic episode (Boyesen, 2001, p. 35). Some of the earlier techniques were intrusive or invasive, conducted in an over-directive manner and now would be seen as incompatible with modern ethical thinking or mores. As times change all this is being increasingly realised and a lot of work has been done on working with clients with trauma/abuse issues, the ethics of the profession, and the contra-indications for the use of various techniques.

Modern Body Psychotherapists are hopefully much more cautious as the client (or group participant) can be re-traumatized by using these methods. Ethical boundaries in psychotherapy are generally much clearer nowadays. Regressive work is now cautiously undertaken with more

respect (Ogden et al, 2006; Rothschild, 2000). There are also much better indications and contra-indications about how and when to touch: the US Association of Body Psychotherapy now has an excellent section in their Ethics Guidelines about touch.<sup>5</sup>

There have also been occasional instances of therapists, and (unfortunately Body Psychotherapists) abusing the intimacy of touch and emotional contact, or exploiting their charisma, and of having affairs with their trainees (Smith et al., 1998). This abuse of power in the relationship also happens in the psychotherapy and medical profession and used to happen quite frequently with many professions (Masson, 1985). Thankfully, times change and this is much less frequent, though the therapeutic position is still occasionally abused (Masson, 1992).

There have been instances of methods (often involving touch or body contact) being used, expanded and espoused, and then later it being realised (often by others) that these methods are unethical or inappropriate, and so the methods are eventually discarded, rejected or disregarded without any full or proper retraction, and with some former trainees still continuing to use them.

The ramifications of one such training school where this happened, and, as some of the trainees gone on to establish their own schools, the practice had spread, are still rippling through the field, as former trainees, now therapists are beginning to realise that they are having to totally re-define their training, and themselves as therapists. This is similar to the recipient of childhood sexual abuse who ‘realises’ later in life that what they got from the adult was definitely not love, although this may have been labelled as such.

There have been other instances of the method predominating, for example, “*All you have to do is this and that*”, rather than an emphasis on the style or the context with which the method or technique is applied. Some methods and techniques display the beneficial experiences of the ‘founder’, as well as some of their unresolved issues in a more negative sense (Boadella, 1980c). Many methods and techniques in less well-established (body-oriented) therapies are accompanied by “wild assertions” and unconvincing evidence (May, 2005).

Body Psychotherapy is one of the few psychotherapies in which a therapist can touch a client, under certain conditions, totally legitimately (Westland, 2011). In America particularly, there is a cultural phobia about touch, despite its acknowledged benefits (Field, 2003): somewhat less so in Europe. Much has been written (Smith, et al., 1998; Zur, 2007; Young, 2006) about the ethics of touch in Body Psychotherapy, but Body Psychotherapists also need to be aware of when not to touch, and how they can work effectively without touch (Young, 2005, 2009).

**Qui custodiet ipsos custodes?**

As mentioned, the existence of professional associations, like the USABP and EABP and the Australian Association of Somatic Psychotherapists (AASP: [www.somaticpsych.org.au](http://www.somaticpsych.org.au)), as well as smaller ones relating to a particular modality, help to provide opportunities for communication and development; as well as a sense of fellowship and cohesion to the field (Young, 2011); and they also help to ensure that Body Psychotherapy practitioners are both supported, when in difficulties, and, if necessary, policed.

There are now the facilities to talk to someone (a fellow professional) about some of these issues, as most Ethics Committees now offer a confidential facility, whereby one can discuss ethical issues without prejudice: “The Ethics Committee ... deals with all matters touching on the ethical code, procedure for complaints, ethical advice and similar professional issues. It also acts as an informational resource to EABP members on ethical issues.” (EABP website: [www.eabp.org/ethics-committee.php](http://www.eabp.org/ethics-committee.php))

The Ethics Committees also act in instances of complaints against an individual; checking the details of the often complicated complaint; assessing which part of the Code of Ethics this may refer to; asking the practitioner for their side of the story; arranging mediation, if possible and appropriate; and, if necessary, ensuring a hearing takes place; and sanctions applied if it goes against the practitioner. Not all complaints end in a hearing; many are dismissed or get resolved early on in the process. Annually, there are often one or two complaints per 500 practitioners, each seeing perhaps 30 different clients p.a.: not a very high percentage to be sure, but enough to be significant.

However, sometimes it is the Board Members of the Associations themselves that need disciplining, and not for their clinical practice. Many of the Boards of these Associations can get into power games and unhealthy processes, and then the Ethics Committees of the Association are relatively powerless for several reasons. Firstly, there are few rules relating to Board Members behaviour; secondly, the Ethics Committee are sometimes relatively subservient to the Board, and thirdly, the aberrant individual often retires, or is asked to retire, from their position or the Association, so as to avoid a scandal, which is convenient, but not necessarily useful. But if the individual accused is relatively guiltless, or has been badly treated by the Association, as sometimes happens, then ideally, there is a superior umbrella body to which some sort of final appeal can be made.

## **Conclusion**

These examples are not covert accusations, nor do they have any malicious intent, but hopefully, by talking about such examples more openly, we can identify potential learning points and, on

occasions, there has had to have been a lot of learning about how to handle this sort of difficult, or very complex and emotionally charged situation, both individually and collectively. In actuality, it is mainly through the collaboration between schools and methods (Young, 2011), that we are beginning to generate a sufficiently strong 'body' within the field of Body Psychotherapy, that can hold the field together in instances of abuse, systemic change, or undesirable practices, as there is now someone to complain to, or take issue with: a collective authority.

There are also books and articles beginning to look intelligently at these sort of aspects, rather than being more of a lurid attack on 'this' person or 'that' therapy: unfortunately there are some of those as well. I only mentioned these examples because, as responsible professionals, I believe that we need to be aware of them as well, as and when we proclaim the benefits of our particular methods. So I feel it is important to mention these aspects in trying to explore some of the current wide-range scope, and depth, of Body Psychotherapy today. Coming to realisation and terms with these very difficult issues is a significant part of the history and development of Body Psychotherapy.

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**Endnotes:**

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<sup>1</sup> (Latin) Who will guard [us against] the guardians themselves? (Juvenal)

<sup>2</sup> Wikipedia: [en.wikipedia.org/wiki/Foster\\_Report](http://en.wikipedia.org/wiki/Foster_Report): accessed 1/12/10.

<sup>3</sup> Clinic of Boundaries Studies website: [www.professionalboundaries.org.uk](http://www.professionalboundaries.org.uk); accessed 01/12/10

<sup>4</sup> APA Ethics Resources: [www.apa.org/ethics/resources/index.aspx](http://www.apa.org/ethics/resources/index.aspx): accessed 02/12/10.

<sup>5</sup> USABP Ethics Guidelines, Section VII: Ethics of Touch, pp. 7-8: available on [www.usabp.org/associations/1808/files/USABPethics.pdf](http://www.usabp.org/associations/1808/files/USABPethics.pdf): accessed 02/12/10.