Shadows in the History of Body Psychotherapy

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Abstract
This article intends to open a discussion and to begin to name, to reflect on, and gradually start healing some of the wounds arising during the development of Body Psychotherapy, particularly during the period 1960-2000. It highlights inherent problems in individuals single-handedly pioneering new methods, and some difficulties in the organisation of the training courses. These reflections generalise to other psychotherapies and have implications for the wider professional field and the future development of Body Psychotherapy.

Key Words: Body Psychotherapy, History, Abuse, Shadow, Healing, Ethics

Introduction
Acknowledging the Shadow
Individuals, organisations, countries, and – of course – the profession of Body Psychotherapy, carry their ‘shadow’ aspects. Jung saw the Shadow as a merging of unconscious personal elements with various archetypal contents of the collective unconscious. The Shadow contains the repressed parts of ourselves that we cannot accept and “the less it is embodied in the individual’s conscious life, the blacker and denser it is” (Jung, 1938, CW 11, p. 13, quoted in Samuels, Shorter & Plaut, 1986, p. 138). The Shadow also contains elements that have never emerged into consciousness. The Shadow can only be inferred, often in the form of unconscious projections. These projections can become stronger and more irrational, individually and collectively as the Shadow contents move towards consciousness. The Shadow cannot be eradicated, but it is possible to learn to live with it (Samuels, Shorter & Plaut, 1986). Jung also believed that, "in spite of its function as a reservoir for human darkness—or perhaps because of this—the shadow is the seat of creativity" so that for some, it may be, 'the dark side of his being, his sinister shadow ... represents the true spirit of life as against the arid scholar' (Jung, 1983, p. 262).

Since the emergence of psychoanalysis, there has been a:

... vast outpouring of research, speculation, theorising, analysis, and controversy, resulting in a broad spectrum of schools and movements, all holding high the banners of their own truths and hostile to others (Jacoby, 1990, p. ix).
As psychotherapy developed, particularly from the 1960s onwards, body psychotherapies proliferated, often emerging around a talented founding individual

Rowan writes about “Bodywork” in Humanistic Psychology, and unfortunately muddles together body therapies and body psychotherapies, but observes that, with the exception of Boadella (1987):

*One of the problems with the body therapies is that they seem to lead to a proliferation of individual practitioners each with a method about which he or she is completely dogmatic. For some reason, this seems to be much more the case in the body therapies than in any other approaches.* (Rowan, 2001, p. 91).

If we accept this comment as information, perhaps we can use it for more reflection and we would – of course – include Boadella’s Biosynthesis, which is surely not immune from shadow elements. “Schoolism” (Clarkson, 1999), still seems prevalent in Body Psychotherapy (Westland, 2010). At this point, we need to take a quick look at some of the shadow sides of some of the Body psychotherapy modalities and their founding fathers (and mothers).

**Freud**

Body Psychotherapy emerged from psychoanalysis and Freud also cast his own shadow and we only mention a couple of the more serious aspects. Early on, he believed his patients, who reported sexual abuse, but later on he revised his thinking and saw these reports as “normal” childhood longings and fantasy. When Masson revisited this territory and postulated that Freud had covered up sexual abuse, he was met – not surprisingly – with considerable criticism (Masson, 1985). It has taken a long time for society to acknowledge that sexual abuse happens a lot more frequently than previously imagined.

We have also recently been presented with the theory that Freud became an unacknowledged cocaine addict (Cohen, 2011) and that a substantial part of his book *Interpretation of Dreams* was possibly influenced by this drug. Finally, there is reasonably strong evidence that there was a degree of complicity in psychoanalytical circles with the rising power of National Socialism, especially in Germany from mid-1930s (Nitzschke, 2003).

Those familiar with the history of Body Psychotherapy (Young, 2011) will also be aware that, whilst Freud originally acknowledged the importance of the body in psychotherapy, he came to
reject it, and excluded colleagues such as Reich & Fenichel, who both supported a bodily-oriented way of working (Heller, 2012).

Reich
Reich was one of Freud’s most talented students, yet he was expelled from the International Psychoanalytic Association in 1934, just about 18 months after he had first published, *The Mass Psychology of Fascism* (Reich, 1933). Reich had been a refugee more than once, and he fled finally to the U.S.A., where he was under surveillance by the FBI (Bennett, 2012, Turner, 2011), and eventually died in prison in 1957. His books were burnt in both Nazi Germany and the U.S.A. (Young, 2008, 2010). He is unusual in being a psychoanalyst, who was most influential within Humanistic Psychology (Clarkson, 1994). His life had traumatic experiences in it with a distinct sexual shadow. He, himself, wrote of his early childhood sexual experiences (Reich, 1988) with a sense of self-agency, but Sharaf pointed out (in a keynote lecture at the European Association for Body Psychotherapy conference, Vienna / Pamhagen, 1997) that Reich was sexually abused, though this point is less clear in his book (Sharaf, 1983). Reich was definitely a brilliant and controversial figure and it is therefore quite hard to come to a balanced view about him. His particular type of Body Psychotherapy, Character-Analytic Vegetotherapy, would now be considered as quite invasive and ‘improper’ in that he often worked with his clients naked (or nearly so).

These are some of the early foundations of Body Psychotherapy. Hopefully by recognising these creative and sometimes traumatic foundations of body psychotherapy, a dialogue can be opened.

Post-Reichian Developments

*Links with Humanistic Psychology*
Reich’s views were taken up in his lifetime, often by small groupings of psychiatrists interested in his ideas, but he became much more popular, particularly in the 1960s, 1970s and then the 1980s. These post-Reichian developers of Body Psychotherapy, in USA, such as Alexander Lowen, John Pierrakos, Chuck Kelley, Malcolm Brown, Stanley Keleman, Ilana Rubenfeld, and in Europe, Ola Raknes, Jay Stattmann, David Boadella, and Gerda Boyesen, were all bold innovators (Young, 2010). They caught the spirit of the times, and the growth wave of Humanistic Psychology. They were risk-taking pioneers, but, with their creativity and challenge of the cultural norms, they also
sometimes brought ways of working and organising trainings that had some problematic elements in them, especially when viewed through contemporary eyes.

Much of this period of development of Body Psychotherapy was within the context of the Human Potential Movement (Marlock, 1996), and the 1960’s Hippie movement. Major structural changes were happening in society, where previously repressed elements were finding freer expression, and overly restrictive structures were being overthrown. Many of Reich’s ideas were eagerly taken up by the Beat Generation (Turner, 2011) and passed into the Counter Culture. Humanistic Psychology at this time had its “mavericks, innovators, charlatans, and would-be-gurus” and Body Psychotherapy was also developing within this context and therefore carried some of these components. Again, the cultural changes led to certain permissive attitudes – in therapy (as well as outside it) that might now be considered as seriously inappropriate.

Anti-intellectualism

Within Humanistic Psychology, there was a fairly strong anti-intellectual component and this was also evident within some Body Psychotherapies in those days. It was part of balancing up an over-intellectualised view of human beings within psychology. Humanistic Psychology valued subjective experience, wanted to find a place for feelings and the senses and thus put its emphasis these. Whilst the psychodynamic theory of childhood trauma and repression was intellectually accepted, now – with the developing technique of regression – it could be actually experienced. Again, this advance was also occasionally abused, with people making statements like, “I have been ‘re-birthed’ 250 times, only 150 more times to go.”

The Californian growth centre, Esalen was founded in 1962 to explore “unrealized human capacities” (Esalen, 1996) and blended Eastern and Western perspectives, mostly experientially: as did much Body Psychotherapy training. But there was no place for this sort of “study” within universities at that time. A body of competences and skills emerged and flourished in these conditions, however with less attention paid to conventional academic intellectual rigour. The relationship of Body Psychotherapy with universities still carries some of this legacy. If Body Psychotherapy becomes more university-based with Master’s degree level trainings, will it have to loose some of its experiential expertise and richness to academic rigours?

The Anti-Psychiatry Movement
In Europe, in the 1960s and 1970s, there were the remnants of the pre-war Reichian school in Norway; Jay Stattmann was working in Amsterdam; David Boadella was working in England; and Gerda Boyesen (Southwell, 1988) moved from Norway to ‘swinging’ London to teach her Biodynamic Psychology. London was fertile ground then for experimentation: R.D. Laing, Joseph Berke and others were working in Kingsley Hall; there were other therapeutic communities (like the Philadelphia Association) starting up (as well as the People, Not Psychiatry movement), and a host of cutting-edge spiritual and psychological opportunities.

There was a cross fertilisation of ideas and experimentation. Jerome Liss, the Harvard-trained psychiatrist and Body Psychotherapist worked with Laing, before going to Italy, and Jenny James (Ward, 1982) worked with David Boadella, and in People, Not Psychiatry, and then went and founded Atlantis, a ‘far-out’ therapeutic community in Ireland.

The opening to greater sexual freedom and individual sexuality (with the almost simultaneous development of the contraceptive pill), had liberated some of the more repressive elements in society, but without the thinking-through of the implications of all this. There was more emphasis on catharsis and sexual boundaries were quite fluid within trainings. However, by the 1980s various Body Psychotherapists were questioning some of methods being employed in the name of Body Psychotherapy.

Boadella (1980) questioned the violence in Humanistic Psychotherapy and Body Psychotherapy groups. In the same article, he quotes Eva Reich commenting that her father, Wilhelm Reich, never hurt people and was “against drastic manipulations and heavy muscle-pushing” (Boadella, 1980, p. 9). There was also some questioning of the style of teaching in Body Psychotherapy, where a guest trainer (with charisma) would be flown in from abroad bringing huge expectations. The idealisation could carry forward to enormously powerful experiences, but afterwards the local therapists would have to pick up the pieces. It was not all extrovert, Boadella (1986) and Davis (?) were also recognising the value of the “in-stroke” as well as the “out-stroke”, and that containment and expression of feelings both have their different places and value. Thinking about appropriate sexual boundaries occurred throughout the 1980s and led to several articles (e.g. Southwell, 1991). During the 1990s, more reflection was also being given to ethics in Body Psychotherapy (e.g. MacNaughton, Bentzen & Jarlnaes, 1993)

*The Loss of Spirit and Values*
“The trouble is not so much that we have totally lost touch with the little that is left of our Christian traditions but that we have lost or thrown overboard all of our traditional values.”  
“The modern world is bored; and because it is bored, it is in anguish; and because it is in anguish, it is mad. But the root of our madness is our boredom, and the root of our boredom is the fact that we have lost all sense of spiritual values.” (Zaehner, 1974, p. 24 - 25)

The catastrophic upheavals of the early 20th century, loss of established conventions and increasing materialism, created a rootlessness, a senselessness that, not only prompted the primacy of conscience and greater religious freedom in the Second Vatican Council (1962-65), but also made various cults and sects – those people who said they knew the answers – much more attractive. The Maharishi Mahesh Yogi influenced the Beatles; Bagwan Shree Rajneesh had an enormous following from the mid-1960s onwards (Mann, 1987); Charles Manson founded his happy Family in California in 1968; Jim Jones founded Jonestown in Guyana in 1973; Sun Myung Moon founded the Moonies (Unification Church) in the mid-1950s, which now has 5–7 million members. Many of these movements were not all bad, but many of them are also a little crazy (Singer & Lalich, 1996).

In a world where ‘anything goes’, anything which gives people a better sense of direction, an internal focus, a sense of self, and a new method to get inside your body-mind (rather than your head) can seem very attractive. Body Psychotherapy also capitalised on some of these trends, with the proliferation of competing methods, all with their unique ‘answer’.

Closed Communities

Much of this experimentation was outside the mainstream of psychotherapy, out of rejection and necessity. Body Psychotherapy functioned without much recognition and operated almost as an underground movement (Boadella, 1991). It was hard to get articles and books published by international publishing houses, and therefore much material was self-published. This did not change significantly until the 1990s (Westland, 2002). The trainings were organised as private businesses, sometimes owned by an individual or family, and each taught their own versions of ‘their’ methods and theory. Many groups happened within larger centres, or associations, like the Quaesitor, or the Open Centre in London, communities like, or in association with, centres run by Bagwan sanyassins.
Any ‘closed’ community, such as a religious order, cult, prison, or residential facility have certain vulnerabilities because of their inward organisation. They can provide a protective space for the development of new ideas, but closed communities are also characterised by embedded ways of being and working together, without the natural checks and balances which come from dialoguing with, and engaging with, different perspectives, or conforming to external standards and regulations. We can see this clearly in the wide-ranging spate of communities that developed, especially in this 1960s and 1970s period (e.g. Findhorn (UK), Esalen & The Farm (USA), Damanhur (Italy), and many others). “Such communities may be founded by charismatic leaders who may be credited with quasi-religious status, being considered gurus or messiahs. Such leaders inhibit the survival of these communities,” (Brumann, 2000) The recognition of potential difficulties within closed communities is significant because between 1960-1980, within Body Psychotherapy, as in many other forms of psychotherapy, there was a tendency for relatively more closed systems of organisation, especially in the psychotherapy training schools.

**Scientology**

Meanwhile, the Church of Scientology (Hubbard, founded in 1954), had groups and offices in many cities internationally and offered personality questionnaires and a new way of ‘being’: “getting clear”. There was, and still is, great concern about this organisation and whether it was a cult or, as it stated, a new type of psychotherapy (Miller, 1987). When Scientology started attacking psychiatry and psychology, a British government inquiry was set up, chaired by Sir John Foster. With perspicacity, Foster recognised the inherent problem of psychotherapy, namely dependency and pioneering of methods. He reported:

... *I have become convinced that it is high time that the practice of psychotherapy for reward should be restricted to members of a profession properly qualified in its techniques, and trained – as all organised professions are trained – to use the patient’s dependence which flows from the inherent inequality of the relationship only for the good of the patient himself, and never for the exploitation of his weakness to the therapist’s profit.* (1. para. 258)

Since then, the debate on psychotherapy regulation has rumbled on. The stated motivation for regulation was the raising of training standards, the protection of patients, and the establishment of a new profession, which would enable the employment of lay psychotherapists in the NHS (Bulletin of the Royal College of Psychiatrists, 1983).
Inherent Factors within psychotherapy

_Psychotherapy Pioneers Healing Themselves_

Psychotherapists develop their own healing systems from their own imagination and injuries. Their theory is to some extent autobiographical (Wright, 1991). Their training organisations become psychic containers, within which, to explore their own inner worlds further. The shadow aspects of these individuals – in as far as these are not resolved – often became part of the organisations that they created. These shadow aspects hold traumas, internal conflicts and also some creativity. All founders of psychotherapies have their human limitations and there will therefore – de facto – be ‘gaps’ in the form of psychotherapy developed: no therapeutic system will be a complete system and the answer for everyone. Sometimes Body Psychotherapists have named the territory of their difficulties, their ways of protecting themselves, and their struggles.

Ron Kurtz (1988), for example, writes “Being a psychopath, I assumed I was a psychotherapist”. This was before he became a psychotherapist. Kurtz has also been described as “uncredentialed”, “visionary”, “highly charismatic”, and “His attention was genuine and complete” (Bageant, 2012). Gerda Boyesen has been described as a “star”, representing “a non-feminist and yet self-conscious femininity and motherliness” and had a “great attraction for both women and men”, having “icon status even during her lifetime” (Freudl, 2006) – and yet, acting out the “good mother”, she could also – on occasion (and particularly when challenged) – easily become the rejecting, “bad mother”.

When a person reaches a certain point where they ‘think’ they have developed a psychotherapy method, the old paradigm was for them to assume that no-one else could give them therapy in ‘their’ particular ‘way’, and so they tended to stop having their own therapy, which probably led to a residue of unresolved areas in their psyche. All these personal explorations, conflicts and struggles then become institutionalised into their trainings and methods. These hold both the creativity of the founder, and his or her internal conflicts, traumas and defensive patternings.

Guggenbühl-Craig (1983) writes about the healer archetype, which gets constellated in psychotherapy. He has highlighted the potential for splitting the healer archetype in therapeutic work, where, through unconscious projections, the client can become weak and unwell and the psychotherapist, the healthy one. This is more of a group phenomena, rather than an individual one.
Power, as a dynamic, also comes into play with the client or the psychotherapist subjugated to the power of the other. It is only now being fully recognised that all these issues – both the client’s and (most importantly) the therapist’s – get played out within the therapeutic relationship: previously the assumption was that the therapist – albeit wounded – had since been healed by their own therapy and could therefore now heal the client.

Subjectivity

Psychotherapy weights subjectivity; psychotherapy is an intersubjective encounter. It is a craft, and possibly even an art (Young & Heller, 2000). It is not a science, although it is becoming more scientific. This opens the way for the personal perspective of a founder to have full rein. The founders of Body Psychotherapy broke the mould, frequently dedicated their life to their work, and worked extremely hard (Young, 2008, Young, 2010). Many have died quite elderly and still working. Often, they had genuine aspirations of making the world a better place.

Body Psychotherapy trainings were, and still are, taught mostly experientially, so that the ways of ‘being’ with others therapeutically become absorbed in an embodied manner. An ‘apprenticeship’ style of training was very popular, especially between 1970 and well into the 1990s. There was much less emphasis on any academic requirements. As the students progressed, they took on more responsibility and the more able graduates of trainings were often chosen by the founder to become trainers in their turn, and to pass the training on: therapists often became ‘carbon copies’ of the founder. Job opportunities were limited and many graduates took work as trainers in the centre they trained in and in clinics set up by the founders as these places provided easy referrals and an income – and because setting up another centre or clinic might be seen as being in competition with the founder, who they were often still dependent on for professional accreditation in that ‘method’. The system perpetuated itself. Unfortunately, founders sometimes fell out with favoured trainers, or those apparently groomed for more responsibility were disappointed not to receive it. Gossip, strife and splits into ‘factions’ abounded within Body Psychotherapy – and in many other types of psychotherapy – especially where there was a charismatic ‘founder’.

Narcissism

The term narcissism is imprecise and is often used pejoratively, but in its broadest sense involves an interest in oneself and not in others (Jacoby, 1991). Lowen (1985) sees narcissism as a thread
running through all of the characterological defence systems. Founders, training organisations and Body Psychotherapy associations can unconsciously enact elements of narcissism. These can be in the form of excessive contraction or over-inflation. There can be a blown-up sense of specialness that is not understood, or feelings of anxious inferiority. The more exaggerated aspects seek admiration to bolster unconscious low self-esteem and to cover self-doubt and shame. Where there is more unconscious identification with the resigned version of narcissism, there is a tendency to take solace in withdrawal, but also feeling unrecognised and exquisitely sensitive to the merest hint of disapproval. The more exaggerated aspect of narcissism hopes for recognition, but constantly anticipates rejection and being ignored. The individual or group looking for admiring reflection is part of this dynamic. In reality, the individual or grouping can get little nourishment from any admiring followers, and yet the admiration is always sought. When this dynamic is active around an individual leader, eventually the leader is found wanting by some of the ‘followers’. Greater disillusionment sets in as the leader is found to be imperfect, leaving the ‘follower’ with a sense of inner emptiness and rage. Others remain “loyal” to the founder or original grouping and continue to play their part in the narcissistic dynamic.

For an organisation, the group identity can often be maintained by defending against a common enemy. For Body Psychotherapy, this could be the “medical model”, psychiatry or psychoanalysis (which rejected Reich), mainstream academia, or any psychotherapist who did not work with the body. This becomes complicated when there is both a real and an imagined attack going on. This dynamic was at its peak within Body Psychotherapy in the period of this article, but began to change significantly after about 2000, especially as Body Psychotherapy – as a mainstream – began to become more accepted in Europe by the European Association of Psychotherapy (EAP).

**Tensions within organisations**

The freedom to try out new ideas in organisations, unconnected to universities and hospitals (that demanded ‘proof’) brought exciting developments, but also inherent problems. The founders, quite rightly, wanted to see graduates practising the form of psychotherapy that they had developed. However, where narcissistic patterns were in the ascendant, the graduate ‘should’ be practising Body Psychotherapy in *their* way. Body Psychotherapy has to be embodied and personalised, for the unique meeting between this particular therapist and this particular client. If the graduate attempts to do it in the way of the founder, it is likely to be ineffective and inauthentic. The
graduate is not the founder and cannot possibly work like the founder. The “general and the particular” have become confused (Nhat Hahn, 2001). If the graduate takes on different influences, and develops the work in their way, is it still the sort of Body Psychotherapy that they were trained in – and will the founder accept it, or possibly reject the graduate?

Sometimes, graduates became enmeshed in loyalties to an idealised founder and individual uniqueness became sacrificed. Sometimes, individuals developed beyond an organisation and methods and needed a different psychic container for their creative journey. There was often a painful process of leaving a valued organisation, which nevertheless no longer met the inner trajectory of change. Lowen and Pierrakos both developed Bioenergetics, but seem to have been able to stay amicable when they went their separate ways. Pierrakos, probably influenced by his wife Eva’s spiritual channellings, went on to develop Core Energetics, whilst Lowen continued with Bioenergetics. However, Body Psychotherapy had its share of publically enacted battles full of rage hurt, shame and humiliation, when mutual narcissistic needs for symbiotic perfection were challenged. The narcissistic need for entitlement can be easily crumbled, and is not always as robust as it can appear. Much is at stake here to protect oneself from humiliation and shame. These painful histories can linger on many years later and continue to permeate the profession of Body Psychotherapy today without the latest graduates being able to have much purchase on the dynamics that they are unconsciously enacting (embodying).

Schizophrenia

“Madness in great ones must not unwatched go.” (Claudius, in Hamlet). In the excellent book, Prophets, Cults and Madness, (Stevens & Price, 2000), there is a closing discussion about the schizophrenic components in many cults, and in their prophets, and how the negative symptoms of schizophrenia (apathy, loss of motivation & withdrawal) are often not particularly apparent in the cult leaders, though more so in their followers. It is therefore hypothesised that the existence of the followers acts as a sort of preventative, which serves to inhibit the negative symptomatology in the leader. Any form of sustaining support can make the difference between high morale and complete psychological collapse. If the followers are isolated, there is then only the support of the leader that keeps them afloat. Isolation can be physical, emotional or ideological.

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

We are not saying that any of the founders of the various Body Psychotherapies were schizophrenic, or developed cults, but that observations about this phenomenon are interesting and can give another way of thinking about the dynamics of organisations. The adulation of the students, or clients, can boosts the ego of the ‘teacher’, and thus s/he is often encouraged to make wider and deeper claims in order to get increased adulation: so, an incipient ‘cult’ can be formed.

_Private businesses and risk-taking_

Body Psychotherapy trainings (1960-1990) were often grouped around a particular individual, and, were often private businesses. Sometimes personal, and training and therapeutic had a conflict of interest. Students could be accepted on the prevailing principle of the time that all of us have the potential to develop. There was also more emphasis on personal development rather than emphasis on training in body psychotherapy for a new career. Nevertheless, there was leniency around histories of mental illness, and an individual might not have had the emotional robustness for the training, but an extra student would boost the organisation’s income. This was a time of more risk-taking than we are used to nowadays and risks were almost certainly taken that compromised the integrity of the organisation and the quality of their subsequent therapists.

Trainings were less formalised than they are now and were never “manualised”. Individuals kept on training until they felt (or were judged) ready to practise. Some had no intention to practice, just to develop. Development is ongoing and each person develops at their own rate and so it could take what seems a long time by today’s standards. Now, trainings are set at 4 years from start to finish with (supposedly) entry at a post-graduate level of academic achievement (or its equivalent): nothing is said about tests for suitability, though some psychotherapy training do require students to do something like the MMPI at entry.

_Excluded minority psychotherapy_

Body Psychotherapy in the past has functioned as an underground movement (Boadella, 1980) out of necessity. Body Psychotherapy was then able to band together and ‘project’ onto an attacking external word, which does not “understand” it. Body Psychotherapy is only now becoming a
mainstream branch of a profession: we are still in transition. Stauffer (2012) opened the possibility of exploring this sense of external lack of recognition and its internal sense of deficit within Body Psychotherapy. It is likely that the exploration will find components of low self-esteem, poor sense of worth, and some shame. It is easy to criticise the conventional ‘establishment’ for its lack of recognition and acceptance, and it is therefore easy to slip into a counter-culture of ‘getting by’, of ‘decrying’ conventional standards, and of not fulfilling acceptable conditions, or doing required levels of research.

The world of psychotherapy – especially in Europe – is becoming much more professional. Standards are changing quite radically and – to date – Body Psychotherapy has met some of the challenges and has brought itself up to these standards. However, there are (currently) no training standards applied (for example) by the United States Association of Body Psychotherapy (USABP).

The methods of Body Psychotherapy
Another shadow element in Body Psychotherapy is the methods themselves, which are not intrinsically problematic, but without checks and balances can be potentially abusive. Sometimes, the methods have been applied without discrimination. There was very little teaching of contraindications for any particular method. In particular, breathing techniques, cathartic methods, touch techniques, and deep tissue work can be quite problematic, depending on to whom, and how these techniques are being implemented.

There is much more work – a huge amount – that needs to be done, systematically, detailed and backed by outcome research, in this area. As an example, within the medical profession, leeches – applied universally since Greek and Pharoic times and up to the 18th century – now still have some medically legitimate uses.

Changes since the 1990s
Since the late 1990s, Body Psychotherapy organisations have become more transparent, and trainings operate more open systems of organisation. Trainings have begun to be less hierarchical, to have Management Committees, and student and trainer involvement in decision-making processes. Some organisations also have involvement of non-training staff on their governance committees. Curricula have been developed and put into manuals. Trainings have become more selective of prospective students with a view to training them to be professional Body
Psychotherapists. Codes of Ethics and Practice, Complaints Procedures, External Moderators and Examiners are now fairly standard within many Body Psychotherapy organisations. Trainings remain experientially biased, but with the addition of some more academic requirements. The personal development aspect has not been abandoned as there is nearly always a significant component of person therapy required during the training course, but some of the risk-taking – and the more way-out techniques – have been lost, especially as society has become more cautious.

In the U.K., Body Psychotherapy Training Organisations are accepted into the U.K. Council for Psychotherapy. These are located with the Humanistic and Integrative Psychotherapy College (HIPC). Within the EAP, there are several Body Psychotherapy ‘modalities’. This has brought about a dialogue about standards and training curricula. It also gave a platform of discussion with other psychotherapies and the opportunity to learn from each other. All HIPC trainings are required to have some knowledge of other forms of psychotherapy, not just their own. All European psychotherapy modalities have to be “scientifically validated”.

Other Developments
In the 1970s, David Boadella founded one of the first Body Psychotherapy journals, *Energy and Character*, which first enabled a proper dialogue between methods, training organisations and was also somewhere to publish fairly seminal articles. Now, there are several professional, scientific, peer-reviewed journals, including this one. In the Body Psychotherapy field, no journal is yet ‘cited’ in the Social Sciences Citation Index, but it is hoped this will happen soon.

Methods of working with clients have become much more refined. There is far more sophistication when, for example, working with traumatised clients, and it is now accepted that, when working with specific and difficult client groups like this, additional specialised training in necessary, and that some clients may not even be suited to Body Psychotherapy. It is also accepted that male psychotherapists are not necessarily the best people to work with women who have been sexually abused by men, at least in the first instance; and that people with particular cultural issues (like asylum seekers) often benefit from therapists familiar, or from within, their own culture. There is also much more awareness of context and the resources in daily life of clients.

Body Psychotherapists in the U.K. still work a lot in private practice, but less around training institutes once they are qualified. Job opportunities are opening up for body psychotherapists and some are found working in the British National Health System in departments
of psychology, mental health institutions, or with patients from oncology and transplant surgery. They still remain sometimes a bit invisible as they are often employed as “technicians”, “counsellors” and “psychologists” rather than explicitly as Body Psychotherapists, but there is a movement of change here.

Conclusion

For the future of Body Psychotherapy, as a whole, hopefully we shall find a way of living with these shadows by honouring the lineage and the gifts of the pioneering founders, but not denying some of the very personal hurts, pain, mistakes and conflicts in our developing history.

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