

## **The Science of Body Psychotherapy Today: Part 3: Appropriate Science.**

**Abstract:** In the first of these four articles, I looked at the history of ‘science’ in body psychotherapy (mainly the work of Janet & Reich), and in the second article, I looked at what the current situation is with regards to the science of psychotherapy and that of body psychotherapy. In the third part of this series, there is a discussion about what might be meant by ‘appropriate science’ for psychotherapy, in general, and body psychotherapy, in particular.

**Keywords:** Types of Science – Medical Science – Social Science – Professional Politics – Body Psychotherapy – Neuroscience.

### **Section 1:**

#### **What is Appropriate Science**

The use of the word ‘science’ with reference to body psychotherapy, directly brings up the question of what do we mean by that, here, and what is the appropriate science for this particular branch of study and knowledge.

There are two distinctly different approaches to science (within the human sciences) that are often confused; it is therefore important to differentiate between ‘natural science’ (which uses the scientific method in the objective and rational study of nature and objects and which forms the basis of all the applied sciences) and ‘social science’ (which studies human aspects of the world, using the ‘scientific method’ in more qualitative ways). In studying subjective and inter-subjective aspects of society, this latter branch is sometimes called the ‘soft science’ and there is a degree of ‘scientism’<sup>1</sup> that exists, which tends to discriminate, not just against this particular type of science, but also against other interpretations about societal life (religious, mythical, and spiritual). With the increasing ‘medicalization’ of psychotherapy (through government, psychiatry and the health insurance companies wanting fixed diagnoses, regulation, RCTs, etc.), there is a tendency to give priority to the first type (of natural science), but this choice brings a whole raft of other problems that are often ‘conveniently’ ignored by the august bodies that try to control and regulate the mental health professions.

Firstly, one major criticism is that the more objective or ‘natural science’ approach tends to de-humanize the client or patient. The more humanistic-type of psychotherapies tend to try to avoid ‘natural science’ and veer towards the ‘softer’ versions of the social sciences, focussing more on a view of the person’s ‘self’ in relationship to society, as a way of examining ourselves and responding appropriately (Rowan, 2000). This view holds that counselling and psychotherapy

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<sup>1</sup> Scientism: (1) An exaggerated trust in the efficacy of the methods of natural science applied to all areas of investigation, as in philosophy, the social sciences, and the humanities. (2) An exaggerated trust in the efficacy of the methods of natural science applied to all areas of investigation, as in philosophy, the social sciences, and the humanities. (Webster, 1983)

cannot be separated from the social conditions and context in which practitioners and their clients operate (Pilgrim, 1997). What is significant to people (the clients of psychotherapy) is mainly the relationship between their mental health and life stress, family issues, gender, class, race, age, etc. – and thus the ‘science’ of this should look at relevant social research.

Psychotherapists, of all sorts, sometimes fall into the trap of trying to avoid such ‘scientific’ discriminations by adopting forms of pseudo-scientific language, which confuses the issue even further: and – contrarily – some psychotherapies also have very little scientific basis, load themselves up with (pseudo) ‘scientific’ language, and yet are still somewhat more of a belief system; so this sort of criticism is not totally unfounded, as we shall see.

We must, nowadays, also consider this aspect from a wider perspective. In a review of the historical trends of psychotherapy within Asian countries (Tseng et al., 2006), the authors illustrate the efficacy of multiple-healing systems and an integration of mind, body, and spirit in their methods; a practice only recently being supported in Western practice. Other studies show widely differing patterns of diagnosis, intervention, treatment and recovery rates; the effects of different psychological ‘norms’ (like parent-child relations); the impact of different traditional thought and philosophy; and different psychopathologies. These sorts of approaches force a re-examination of our basic ‘Western’ concepts and, those interested (as we are all supposed to be) in multi-cultural studies and culturally-competent psychotherapy, would do well to consider this. We, in the West – despite the hegemony of our ‘science’ – do not have a monopoly on the truth.

From those early struggles and discriminations, described earlier, psychoanalysis and psychotherapy (including body psychotherapy) gradually began to develop their own form of empirical ‘science’ (the type of science that relies on practical experience) with the extensive use of case histories, backed by some ‘scientific’ studies and some social research. The case history is an examination of what was actually happening in the intense – and necessarily private – therapy session, continually relating these events back to theory, and thus making a reflective, but very subjective, bridge between theory and practice. This type of ‘science’ has some degree of validity and is becoming increasingly respectable and accepted. However, as a discipline, or as a profession, we must not and should not only rely on this, and other types of ‘science’ (research, efficacy studies, randomised control trials, etc.) cannot be ignored for very much longer.

Some of the later changes that have happened took psychotherapy somewhat further away from ‘hard science’ (Young, 2009a). Briefly, the rise of behaviourism in the 1930s and 1940s, tried to put a scientific objectivity into psychology, but, in so doing, the humane and humanistic aspects were partially lost, and the people involved became ‘subjects’. The pendulum then swung the other way (briefly) with the advent of humanistic psychology, and the needs of the individual became paramount, and ‘policies’ and ‘studies’ based on quantitative research were often deemed inhumane (Rowan, 2000).

Now, things are swinging back again, both in the USA (Erskine, 1998), and in the UK with government programmes, like the ‘Increased Access to Psychological Therapies’ (IAPT) (Layard, 2006), which are being designated only to treat mild to moderate anxiety and depression, with 5,000-10,000 new ‘psychological therapists’ only having about 12 weeks of training. Whilst this may well help some people, it can also be considered as socially reprehensible – from some perspectives (Nel, 2009).

There are now essentially two different directions with regards to science within psychotherapy: an objectivist approach, and a constructivist approach (Botella, 1998). Cognitive Behavioural Therapy (CBT) has tended towards the objectivist approach, which might account for its ‘success’ in establishing itself as the main ‘evidence-based’ psychotherapy, and – even though its origins were very ‘behavioural’ and ‘objective’ – it is currently much less so, and has recently ‘softened’ considerably. Interestingly enough, it is also nowadays becoming something of a catch-all to everybody and incorporating ‘body-oriented’ techniques, like EMDR and Mindfulness practice. The ‘natural science’ medico-biological model generally supports this objectivist perspective, and the mental health/psychiatric perspective, both essentially trying to find organic causes for most psychological disorders, and therefore essentially looking at effective ‘treatments’ for these disorders. There is no doubt in my mind that body psychotherapy is going to have address this perspective properly at some point in time.

On the other hand, the post-modern or constructivist approach inherently links phenomena with experiences and discourses: attempts are made to create a form of a ‘narrative’ to understand why the person has ended up in this situation, has adopted ‘defence mechanisms’ or ‘survival techniques’ (rather than neurotic character-structures) which may now have become redundant or dysfunctional, and how they can move forward into a better situation. There is a movement away from the language and presumptions of ‘illness’ that are found in medical or pharmaceutical language (and also, incidentally, away from the ‘character structures’ that dominated body psychotherapy in earlier years), towards a much more social, or even personal, constructivist perspective. In other psychotherapeutic disciplines, this is now generally referred to as the bio-psycho-social model (Engel, 1977), which tries to marry the bio-medical with the social.

It is, of course, nonsensical to try to define concepts such as intelligence, memory, language, emotions, or consciousness only in objectivist terms. The fundamental differences in these two approaches, as well as the split between ‘natural’ and ‘social’ science, will ultimately determine the type of study, research and approach to the ‘science’ of psychotherapy and thus to the ‘science’ of body psychotherapy. One approach tends towards positivistic and quantitative approaches, with assessment and psychometric tests; the other will focus on case studies, outcome research, examination of the therapeutic relationship, and much more qualitative components. This latter direction will need to borrow tools from other ‘sciences’: anthropology (conversation analysis),

sociology (grounded theory methodology) and literature (narrative analysis) as some of their scientific bases, but it must not fall into the ‘trap’ of trying to be the (natural) ‘science’ that clearly it is not. It should instead stand up for itself in the face of ‘objectivist’ critiques: it has a very valid place and role.

Psychotherapy has not properly taken up this challenge, nor has it fully developed tools of its own, and – as a result – the ‘science’ of psychotherapy (and thus also of body psychotherapy) is still somewhat considerably depleted and diminished. It is difficult to take an effective stance against the almost overwhelming weight of ‘scientific evidence’ from the other side. In contrast, CBT adopts the more objectivist approach and thus aligns itself closer to the more acceptable (scientific) ‘natural’ sciences. This is not just a philosophical argument: it has huge political and practical implications in terms of general understanding, social and political acceptability, and – most poignantly – significant health funding. But neither is it an “*either ... or ...*” situation: this is another trap. We must try to consider it from the point of view more of a “*both ... and ...*” perspective: both have a value and neither one or the other is the only answer.

The growth of ‘treatment’ of mental illness by either modern psychiatry and mostly medication, ‘mechanical’ methods like ECT and lobotomies (some of them contentious and some of them barbaric), or behavioural reward systems (also very dubious), have complicated and confused the picture of ‘science’ in mental health, as each of these has claimed efficacy and has ‘shown’ itself to be ‘scientific’ in various ways, and at various times. We also have a whole systemic structure of academics being forced to write ‘research’ papers to maintain their tenure; doctors and hospitals effectively competing against each other in a commercial market system; and double-blind trials and large studies frequently being ‘paid for’ by the larger drug companies (often through not-for-profit ‘foundations’ largely financed by these companies as a tax dodge) so their basic integrity is severely compromised; so – in all of this – the one-on-one individual psychotherapist has had little chance of being able to demonstrate his or her own efficacious practice, especially in a little-known and marginalised discipline like body psychotherapy.

Thus the ‘science’ of psychotherapy (and of body psychotherapy) has been severely distorted and even further depleted. In order to prevent a further decline, I firmly believe that our professional associations have to have a significant and essential role to play here. The individual psychotherapist (of whatever discipline) has little chance to make an impact by themselves, unless they are uniquely established with a Ph.D. and links to a reputable university, perhaps with a parallel private practice (viz: Kächele, 2001).

Practitioners – and this also applies to body psychotherapists – are notoriously reluctant to use outcome research, despite the external pressures to do so and less than 1/3 of ‘normal’ practitioners (US psychologists) choose to monitor any outcomes, despite the beneficial effects on their practice (Lambert & Hawkins, 2004). We need to find ways to mobilise ourselves and

overcome this sort of resistance: and – since most of us are coerced into being a member of a professional association (for that modality), let these associations carry the can and use our membership fees to ‘prove’ that method or modality ‘scientifically’. What better long-term benefit should our fees be put to?

As a result of all these ant-objectivist trends, there has been something of a counter-reaction: an increasing focus on the particular methodology of the modality of psychotherapy. The actual ‘practice’ of psychotherapy has been emphasised, and the focus has shifted instead more towards ‘craft’ and ‘skill’, rather than towards ‘science’ and ‘measurement’ (Young & Heller, 2000). Whilst the emphasis on quality has been extremely beneficial over the last 100 years, this trend has also been somewhat detrimental to psychotherapy, as a whole, and body psychotherapy in particular, especially when (or if) one wishes to (or is required to) establish any sort of scientific ‘basis’ for this aspect of the profession. By contrast, CBT – which has already established a solid ‘evidence-base’ – is considered by many to be very formulaic, and has even recently been computerised. What that will do for the therapeutic relationship is anyone’s guess! Certainly, computerised CBT is probably not enough, though it may be a useful adjunct (Young & Kazim, 2009).

As we (in body psychotherapy) have veered further towards the humanistic (psychology) sphere, where we gained acceptance in the 1960’s, ‘science’ in general was also seen then as something of an anathema: objective, uncaring, mechanistic, and irrelevant to (or interfering with) the very intense human-to-human therapeutic relationship. This can be as equally narrow-sighted as seeing some of these humanistic psychologies as more of a sect, even though a few of them have been (perhaps correctly) been considered as that. These basic prejudicial polarities must be overcome, if we are to be constructive about the use of science in psychotherapy.

As mentioned, one branch of psychotherapy in particular, CBT, has put a lot of effort and energy into supporting its ‘evidence-base.’ As a result, this type of psychotherapy is now being largely accepted as ‘the treatment of choice’ by insurance companies and by governmental health services across Europe and America, **despite numerous comparative research studies and meta-analyses that clearly demonstrate that no method of psychotherapy has been shown to be more effective than any other method.** (Smith & Glass, 1977; Smith et al, 1980)

What does show up to be much more effective is (a) the quality of the therapist (Wampold, 2001); (Wampold & Brown, 2005); (b) the quality of the relationship between therapist and client (Norcross, 2002), and (c) the motivation of the client. Even though this ‘scientific’ finding thus cuts across the ‘evidence-based’ popularity of CBT, because it is based on qualitative science rather than objective science, the myth still perpetuates.

Another myth, that psychotherapy has to be ‘scientific’ (without defining the type of ‘science’) now begins to set the agenda for all other psychotherapies, and everybody has to be

similarly 'scientific', using or competing with the already established 'yardstick' set by ... CBT. As this rat-race progresses, it is being fuelled by economics. Those who pay for psychotherapy treatment demand efficacious results and as quickly as possible, so that they have to pay less. The insurance companies and the national health services have thus latched onto the CBT 'step-by-step' awareness and behavioural change approach to the extent that we now have insurance companies in America identifying certain diagnoses from DSM-IV as being worth of 3 or 4 sessions of psychotherapy, and other (more complex) diagnoses being funded for 10-12 sessions. Sessions or treatment beyond that point are "*not 'scientifically' supported*" and thus, beyond these points, therapy becomes a matter of professional indulgence or rather personal choice and therefore will not be paid for, except privately. Economics is thus 'using' a false view of 'science', and thus we have another distortion being built into the field. This situation will continue to perpetuate itself.

As more of a 'fringe' mainstream, body psychotherapy is particularly vulnerable here: so-much-so that many body-oriented psychotherapists have had to practice under a different flag of allegiance, wearing their psychologist's hat, or as a massage therapist, or not being particularly explicit about their actual method of treatment. It is easy to understand the pressures that exist on them, as individuals, but this is also detrimental to establishing body psychotherapy as a 'scientific' mainstream when many of its practitioners are working 'undercover'. Again, the professional associations probably need to be much more proactive here.

Body psychotherapy seems to have generally taken, instinctually or deliberately, as a result of criticism, opposition or opportunism, a more person-centred, process-oriented path and this, as well as other factors, has created a different philosophical and epistemological basis for the profession. There has generally been, as mentioned, much greater reliance on clinical refinements and qualitative research, and it is only recently that this type of work is becoming more acceptable 'scientifically'. However successful a strategy this has been, there are new dynamics that might require a broadening of this, and a '*both ... and ...*' type of adoption of an alternative strategy.

### **What is appropriate 'science' in relation to Body psychotherapy?**

When the European Association of Psychotherapy (EAP) began to try to establish psychotherapy as an independent profession in Europe in the early 1990s, it was declared, from the start, that all of psychotherapy had to be 'scientific'. There was, and still is, considerable opposition to the establishment of another profession, coming from the 'vested interests' of the other two well-established professions: those of psychology and psychiatry: hence the emphasis on 'scientific psychotherapy'. To this end, the EAP developed a set of criteria that every modality or mainstream in psychotherapy has to answer, and the answers have to be scrutinised and accepted, before that

particular modality or mainstream is fully accepted within the EAP (15 Questions: see Part 1, Appendix 1). David Boadella (interestingly a very respected body psychotherapist) headed up the committee that formulated these questions, the “15 Questions on the Scientific Validity”. They were based on a book (Pritz, 1996), which consists of numerous contributions by distinguished psychotherapists from Austria, Switzerland, Germany, & England and is "*without doubt the best single book on psychotherapy as a human science, in any language*".

I give this piece of relatively recent history as its significant is because it steps away from the research laboratory, and from the market-place, and from the established hierarchies, politics and vested interests, already mentioned. These ‘scientific’ questions were determined from within the profession. They are available on the EAP website ([www.europsyche.org](http://www.europsyche.org)), and many different modalities of psychotherapy throughout Europe have now gone through the process of establishing the scientific validity of their method or modality by these criteria, which in itself provides quite an interesting ‘body’ of science. There was, also interestingly, quite a substantive resistance initially to answering these questions, and even to thinking about what we do, as psychotherapists, from this particular perspective.

With body psychotherapy itself, quite a peculiar political situation arose. EABP, as the professional association representing body psychotherapy, decided to go through the ‘scientific validation’ process in 1999-2000 and, as one of the representatives and the main author of the EABP’s submission, I deliberately chose to write this document as establishing the scientific validity for the whole ‘mainstream’ of body psychotherapy – i.e. for all the variety of body psychotherapies. The main part of the submission (answers to the 15 Questions) ran to over 23,000 words (about 50 pages), with an additional 38 appendices. It is still available on the EABP website: [www.eabp.org](http://www.eabp.org).

However, because of some complex politics and personalities within the EAP at the time, an additional requirement was laid onto body psychotherapy: that each modality within body psychotherapy also had to answer these ‘15 Questions’ independently. This rather undemocratic and somewhat discriminatory exception was because some of the other psychotherapies feared that any generic acceptance of body psychotherapy might ‘open the door’ to all the numerous modalities and individualistic methods within body psychotherapy, some of which are (quite frankly) unproven, quirky, idiosyncratic, radical, iconoclastic and possibly dubious as to whether this is a proper psychotherapy, an elevated body-therapy, or even a sort of sect. Let us be completely realistic: these exist, so the additional condition that applied to body psychotherapy alone, had some justification.

As a result of the process of a number of body psychotherapy methods going through answering the ‘15 Questions’, it is fair to say that a general level of confidence has been re-established within the EAP about body psychotherapy, and about the EABP’s internal checking

processes, and so the ‘restriction’ on body psychotherapy has recently been lifted so that, as a mainstream, EABP now has the ‘right’ to establish which methods are the ‘scientifically valid’ body psychotherapy modalities within our own aegis. How we actually do this is the next step to determine. Whilst this is essentially a political process, it is also very relevant to the science of body psychotherapy and how it is being applied.

So it is, perhaps, interesting to note, that the body psychotherapy modalities of Biosynthesis (Boadella), Bioenergetics (Lowen), Hakomi (Kurtz), Unitive Psychotherapy (Stattman), Biodynamic Psychology (Boyesen), Bodydynamics (Marcher), Emotional ReIntegration (Bolen), Character-Analytic Vegetotherapy (Reich), and more recently Psychotherapeutic Postural Integration (Painter + Gestalt), have all now been accepted as “scientifically valid” body psychotherapies by this process. This last body psychotherapy modality is specifically interesting as it arose where a ‘body therapy’ method (Painter’s Postural Integration) has added on (or ‘integrated’) Gestalt psychotherapy, plus some Jungian concepts, to form a new type of body psychotherapy.

Many of the actual submissions of the 15 Questions for these modalities are also posted on the EABP website, especially those that went through EABP as a ‘gateway’. Three or four other forms of body psychotherapy: Biosynthesis, Psycho-Organic-Analysis, Concentrative Movement Therapy, and Bioenergetics were all accepted independently within the EAP by a similar process. Given that about 13 different body psychotherapies have now answered these same 15 questions, we have the basis for a wonderful meta-analysis, were someone interested in doing it.

Politically, this selective process is also (significantly) in contrast to the European Association for Psychoanalytical Psychotherapies, that went through the ‘15 Questions’ process without any such restrictions, and with the result that Freudian, Lacanian, Jungian, Adlerian, and Kleinian psychotherapies did not have to write such submissions independently.

However, what this (largely political) process all means is, that to our peers, we can talk a common (non-jargon idiosyncratic) language; we can demonstrate that there has been scientific writing about these methods; that there has been some reasonable research; that there is a reflective linking process between theory and practice; and so on. Maybe this is the beginning of a comprehensive epistemology about body psychotherapy: I do hope so, as it is long overdue. But I believe that much further work is needed to define the actual parameters of this ‘field’: parameters that also need to be reasonably flexible to allow new entrants, as well as to firm up the scientific basis of body psychotherapy.

Body psychotherapy in Europe, particularly, has occasionally been ‘plagued’ by ‘bad press’ from some groups (or ‘sects’) that have called themselves ‘a psychotherapy’ and yet have used mind-altering techniques (sleep deprivation, group pressure, social isolation, and some body-oriented abreactive techniques). Both Scientology and Rebirthing have been accused of doing

these sorts of things in the past, and political feelings about this sort of methodology have run very high, especially in some countries. The press also love to jump onto something like this.

Within the profession, one (seemingly) very well-established school of ‘body psychotherapy’ was rejected when it tried to apply independently for scientific validation through the EAP process described above, on the grounds that it seemed to be more of a ‘sect’ than a ‘psychotherapy’. This ‘rejection’ (or the external ‘peer’ acknowledgement that something was not totally ‘kosher’) then opened the door to some previously repressed complaints about abuse within the training programme being able to be made more public. This particular case later went into a criminal investigation and the head of the school was actually prosecuted and imprisoned. We do have to be very careful of who we include, and also be aware that the process of exclusion can sometimes be beneficial.

There are also earlier examples of ‘sects’ – like those from within the Bagwan Shri Rajneesh movement – using (or abusing) ‘encounter groups’ and techniques like ‘abreaction’ or the “*discharge of repressed emotions*” in violent ways. Experienced psychotherapy group leaders who had ‘converted’ to this sect, led these, and similar, groups that were practising something akin to violence in therapy (Boadella, 1980). There are also many accounts of abuses of ‘therapy’ coming from Russian psychiatric words during the period of the Soviet Union, and there are additionally many other abuses of the power relationship that exists in psychotherapy and other professions (Rutter, 1990). However, because of the potential contact with the client’s body, body psychotherapy is particularly prone to exposure of accusations of abuse in this field. The USABP therefore felt it necessary to put a specific paragraph about the use of touch in psychotherapy into its Code of Ethics. However, with respect to professionalism, body psychotherapists probably need to assert that they are about the only people who are in fact ‘qualified’ to touch, as they have been trained to do so appropriately. But this is where the science and ethics of psychotherapy can get confused: one does not presume the other. With respect to touch in psychotherapy and ‘science’, there is also a bigger question: hopefully, very few people will actually doubt the beneficial and therapeutic effects of therapeutic touch (Field, 1999, 2003, 2006).

On the wider front, it took more than about ninety years before mainstream psychotherapy (in the UK) began to reclaim its ‘body’, taking, as the point of this re-acceptance, the UK Council for Psychotherapy Conference in 2004, entitled “*About a Body: Working with the Embodied Mind in Psychotherapy*” (Corrigal, Payne & Wilkinson, 2006). So the mind-body split epitomised by Descartes’ “*I think, therefore I am.*” is only now just beginning to heal. Psychotherapy is beginning to accept and integrate its ‘body’ and body psychotherapy is also just beginning to integrate its ‘mind’ and apply itself again to science.

Up till now, there has been very little ‘hard science’ done within body psychotherapy. I mentioned some in the earlier part of this series (Young, 2010), and there are a few examples of

specific studies posted on the EABP website ([www.eabp.org](http://www.eabp.org)) under ‘BP Research’. The various founders of the different body psychotherapy modalities (with a few exceptions) have tended to draw on other people’s ‘science’. For example, Gerda Boyesen’s work on “psycho-peristalsis” was based on Bülow-Hansen’s well-established empirical physiotherapy techniques and, ‘scientifically’ backed-up by Setekliev’s totally independent studies of the firing patterns of smooth musculature of the intestines (Setekliev, 1964, 1980). David Boadella followed this with an article on firing zones and muscle tone, based on earlier American research work in physiology (Boadella, 1981). The scientific research was drawn on by the body psychotherapy method, independently and sometimes unknowingly, and was used to substantiate a different empirical finding. However this is still a form of ‘science’.

There are lots of exciting new possibilities for this type of ‘science’, especially nowadays, with the relatively recent development of neuroscience within the last 15 years. Therapists of all sorts are increasingly discovering the clinical relevance of neuroscience. For example, the website for the Dana Foundation is one of the respected and authoritative gateways to the very latest information about the brain ([www.dana.org](http://www.dana.org)).

So now body psychotherapists can draw on excellent ‘science’ done by other non-body psychotherapists such as the work of Tiffany Field in her book on touch (Field, 2003); Damasio’s writings (Damasio, 1994); Allan Schore’s work on affect regulation (Schore, 1994); Kirstin Moberg’s work on oxytocin (Moberg, 2003); Candace Pert’s work on the emotional component of peptides (Pert, 1999); and Steven Porges’ work in the polyvagal aspects of the Autonomic Nervous System (Porges, 2001). This is where mainstream ‘science’ can really inform body psychotherapy. I examine this further in the next part of the series. But this is not the ‘science’ of body psychotherapy: we need to look a little further. And we also need to discover how body psychotherapy can inform science.

Hopefully other writings on the science of body psychotherapy will establish some of this more clearly. Some research work has also been published in recent body psychotherapy journals, but these tend not to be very ‘scientific’, nor are they often properly peer-reviewed (viz: Pettinati, 2002; Luskin et al, 1998 & 2000). It is perhaps significant that this latter piece of much quoted research was (a) not done by body psychotherapists, (b) did not have a Part 2 and (c) was summarised: “*The research provided evidence for treatment efficacy; however most apparent was the requirement for further controlled research.*”<sup>2</sup> It seems we are not the only ones with these sorts of problems.

Within psychology, neuroscience is now helping to re-establish something of a more ‘unified field’ approach to the human and his/her body, and recent discoveries in psycho-neuro-

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<sup>2</sup> <http://www.positivehealth.com/permit/Updates/rudalt3.htm>

immunology further assist this trend. Whilst these developments are very exciting, there is much work that still needs to be done to translate these ‘pure’ or ‘hard’ scientific findings into useful clinical approaches within psychotherapy and especially within body psychotherapy. That is part of our current task and challenge. More recently, some people from different modalities of body psychotherapy are developing excellent, sound, published and accepted work within the particular field of trauma (Rothschild, 2000; Ogden, 2000; van der Kolk, 1994).

There are several other factors that can affect ‘science’ in the ‘field’ of body psychotherapy and which should be considered as potentially pertinent. Besides the profound effects of any psychotropic medication that our clients may be being prescribed by their doctor, and the effect that this has in masking some of their symptoms and blocking their ‘access’ to aspects of their psyche, we all need to consider the increasing impact of complementary and alternative therapies. Studies show that our patients/clients often use these and do not necessarily tell us (Elkins et al, 2005), so – are the beneficial effects of our therapy being affected (positively or negatively) by our clients using other mind-body therapies, physical practices (such as Yoga, Tai Chi, etc.), regular spiritual practice (such as meditation and mindfulness), special diets or vitamin supplements? Whilst we are usually delighted that they are empowering themselves and looking after themselves in these ways, if we do not know about them, they could skew any potential research findings.

We are also seeing increasing changes in the basic psychotherapeutic relationship that we would be foolish to ignore. There are many implications in the use of modern technologies. One direct impact is that there is a growth in telephone, e-mail and ‘skype’ psychotherapy sessions that obviously affects the proxemics, the body language, the somatic resonance, and so forth that are significant for many body psychotherapists.

Totton (2009) also argues that, whilst neuroscience reflects on the biological basis of body psychotherapy, and that we have also incorporated aspects from the ‘relational’ sciences (Cornell, 2008; Soth, 2005), there is a third field of ‘science’ that we can draw on: that of the social sciences, as we live in a social (and somatic) world. Totton’s well-researched article makes its point well and hence is mentioned. This connects back with the earlier mention of the relevance of the bio-psycho-social model.

We have also seen, in the previous part of this series (Young, 2010), that the relevance of some of the body psychotherapy research is questionable on the grounds of whether the therapies used in the research are actually a body psychotherapy, or whether they are some sort of body-oriented therapies, movement therapies, mind-body therapies, or whatever. There needs to be some sort of screening process.

Finally, it would really help if we all adopted a single ‘title’ for referencing purposes. Material can be found under lots of different headings, from Bioenergetics to alternative therapies to psychosomatics: we regularly use ‘body-psychotherapy’, ‘body psychotherapy’, ‘body-oriented

psychotherapy’, ‘somatic psychology’ and other such titles for the same thing. In my attempt to create a bibliography for body psychotherapy, currently running at 4,000+ entries (Young, 2006c & 2009), finding the basic source material is not the real problem: there is plenty of material ‘out there’. Deciding whether research (such as above) is relevant is much more problematic. This is also part of the science of body psychotherapy. This brings this thread of development of the argument up-to-date now. We have examined many of the problems in developing what is an appropriate ‘science’ for the field of body psychotherapy.

## **Section 2:**

### **Disowning the Body**

Before I move forward in the argument about what is appropriate science for body psychotherapy, I must backtrack – just a little. The body has been significantly disavowed in many different aspects of society, aside from psychotherapy. There are many reasons for this denial, and it is, by no means, a new phenomenon: it might even extend back to the growth of patriarchy 6,000 years ago. Reich wrote about some of these aspects in *Character Analysis* (Reich, 1933, 1949, 1961) and later, very graphically illustrated, in *‘Listen, Little Man!’* (Reich, 1948, 1972) He ascribed the basic rejection of the body to an accumulative reaction of repressive forces within the person’s body, creating a quintessential fear of libidinous free movement.

The rigidities of the body, that Reich spoke about, have mostly been experienced as a social ‘norm’ for so many years, and there is therefore – implicitly – a basic denial of, and a phenomenological resistance to, the open acceptance of the body within society. An individual can experience this ‘open acceptance’ as being natural and wonderful: however, this is often socially unacceptable, on a wider level, as it conflicts with the long-held social proprieties (viz: attitudes towards nudity and ‘skinny-dipping’ throughout the ages). Instead of these feelings being able to permeate through all aspects of society, there have grown up various distortions in peoples’ relationship to their bodies. Over fairly recent years, the body has been seen as:

- A repository of sin by various religious groups
- A disgusting sexual object by the Victorians
- Holding baser impulses to be sublimated by Freudian analysis
- A disposable asset to the military, especially in World War I
- Something to be fixed, operated on, or medicated, by the medical profession
- A dysfunctional object incapable of bearing a child unassisted, by obstetricians
- Something to be perfected and controlled through diet and exercise
- Something exploited by multinationals selling medicines, alcohol, cars & cigarettes
- Something to be transcended by belief, prayer, drugs, free love, or meditation
- An object of scientific research by biology and neuroscience, and
- Something (more recently) to be used politically by suicide bombers.

These are all phenomena of the profound separation between mind and body. To have body psychotherapy accepted as a valid aspect of mainstream psychology, we are going to have to contest with, and overcome, some of these long-held, almost subliminal, perceptions. Reich experienced some of these reactive components of society when he pointed out their ‘defects’ in the sex-clinics of Vienna & Berlin in the late 1920’s. Later, after being persecuted and prosecuted for supposedly selling a ‘cure’ for cancer, when he questioned the competence of a small-town court to make a ‘judgement’ on scientific realities, he was imprisoned for contempt of court, which resulted in all stocks of his published books being burnt – this was in America, in the 1950’s (Boadella, 1973; Sharaf, 1983).

So, when we examine the ‘science’ of body psychotherapy, we will also encounter some of these reactive social forces. You just cannot split the atom ‘safely’, however scientific you are, because when you do, you release the immense force (nuclear energy) that binds the molecular particles together. Similarly it is difficult to ‘challenge’ these long-held positions, without encountering their rigidity and resistances. On a slightly more positive note, Damasio writes:

*“(1) The human brain and the rest of the body constitute an indissociable organism, integrated by means of mutually interactive biochemical and neural regulatory circuits (including endocrine, immune, and autonomic neural components); (2) The organism interacts with the environment as an ensemble: the interaction is neither of the body alone nor of the brain alone; (3) The physiological operations that we call mind are derived from the structural and functional ensemble rather than from the brain alone: mental phenomena can be fully understood airily in the context of an organism’s interacting in an environment.” (1994, p. xvi-xvii)*

Various branches of psychotherapy are now including aspects of the body in their theory and practice: Cognitive Behavioural Psychotherapy (CBT) now accepts Eye Movement Desensitisation & Reprocessing (EMDR) and is even including Buddhist ‘Mindfulness’ practice, which involves body scanning and breathing awareness (Segal et al, 2002). Clinical Psychology now generally accepts the bio-psycho-social model, and psychoanalysis accepts somatic counter-transference as a legitimate therapeutic technique (Dosamantes-Beaudry, 1997, 2007; Davila, 2007). However these disciplines may not accept something that is fundamental to body psychotherapy: the mind-body unity. We, as body psychotherapists, generally hold this as fundamental. But we are also going to need to ‘prove’ this perspective as being valid. Additionally, however ‘scientific’ the evidence might be, it will also not be accepted unless people are prepared to examine it with an open mind. There are several instances of this throughout the history of science, though the most notorious is that of Semmelweis.<sup>3</sup>

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<sup>3</sup> In the 1840s, Oliver Wendell Holmes and Ignaz Semmelweis discovered this (to their cost) when they advocated theories of simple hand-washing techniques as a cure for puerperal fever. They were both separately persecuted and ridiculed. (Hanninen et al, 1983)

We also have to have the courage to risk declaring our conviction that these methods of ours in body psychotherapy actually work: we may soon be forced to. In Europe, the ‘requirement’ of any profession is now to demonstrate its ‘efficacy’, and, furthermore, all professions are having to define what the ‘functional competencies’ of their profession are: this is a fairly precise definition of what that particular professional should be able to do, and subsequently the demonstration of those functional competencies will be what is required to complete the professional training.

I have already indicated what I believe should happen in order to establish the efficacy of body psychotherapy (Young, 2010).

The question of professional ‘functional competencies’ should be the ‘Occam’s Razor’ that gets around the differentiation between who can do psychotherapy, as if anyone – be they a psychologist, psychotherapist, counsellor, psychiatrist, social worker, or even massage therapist – can demonstrate that they can perform the functional competencies of a psychotherapist, then they are, de facto, a psychotherapist, irrespective of what exams they have passed, degrees they have, licensing boards they have satisfied (or not), and professional associations and registering bodies that they have subscribed to. The profession therefore becomes defined by its functional competencies, and its practitioners by the demonstration of these, and not what bit of academic paper you have or haven’t got, or how long you have studied in the university of where-ever.

In establishing the professional competencies of a body psychotherapist, there will have to be established a common ‘core set of competencies, that all psychotherapists (irrespective of their modality) will be expected to be able to do, and then each mainstream or modality can establish the ‘specific’ competencies for that branch of psychotherapy: the competencies of a Gestalt psychotherapist will (of course) differ slightly from the competencies of a family psychotherapist, or a psychodynamic psychotherapist, or a body-oriented psychotherapist. There will also have to be some ‘specialist’ competencies that one would expect a psychotherapist to be able to do when working with (say) children, or the elderly, or refugees, or with people in prison, or who are terminally ill. For each competency, there is a knowledge-base, a set of performance criteria, and some evidence requirements: what do you need to know, what do you need to do, and what do you need to show – to demonstrate that competency.<sup>4</sup>

This is another form of ‘science’ – a commonly-held, pragmatic, demonstrable, skill-set that clearly defines an area of professional activity. We will no doubt, be challenged in this process, both to hold on to the ‘craft’ and ‘skill-base’ of body psychotherapy (from within), as well as to be able demonstrate the exclusive division of competencies (from without), both those competencies that are unique to the profession of psychotherapy, and common with other professions such as

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<sup>4</sup> [In 2009, the European Association of Psychotherapy \(EAP\) is proposing a 3-year project along these lines to establish the ‘functional competencies’ of a European psychotherapist, as part of the development a “common platform” for psychotherapy across all 26 \(and growing\) EU countries.](#)

counselling or clinical psychology, and – just to complete the triangle – we will need, as well, to define the practical effectiveness (efficacy) of our profession through some form of ‘science’.

With regards to the rest of psychotherapy, there is an idea that is increasingly put forwards nowadays, that there are new forms of mainstream psychotherapy that include the body; this is something of an incorrect anachronism. The body was at the centre of psychotherapy when it first started, and then Freud and his followers deliberately chose to leave the body out of psychotherapy (Young, 2006a & 2006b) and the historical developments that followed, particularly in America (Dunn & Greene, 2002). Whilst this was largely personal and political, it has had profound ramifications over the last 100 years or so. Hopefully the pendulum is now beginning to swing the other way.

## **Conclusion**

In a scientific study, our bodies, in themselves, cannot provide any of the answers. Neither can our minds, by themselves. We are inside them; our experience is paramount, and our perception is limited: yet science requires a degree of objectification and analysis. Separated, our bodies and minds are considerably less, than all of that which makes us human. Only when the mind-body unit is fully complete, with a degree of objective awareness, can we begin to find some really significant answers. Only when we can fully include the mind and the body as an inter-functioning whole, as a unity, do we begin to get a sense of something much larger than ourselves: then we get a sense of the ‘circle’ in which we sit; or the environment, or ‘field’ in which we operate: the multi-dimensional hologram, or the nature of our existence. This is the true study of the human being – and some of these concepts currently extend outside of commonly-held, consensual notions of ‘science’.

However, when we try to demonstrate or prove anything this to others, we may need to think carefully about whom we speak to. Socrates spoke of how “*the unexamined life is not worth living*” and was persecuted because he dared to question some of the essential tenets of the state, and the democracy of that time. He ‘discovered’ that he was probably the wisest man in Athens (as the Delphic Oracle stated) because, whilst men who were considered to be ‘wise’ and thought of themselves as wise, seemed to know nothing when he questioned them empirically, he knew that he knew nothing, and was therefore wise. However, in his ‘scientific’ discovery, he made several very prominent men look rather foolish and this led to accusations of wrongdoing, and (like Reich) a show-trial, and thus to his subsequent death.

Pure science is one thing: scientific recognition, is another totally different concept, which actually depends on the mind-set of the recipient. We therefore have to be exceptionally ‘centered’ about what we are saying about what we are doing and to whom. We must be very

clear about how we speak about the scientific aspects of body psychotherapy; we may decide not to let politics, or social implications and reform, creep into the dialogue – or we may decide to challenge the ‘mind-set’ of some of our critics. We will inevitably have to ‘face’ some opposition – and it may be prejudiced and/or political in its own right – and there is nothing we can do about this. We will need to be absolutely sure of our ‘ground’ – our definitions of ‘science’, and the appropriateness of that science, and the efficacy of our methods.

What body psychotherapists carry collectively is something quite fundamental. Body psychotherapists are aware that the body is mostly a physical manifestation of something much larger, and less definable – a multi-layered collection of different systems and energetic exchanges. These are all inter-connected in ways that we do not fully know yet, or which even may even be to some degree ‘unknowable’, and some of which we cannot even name, let alone describe. The synthesis of these connections is also much greater than the sum, and carries many more mysteries: there is finally the greater ‘something’ – currently way beyond measurement – that even allows us to carry a human potential, a spirit, or soul.

And then there is still another layer: the greater ‘field’ in which all of these systems operate and which motivates these systems. We believe in this – this is beyond science in that it is a belief system; we are sure that it works; we use these perspectives, and the methods we derive from them, regularly and effectively with our clients. And ... we might now need to begin to take a degree of responsibility for this: it is still a belief system operating within as-yet undefined parameters. Very shortly we will need to be able to demonstrate, more clearly, how and why this ‘body psychotherapy’ – for lack of a better word – ‘works’ for us and for our patients or clients. We need to provide some sort of ‘evidence’ that this is the case; we need to be able to ‘show’ – in a variety of ways – that these perspectives are reasonably valid, and these methods are ‘sound’ and ‘safe’; we will also need to provide ‘proof’ that these methods are efficacious, and possibly even economic. We will have to do all this – not because it will be of direct benefit to us, but because it will go towards satisfying those around us, who do not understand us, and yet who hold the power of public acceptance. We exist within a society, and must conform – to a degree – with the tenets of that society. We are also going to have to acknowledge that – to date – body psychotherapy has not yet done very much of this.

More specifically, I am convinced that the various professional associations of body psychotherapy (EABP<sup>5</sup>, USABP<sup>6</sup>, IIBA<sup>7</sup>, AASP<sup>8</sup>, IFB<sup>9</sup>, etc.) – as well as, and in conjunction with

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<sup>5</sup> EABP: European Association of Body-Psychotherapy: [www.eabp.org](http://www.eabp.org)

<sup>6</sup> USABP: United States Association of Body Psychotherapy: [www.usabp.org](http://www.usabp.org)

<sup>7</sup> IIBA: International Institute for Bioenergetic Analysis: [www.bioenergetic-therapy.com](http://www.bioenergetic-therapy.com)

<sup>8</sup> AASP: Australian Association of Somatic Psychotherapists: [www.somaticpsych.org.au](http://www.somaticpsych.org.au)

<sup>9</sup> IFB: International Foundation for Biosynthesis: [www.biosynthesis.org/html/e\\_community.html](http://www.biosynthesis.org/html/e_community.html)

– the various national, international and modality-based colleges and schools that teach body psychotherapy, or its modalities, (or somatic psychology), are going to have to collaborate together and design a number of research programs that clearly demonstrate the ‘efficacy’ of body psychotherapy, in general, and of a variety of body psychotherapy modalities, in particular. These research programs need to be designed to deal with:

- selected single-diagnosis patients/clients (Anxiety: Depression: Chronic Pain: Trauma: etc.),
- in randomised controlled trials (RCT),
- compared with other psychotherapeutic modalities (CBT, psychoanalysis, etc.), and
- other body-oriented therapies (like massage, Rolfing, dance-movement therapy, making the difference very clear), as well as
- other ‘talking’ therapies (like counselling), as well as
- other non-psychotherapeutic interventions (e.g. discussion groups, medication)
- in sufficient numbers (minimums of [say] 60-100),
- using standardized tests (e.g. CORE, BDI, BAI, HADS, MMPI, etc.),
- as well as more body-oriented measures,
- with the results being analysed independently, and
- published in respected, peer-reviewed, ‘scientific’ journals.

We will probably need at least 20 – 30 of these research projects, dealing with different ‘diagnoses’, in different countries and languages, spreading over a period of about 10 – 15 years. Some projects may fail these criteria, and ‘not count’ in the objective meta-analyses of efficacy, but they can still be useful. We will absolutely need this sort of ‘body’ of evidence if body psychotherapy is to be recognised as an effective treatment, and thus be eligible for government grants, health service employment, and insurance company payments.

This should achieve the first part of the succession of goals to help establish the scientific efficacy of body psychotherapy: even though the ‘science’ used is not that of body psychotherapy. It is absolutely fundamental and necessary and it must probably be initiated and partially funded by the professional associations in body psychotherapy, who – in association with the universities – may also be able to get external funding and grants that are available to non-profit organisations, NGOs, etc. from a variety of sources, possibly even including the pharmaceutical companies (though beware that supping with the devil is almost certainly going to need quite a long spoon).

This ‘check list’ was implicit in the last part of this series (Young, 2010), but I deliberately did not include these specific bullet-points until after having had the discussion above.

So, the next part of the strategy to determine the ‘appropriate’ science of body psychotherapy is to establish, within a variety of both internal and external parameters, the various forms of ‘science’ that might relate to this profession: what ‘weight’ do we give to case histories, outcome studies, RCTs, studies from neuroscience, etc. (all of which are useful and necessary, though certainly not sufficient) and what criteria (medical, ethical, social, professional, methodological, etc.) do we apply to these different forms? How much do we want to conform to the variety of

external parameters (viz: CBT, clinical psychology, or psychoanalysis), or to stand up for the relevance of our own internal parameters (quality of relationship, somatic resonance, efficacy of touch, flow of energy, etc.)? How much do we conform to the prevailing social and political paradigms, and/or how much do we argue against these as being largely irrelevant to this, our especial mainstream or modality? This can only really be done by extensive internal debates, at conferences, in symposia, in journal articles, etc., followed by more external presentations at wider conferences, in journal articles, and in edited books about the ‘science’ of psychotherapy, etc. Again, the time-span for this phase is probably 10 – 15 years. Again, it would have to be a collective effort.

Finally, we also have to establish clearly what differentiates body psychotherapy – and the work of a body psychotherapist – from that of other forms of psychotherapy, and other forms of body-oriented therapies. This can really only precisely be done by the process of establishing the functional competencies of a body psychotherapist, and comparing these with the functional competencies (similarly established) of other parallel professions. Then we can see specifically that, whilst another psychotherapist (or psychologist) does ‘this’, they are clearly not trained and qualified (nor competent) to do ‘that’, but a body psychotherapist is: similarly, a body therapist might do ‘that’, but does not have the training and experience (or competency) to deal with ‘this’ type of person, or help them look at ‘these’ types of psychodynamics.

The process of establishing these ‘competencies’ is again going to be a drawn-out and collaborative process, probably taking at least 5 years, and which would mean working in collaboration with informed representatives of other psychotherapy professions, as well as with representatives of other body-oriented therapies.

All of these will have to develop a new language and way of looking at their profession and/or modality. It is not easy, but it could be eminently worthwhile. And then, these findings can be filtered down into the training schools and colleges and, eventually (after another 10 years or so), become the way in which the body psychotherapy and somatic psychology trainees can clearly demonstrate their competency – to be a psychotherapist, as well as a body psychotherapist.

There is one more point. In America, there exist a number of different ‘divisions’ of the American Psychology Association (APA)<sup>10</sup>. I would like to suggest that those USABP body psychotherapists, who are also members of the APA, press to form a division of Somatic Psychology. This would allow a different forum of discussion and debate to be established, well within the portals of a respected professional association. It is a form of ‘politics’, for sure, but it could well, in time, help to re-establish some of the parameters of ‘science’ within that worthy profession. It is much easier to establish the existence of a new species of butterfly, by fairly

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<sup>10</sup> APA Divisions: [www.apa.org/about/division.html](http://www.apa.org/about/division.html)

simple ‘evidence’ of a member of that species that does clearly does not fit into any other of the existing species, than argue for the establishment of a whole new class, order, family, or genus of animal life.

Now, precisely because, instead of examining the past, or propounding theories, I am promoting a number of possible ‘solutions’ to a long-standing dilemma, I am more than happy to concede that any number of people may disagree with me (even passionately or violently) about these points, or the way in which to achieve these goals, or even the goals themselves. Perhaps the pages of this journal, or a discussion forum on the USABP website, could be the appropriate place for the expression of such oppositional, or expansive, views. I am happy to moderate my opinions in the face of such a debate, but – based as they are on my 30+ years of clinical experience and 15-20 years of political experience – I don’t think that I am completely wrong, nor am I ‘off the wall’, nor am I totally ‘off base’, or whatever appropriate metaphor. I think these arguments worthy of discussion and debate – and invite this. I am also very happy (even, delighted) if someone else were to come up with a better long-term strategy for establishing the ‘science’ of our profession.

In the fourth & final part of this series of articles, I shall make an examination of new areas of science and research that are increasingly impinging on the field of body psychotherapy.

***Addendum:** This is a much longer version of a chapter that was originally written for an anthology on ‘The Science of Body Psychotherapy’. However, unfortunately, this particular book proposal was not accepted by the publisher – apparently for a very interesting reason. I quote from an e-mail from the editors:*

“Thank you so much for your desire to participate in our anthology book project. All of your efforts were much appreciated, but it seems we are ill-timed. Since we were originally asked to develop this idea, several anthologies have been contracted and/or published by various houses with a similar structure and on very similar themes, i.e. a variety of chapters on body psychotherapy and it's scientific roots. As a result, the market for an additional body psychology anthology appears bleak. Xxxxxxx and I have approached several publishers with whom we had contacts and none is interested. Since it seems that these other recent books are filling the gap we were aiming for, we think it a good idea to let it rest. Of course, if anything unexpected happens, we'll let you know right away.”

*So, watch those bookshelves and that (metaphorical) space! There may be more of interest out there.*

**End of Part 3**