

Towards A Greater Understanding of Science and Research Within Body Psychotherapy

Courtenay Young, Herbert Grassmann

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ABSTRACT

This three-part article looks at:

Part 1: The history of the EABP Science and Research Committee initiatives

Part 2: The types of research appropriate for body psychotherapy

Part 3: Future developments for a better research culture in body psychotherapy

Research into the effectiveness of the many modalities of psychotherapy is absolutely essential if that branch (or mainstream) of psychotherapy is to have any standing within the general psychotherapy community, with universities, with governments and ministries of health, or with the general public. Until fairly recently, the field of body psychotherapy was quite strong on theory. It was also good enough in the clinical practice of its many modalities and methods, but it has been decidedly poor with respect to any proper research.

In this article, different aspects of body psychotherapy research are explored. Research in the field of body psychotherapy is seen as an essential part of developing a professional culture which must be fostered in both training and practice. We also need better connections with research departments in universities. Therefore, apart from being sufficiently trained in, and hopefully able to demonstrate the professional clinical competencies^[1] of a body psychotherapist, there is an additional role and set of competencies a researcher-practitioner must develop and foster. This is important in view of the fact that there are often negative perceptions, or lip service, given to the need for research within the psychotherapy community in general, especially within the humanistic and body-oriented (somatic) psychotherapies. Some of this broader background, and more recent developments with respect to research into body psychotherapy are mentioned, but this article is focused on the development of a solid research-practitioner culture in body psychotherapy, for now, and especially for the future.

Keywords: body psychotherapy research, evidence-based, practitioner-based research, research training module, practitioner research network, case studies

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PART I

History of the EABP

Science and Research Committee Initiatives

Body psychotherapy (or somatic psychology as it is known in the USA, Australia, etc.) is a well-established and unique set of psychotherapeutic approaches and body-related procedures that have developed separately over the last 100 years or so, and have come together into one integrative branch (or mainstream) of psychotherapy.

The foundations of body psychotherapy are: 1) a holistic concept of human nature; 2) a bio-psycho-social model of disease; 3) somatically-oriented considerations of aspects of developmental psychology, attachment theory, cognitive theory (an embodied mind) and various neuropsychological scientific theories; and 4) a general theory and various types of praxis in psychotherapy, which, in addition to conscious and unconscious cognitive and emotional processes, consistently encompasses processes of body experience, body expression, and body communication, and methodically includes the client's body in aspects of their treatment in a variety of ways. Body psychotherapy is characterized by these fundamental orientations towards the client's body-mind. Body psychotherapy has developed historically from psychologists and psychotherapists interested in working with their client's body in a number of different ways: character analytical, affect-related, psycho-somatic, body-oriented, perceptual, movement-oriented, and other sociocultural attitudes.

The basic assumption within body psychotherapy is that bodily experience is the foundation of subjective experience. Our body-self experience constitutes the core of our sense of identity. Object relations are based on the early configuration of relationships, which take place through the developing body and result in the development of motor affective schemata or somatopsychic character structures. Life experiences continually and constantly influence the structure of a person's body, as well as that of the person's psyche.^[2] We are not stuck in any particular fixed position or pattern, though we can be constrained within certain somatic limitations. Body psychotherapy can help to expand those limitations.

In the case of defense mechanisms against unconscious psychological material, both mental and bodily processes are functionally identical; not only emotional and cognitive but also sensorimotor and vegetative processes can be at the root of any psychological pain or distress.^[3] There are numerous other descriptions of body psychotherapy,^[4] and what we might mean by body psychotherapy,^[5] descriptions of body psychotherapy such as:

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

Or as a definition of body psychotherapy,^[6] or as body psychotherapy vs. somatic psychology,^[7] etcetera, etcetera. Given that body psychotherapy is now an increasingly established method or mainstream of psychotherapy, we must consider whether it has a

sufficient scientific base, or whether it has a sufficiently solid research base to establish a degree of scientific validity (see later). This is the *raison d'être* and the mission of the EABP Science & Research Committee.

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

- Our BP community of (mostly) EABP and USABP members does not have a clear position on the balance between clinical practice and scientific research. Most of us identify ourselves more as practitioners and, as such, we tend to be critical about various aspects of the scientific or research world;
- Most of us had, in our body psychotherapy training, certain charismatic teachers who taught “as if they were preaching a truth that was in their genes and thus we should love and admire them. They are part of our history.” They may well deserve a valid place in our brains, our behaviors, and our practices, but not necessarily in our minds. We must be able to examine their theories and “findings” critically;
- We have developed various ways of life and practice whereby many of us clinicians have chosen to work outside of our national healthcare systems: partially for ideological reasons, partially because of external rejection, and partially because of economic and social conditions;
- Neuroscience and other scientific disciplines are becoming more and more interested in what we think and what we have been doing in body psychotherapy. However, they tell us that we need to get real and to demonstrate how our theories and practices actually work. For example, the concept of *embodiment* was originally a working term in computer science, yet now, it is fundamental to our psychological/psychotherapeutic practice;
- In order to demonstrate to the scientific world, and to other disciplines, and to governmental and health services, what is clinically relevant in our body psychotherapy practice, we will have to stand up and explain our various concepts and theories, and compare our different methodologies;
- We must learn the value of a systematic, science-based approach, not just as another way to train ourselves about how different we are, and how critically we might think, but also in order to be able to discuss specific questions, observations, data, hypotheses, tests, and theories, which are the formal parts of each scientific method. We also need to stand up for our theories, our practices, and ourselves. We must be able to demonstrate their value.

SRC Historical Background

In the late 1990s and early 2000s, the first EABP Scientific Committee met a couple of times with Michel Heller as Chair. At the 2001 General Assembly in Travemünde, on his initiative, an amount of SF 5,000 (about €4,380) was voted to dedicate to the Scientific Committee from the annual budget. Since then, these amounts have been used only partially and spasmodically for several projects that were not necessarily related

to science. That particular Scientific Committee has not met since. There was then a discussion group just before the EABP Conference and General Assembly in Vienna, October 2010, and it was decided to reconvene a new EABP Scientific Committee. Herbert Grassmann was appointed as its EABP Board representative.

SRC Purpose

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

1. Holding, advising, recommending, deciding, defining, supporting, and initiating a variety of scientific and research projects in body psychotherapy;
2. Supporting EABP and its members in all matters relating to scientific and clinical research connected with body psychotherapy;
3. Helping to express and publish our body psychotherapy/somatic psychology clinical knowledge in ways whereby other researchers can replicate or modify our observations, using other psychotherapeutic methods or experimental procedures;
4. Publishing and promoting BP/SP scientific and research projects, via the EABP website, with EABP funds, or by any other means.

This new SRC then met in Amsterdam on a number of occasions, essentially twice a year for the next four years. One of the main features started during that period was developing the scientific symposia as a significant adjunct to (or component of) the EABP Biannual Congresses, which have since attracted considerable interest. The first symposium was in Cambridge, UK in 2012, and these symposia continued in Lisbon in 2014 (see Endnotes), Athens in 2016, and, most recently, Berlin in 2018. In between these symposia, every year, two SRC in-person meetings are held, and there are also regular monthly Skype meetings in between.

SRC Aims

- To find different ways to promote research in the field of BP/SP using the three main categories of science: experimental research, empirical research, and clinical research, as we need to be able to demonstrate the value and the soundness of our work, etc.
- To make links with academic researchers (in universities, etc.) and clinical practitioners (among EABP and USABP members) that can support or help with BP/SP research, possibly working together towards building a Collaborative Practitioners Research Network (CPRN), etc.
- To act as a reference and collection point for all BP/SP research projects, e.g. *EABP Bibliography of Body Psychotherapy*, the EABP website list of research projects, a proposed international database of BP research projects, the Student Research Prize(s), a database of research projects (including student theses), membership in the Society for Psychotherapy Research (SPR), a somatic psychotherapy division of the APA, etc.

- To help standardize paradigms, vocabulary, and reference terms in connection with BP/SP and psychotherapy, e.g., which descriptors do we use? Body psychotherapy (BP), somatic psychology (SP), body-oriented psychotherapy (BOP) or (BOPT), etc.
- To help the design of research projects that can be used by EABP or USABP members in order to help and support their clinical practice in BP/SP, etc.
- To ensure that there will always be a space for science and research components in all of the EABP (and associated FORUM, Council, ISC, USABP, etc.) conferences and symposia, and to ensure that some conferences are possibly scientific conferences as opposed to being clinical, professional, or developmental, etc.
- To support and promote scientific publications about BP/SP in various journals, books, websites, etc.
- To encourage the teaching of basic and appropriate scientific principles in all body psychotherapy / somatic psychology training courses, and especially in EABP FORUM schools, etc.
- To help establish body psychotherapy as a scientifically valid modality in psychotherapy, and to help get BP/SP generally accepted as an effective and efficacious method of psychotherapy, equal and parallel to all other mainstream modalities or methods of psychotherapy, etc.
- In furtherance of these aims, to make sure that the “Body Psychotherapy Competencies” document (developed by Gill Westland, Clover Southwell, and Michaela Boening in July 2012) is circulated, published, reviewed, critiqued, and amended (if necessary) on a European-wide basis, as well as on an international basis (including the USABP), etc.

SRC Structure

- Numerically limited to a chairperson (ideally an EABP board member) plus a maximum of six other members, each with reasonably defined roles and capacity to collaborate in order to have a workable team;
- A commitment from each committee member to attend at least one or two face-to-face meetings each year and some of the monthly Skype meetings;
- The committee can choose to be supplemented by appointed consultants (e.g., from the USABP for international developments and partnerships, conferences, or for a special project, or simply as observers, advisors, etc.);
- The Committee reports regularly to the EABP Board and receives comments and suggestions from the Board;
- Membership (involvement) of a wider SRC/Consultants Group/Network is currently being left open, and is certainly open to all other members of the EABP and USABP Research Network, and to others as new ideas or projects come online in various ways. This includes EABP/USABP members and non-psychotherapists.



Members of the EABP Science and Research Committee (SRC)

Center front: Courtenay Young *Left to right:* Christina Bader Johanson, Zoe Schillat, Frank Röhricht, Maurizio Stupiggia, Herbert Grassmann, Biljana Jokić

Current SRC Members and their Roles

Herbert Grassmann. SRC Chair; contacts between EABP and USABP; contributed to scientific symposium at the Lisbon Congress, 2014.

Courtenay Young. Publishing books, articles, etc.; helping to promote basic scientific understanding about appropriate research (possibly/especially) in FORUM schools; wanting to see a Practitioners Research Network; has given presentations about BP to SPR; contacts with EAP's SRC and their project to develop the professional competencies of European psychotherapists.

Frank Röhricht. MD; FRCPsych Germany/United Kingdom, Consultant Psychiatrist (MD, FRCPsych); body psychotherapist; Visiting Professor at the University of Hertfordshire, School of Psychology, and Honorary Professor at the Centre for Psychoanalytic Studies, University of Essex; presented at the symposium in Lisbon; contacts with universities; research projects for EABP.

Maurizio Stupiggia. Member of the EABP Research Network; Vice-President of the Italian Association for Body Psychotherapy (AIPC); Assistant professor at Westdeutsche Akademie of Dusseldorf; Guest Professor at the University of Bologna in group theory and technique, and Professor of general psychology at the University of Genova; trainer in Biosystemic psychotherapy, and co-founder, with Jerome Liss, of the Societe Internazionale Biosistemica; produces and promotes video projects and video sessions on how to use videos in a theoretical and observational context.

Christina Bader Johansson. MSc; accredited EABP body psychotherapist and Swiss Chartered Psychotherapist (Eidg. Anerkannte Psychotherapeutin); chartered physiotherapist and teacher. Originally from Sweden, she worked in private practice near Zürich before moving back to Sweden in 2017. She was President of the Swiss National Association of the EABP (CH-EABP) for six years, and worked in Kosovo, teaching body psychotherapy to psychologists. She has written four books on body psychotherapy and integrated physiotherapy (in Swedish and German). Currently, she offers supervision in body psychotherapy on Skype. She has helped promote basic scientific understanding about appropriate research and is interested in Grounded Theory.

Zoe Schillat. Clinical psychologist and psychotherapist; studied systemic, psychodynamic, and body psychotherapy in Germany, where she has worked as a registered psychotherapist for over 25 years; currently developing a Greek Research Network.

Biljana Jokić. Graduated in psychology from the University of Belgrade, where she was awarded a PhD in psychology (subfield: social cognition). In parallel to her academic education and career, she received a certificate from the Serbian body psychotherapy school Tepsynthesis, and became a full member of both the Serbian Union of Associations for Psychotherapy and the European Association for Body Psychotherapy. Biljana has been involved in research projects since the 90s.

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

There are important reasons, as well as trends, for the current disconnection between body psychotherapy and research, although body psychotherapy is not the only form of psychotherapy that has significant gaps (or even gulfs) between practice and research.

Historically, most professional training programs in body-oriented psychotherapy/somatic psychology were developed outside the formal academic settings where most psychological research occurs. Becoming more research-oriented as a field has distinct advantages, especially in the current climate that requires any psychological practice to be evidence-based. Part of the challenge in doing so is that many standard, or normal research paradigms and methods do not match the values, skills, and experience of our unique group of psychotherapy practitioners.

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

What Is the Scientific Method?

The scientific method requires that any proposition be **testable** and **repeatable**. A proposition, assertion, or explanation is phrased, first as a **hypothesis**, and that hypothesis is then put to the test.

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

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

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

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

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

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

What Is Scientific Thinking?

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

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

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

Other ways of knowing (and there are many in addition to science), are not reliable because their discovered knowledge cannot be justified. Science is a method that allows a person to possess, with the highest degree of certainty possible, reasonably reliable knowledge (justified true belief) about nature and the world around us. The method used to justify knowledge scientifically, and thus make it reasonably reliable, is called the scientific method.

Empirical evidence is evidence that one can see, hear, touch, taste, or smell; it is evidence that is susceptible to one's senses. Empirical evidence is important because it is evidence that others besides you can experience. It is repeatable and can be checked by anyone. Empirical evidence is the only type of evidence that possesses these attributes, and is, therefore, the only type used by scientists and critical thinkers to make vital decisions and reach sound conclusions.

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

What Are the Basic Research Skills?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PART II

Types of Research Appropriate for Body Psychotherapy

It is not good enough nowadays just to say that “*All methods of psychotherapy are equally effective*” (viz., Rosenzweig’s (1936) “common factors” theory);^[8] and/or “*All deserve prizes*” (viz., Lambert’s (1992) “Dodo bird conjecture”),^[9] as these hyperboles are such global statements that they are somewhat meaningless (rather like Epimenides’ paradoxical “All Cretans are liars”).

There are many psychotherapeutic approaches (some lists record about 156^[10] and others report about 400^[11] – even though this second figure may be somewhat apocryphal), and these methods and modalities can be grouped into various “mainstreams”, with different criteria, categories, sub-categories, client groups, and philosophical and epistemological backgrounds, etc.

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

Psychotherapy Research

It is, therefore, becoming increasingly crucial and vital for all psychotherapeutic methods involving professional practice, and (no matter where, when, how, on whom, or by whom the psychotherapy is applied) to have a sound and solid research background, with respect to both theory, but also especially with respect to aspects of clinical practice. With increasing pressures on global health service budgets, primarily from expanding and aging populations, there is an absolute necessity to be able to prove (or demonstrate) both the efficacy and effectiveness of any particular form of treatment, using both qualitative and quantitative methodologies.

- **Efficacy** is the extent to which an intervention does more good than harm (under ideal circumstances), or it describes how a treatment performs in an idealized or controlled setting (usually, a clinical trial), i.e., **whether it works or not**.
- **Effectiveness** assesses whether an intervention does more good than harm when provided under usual circumstances of healthcare practice, or it describes how a treatment is used in a real-world setting where patient populations and other variables cannot be controlled, or (essentially) it describes **how well it works**.^[12]

This is especially relevant for the therapeutic and/or helping professions, since the field is currently divided into so many different overlapping sectors and segments, all arguing the benefits of their own particular form. In addition, there is the burgeoning spectrum of Big Pharma, busily churning out different pills and potions for different diagnoses. In one respect – possibly the only one – they are way ahead of the psycho-sociological therapeutic

sector, as they have been forced to prove the effectiveness and efficacy of their products. This they do mainly by using randomized controlled trials (RCTs), comparing a random sample of people with a particular problem or diagnosis who are using the product against a control sample of people with the same diagnosis, but who are not using the product, or using a placebo. This scientific approach and method is in accordance with the established scientific method for assessing such pharmaceutical products. That is it!

However, this principle and methodology have also become the basis for what are often referred to as empirically supported therapies (ESTs).^[13] Unfortunately, it is, and has always been, impossible to control (or isolate) the multiple variables in a person-to-person therapeutic encounter, let alone in an intense therapeutic relationship stretching over time, especially with many encounters and different levels of emotional reactions.

The main proponents of using RCTs in therapy have been the numerous and various cognitive behavioral therapies (CBT). By the process of manualization (doing the same thing, to different people, by different people, at different times), they have tried to introduce a scientific rigor to their methodology and their research. Unfortunately, all the different types of people with different types of problems cannot be placed into the format of one-size-fits-all, and people with dual diagnoses (or multiple problems) cannot be used in such studies — something that is conveniently and frequently overlooked.

There have been a number of different attempts to break this hegemony of the RCTs as being the best (or only) form of appropriate research, especially for research into the more philosophical, psychological, and sociological disciplines. At this point, it may be interesting to note that the profession of psychology (and thus also of psychotherapy) are **not** classified within the sector of the health professions, but in the legal, social, and cultural professions, and, furthermore, in the sub-group of social and religious professionals (ESCO-08: 2634).^[14]

There is, therefore, a lot of confusion – probably or possibly deliberate – between clinical psychology, psychotherapy, counselling, and psychological counselling, and the cognitive behavioral therapies (CBT). These claim to have the best (or only) evidence-based therapy, as the CBTs' empirical base has been founded on a very large number of randomized controlled trials (each one for a single diagnosed category). While all these studies may possibly show that CBT (and/or its variants) are somewhat more effective than a control group (where there has been no therapeutic input), or the placebo effect (which can affect up to about 33%), RCTs are totally the wrong method for assessing the efficacy or effectiveness of any proper psychotherapy. This is because the impersonal manualization process (designed to ensure the possibility of consistent outcomes) effectively eliminates the most efficacious and effective factor in therapy – the quality of the therapist-client relationship.

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

In Europe, there is an increasingly strong initiative for the profession of psychotherapy to be seen as both different and separate from the professions of psychology or psychiatry. This initiative is the *raison d'être* and the domain of the European Association of Psychotherapy (EAP).^[15]

The Society for Psychotherapy Research (SPR),^[16] backed by its excellent journal of now more than 25 years standing,^[17] has helped to establish the wider – and separate – field of psychotherapy (as opposed to the field of psychiatry or clinical psychology), but very few articles about body psychotherapy (or somatically-based psychotherapies) have appeared in it. It is still quite RCT-oriented, and RCTs are very expensive and difficult to carry out without substantial financial and institutional backing. This can be changed.

However, the final difficulty lies in the gulf between research and practice: this gulf is found in many areas, but is extremely poignant for the therapeutic professions. Earlier, the well-acclaimed *Handbook of Psychotherapy* (1994), edited by such prominent UK-based figures as Petruska Clarkson and Michael Pokorny, had only 23 pages (out of 542 – just about 4%) on practitioner research. A chapter by Jenifer Wilson and Michael Barkham.^[18] starts:

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

There is a more recently published edited book, *Psychotherapy Research: Foundations, Process, and Outcome* (Gelo, 2015), which builds on the previously published books by John McLeod, *Qualitative Research in Counselling & Psychotherapy* (Sage, 2011)^[19]; *An Introduction to Research in Counselling and Psychotherapy* (Sage, 2013); *Doing Research in Counselling and Psychotherapy* (Sage, 2014); and the book by Mick Cooper, *Essential Research Findings in Counselling and Psychotherapy: The Facts Are Friendly* (Sage, 2008),^[20] as well as the more detailed work of the SPR (as previously mentioned). But these books and articles are mostly written for psychotherapists who are interested in general research (a relative minority).

There is slightly more of an interest in modality-oriented and cross-modality research, but again, most practitioners do not do any research, and most researchers do not have much contact with (or understanding of) practitioners and/or practitioner organizations. All these aspects provide a somewhat difficult and confusing backdrop to the issue of science and research in the clinical practice of psychotherapy, and especially in the practice of body psychotherapy. There are also a number of other (more general) considerations:

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

§12.1: Be aware of psychotherapy research

12.1.1: Awareness of psychotherapy research which involves: recognising the value of research in the systematic evaluation of psychotherapy practice; being aware of what psychotherapy research has been done and how it impacts on current practice; being aware of different research parameters and methodologies; being aware of appropriate research methods, especially for one's own modality of psychotherapy; etc.

12.1.2: Make use of psychotherapy research which involves: having the ability to access sources of information from a wide range of resources (books, journals, internet, etc.) that can inform one's practice; being able to evaluate research and other evidence to inform one's own practice; utilising or adapting any significant and

appropriate findings to improve one's practice; changing one's practice in the light of any newly evidenced developments; etc.”

These professional competencies would also, quite naturally, apply to any European professional body psychotherapist, and there have been some efforts to articulate the specific competencies of a body psychotherapist, but – as yet – nothing totally definitive has emerged, even though an excellent start was made by Boening, Westland, and Southwell (2012), and there has also been a more recent Italian initiative in 2018. However, neither of these are definitive.

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

Body Psychotherapy Research

The first real indication that a *social* profession such as psychotherapy – as opposed to a medical or health profession – actually needed a substantive evidential research base was when the European Association for Psychotherapy (EAP) required all European mainstreams and modalities of psychotherapy – represented by the various modality-based European-wide organizations (EWO) – to have their methods scientifically validated by answering in full, the EAP's *15 Questions about Scientific Validity*.^[21]

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

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

However, the EAP *15 Questions about Scientific Validity* were actually proposed by a very well-known body psychotherapist and the founder of Biosynthesis, a recognised body psychotherapy modality, David Boadella,^[22] who was (at that time) also the chairperson of the EAP Scientific Validation subcommittee, and these *15 Questions* were based (somewhat diplomatically) on an excellent compendium: *Psychotherapies: eine neue Wissenschaft vom Menschen [The Psychotherapies: A New Human Science]*, edited by Alfred Pritz, which was acclaimed as “*without doubt the best single book on psychotherapy as a human science, in any language.*”

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

In 1999, EABP developed its submission for body psychotherapy as a mainstream within psychotherapy,^[23] and since then, a number of other body psychotherapeutic modalities within EABP: first, Biosynthesis, then Hakomi, Biodynamic Psychotherapy, Bioenergetic Analysis, Psycho-Organic Analysis, Bodydynamics, Unitive Psychotherapy, Character Analytic Vegetotherapy, Postural Integrative Psychotherapy, and also Concentrative Movement Psychotherapy, etc., have all been similarly accepted by the EAP as being scientifically valid.^[24] Some of the European professional associations representing different body psychotherapy modalities are also represented separately within EAP, rather than as subsidiaries of EABP.

All these different sets of answers to the *15 Questions* could be used in a very interesting research project in its own right: comparing and contrasting how the different types of psychotherapy, or different types of body psychotherapy, consider the scientific validity of their methodologies.

From a very different perspective, EABP's sister organization, the USABP, was founded in 1996 at a conference held in Beverley, MA, followed by (roughly) bi-annual conferences: 1998 in Boulder, CO, 2000 in Berkeley, CA, 2002 in Baltimore, MD, 2004 in Tuscon, AZ, and so forth. The largely unadvertised proceedings of these early conferences also added something quite substantial to the richness of available information about the body psychotherapy/somatic psychology mainstreams in the USA. However, there has so far been very little organization and/or collaboration between the different aspects (or components) of the field of body psychotherapy or somatic psychology (as it is often referred to in the USA, especially academically). Some excellent work has been done by Serge Pringle, interviewing a large number of people from different BP modalities (see *Conversations*)^[25].

Back in Europe, Michael Heller edited a post-conference book, *The Flesh of the Soul*, based on the EABP 1999 Travemünde Congress,^[26] and another body psychotherapy Congress-based book followed, based on the UKCP 2004 Conference, *About a Body*.^[27] Most recently, there was the book on the 2014 EABP Conference in Lisbon, *The Body in Relationship: Self – Other – Society*, published by Body Psychotherapy Publications.^[28]

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

The *EABP Bibliography of Body Psychotherapy* was started in 1994 to bring together all of these different entries into an accessible and coherent whole. This bibliography is now available online, with a search function that lists titles, authors, languages, abstracts, and

other relevant factual information, but it does not provide access to the actual published articles, chapters, books, tapes, films, and websites, etc. themselves. It has considerably more than 5,000 entries^[29] and is steadily growing, almost exponentially. However, among the various categories, a search that mentions research currently reveals only 173 books and chapters; 180 journal articles; 2 theses & dissertations; 26 conference papers; 10 films; tapes and videos; and 12 websites (i.e., only about 7.7% of the total).

A small selection of articles pertinent to body psychotherapy science and research from sources such as these were re-published into an edited book, *About the Science of Body Psychotherapy* (Young, 2012), and a significant number of other articles have also since been listed (many with hyperlinks to the originals) on the EABP website (www.eabp.org) in the Research section, which forms *The Research Base for Body Psychotherapy*.^[30]

Given these considerations, there have only been a few RCT studies in body psychotherapy (Lowe, 2001; Nickel et al., 2006; Röhrich & Priebe, 2006; Lahman et al., 2009; Lahman et al., 2010; Röhrich, Papadopoulos & Priebe, 2013). These are listed on the EABP website under the tab “The evidence-base for Body Psychotherapy.”^[31] There have also been a few other proper published research studies (e.g., Mattsson et al., 1998; Monsen & Monsen, 2000; Allmer et al., 2007; etc.) also listed on the EABP website.

There have also only been a few meta-studies about body psychotherapy research. John May published a 2005 review in the USABP Journal;^[32] there was another research article published in 2006 in German;^[33] and the third article, in 2009, by Frank Röhrich, in the Taylor & Francis peer-reviewed journal.^[34] This latest article was later extended into a chapter in the *Handbook of Body Psychotherapy & Somatic Psychology* (Marlock et al., 2015).

The USABP Journal (under the editorship of Jacqueline Carleton) began to publish peer-reviewed articles on body psychotherapy in 2002. This journal has now been revamped into the *International Body Psychotherapy Journal*.^[35] Subsequently, Taylor & Francis has published a journal, *Body, Movement & Dance in Psychotherapy*, which started in 2006.^[36] This is a properly peer-reviewed scientific journal, which adds a more professional touch to this web of more effective, properly peer-reviewed articles about the various science and research aspects of body psychotherapy. (Note: This journal publishes both a combination of body psychotherapy and dance movement psychotherapy articles.)

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

This latter, fairly massive tome is a totally new and revised edition of the original (2006) *Handbuch der Körperpsychotherapie* (published in German by Schattauer).^[37] The publication of this English-American edition of the *Handbook* in 2015 helped further to establish the field of body psychotherapy and/or somatic psychology, especially in the USA and other predominantly English-speaking countries. This edition of the *Handbook* is now being translated back into German.

This sort of listing, which is not complete, includes peer-reviewed journal articles on other body-oriented therapy research projects (mainly dance movement and movement [psycho]therapy) and body psychotherapy research articles published in the *USABP Journal*.

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

EABP-SRC

All these initiatives in the science and research of body psychotherapy helped the European Association for Body Psychotherapy (EABP) accept a proposal to re-establish a Science & Research Committee (SRC) at the Congress and AGM in Vienna in 2010. What has developed since then is presented and described herein.

There have been four scientific symposia organized by the EABP-SRC since then: one at the 2012 Congress in Cambridge, UK;^[19] one at the 2014 Congress in Lisbon, Portugal;^[40] one at the 2016 Congress in Athens, Greece^[41]; and the latest at the 2018 Congress in Berlin^[42] These symposia have helped the Congress participants and, to a certain extent, EABP members to become gradually more aware of what research can mean to – and what types of research are appropriate for – body psychotherapy clinicians and practitioners.

Besides the *EABP Bibliography of Body Psychotherapy* and *About the Science of Body Psychotherapy*, and, as mentioned, a number of other published articles (including those available on the EABP website) that all go toward establishing the current research base of body psychotherapy, there have been several attempts to develop other initiatives with respect to body psychotherapy research. One of these initiatives was to try to set up a Body Psychotherapy Collaborative Practitioner Research Network (BP-CPRN), and hoping to bridge something of the gap between research and practice: “[A CPRN] ... can transform perceptions of psychotherapy research, strengthen connections between members, and encourage some continuous development and co-creation among participants.”^[43] However, this initiative hasn't yet provided much activity.

In 2014, the SRC established a set of “*Guidelines for Writing Body Psychotherapy Case Studies*,” a contribution towards research that any practitioner can easily undertake.^[44] Several BP case studies were presented at the 2016 Scientific Symposium of the Athens EABP Congress. It was then decided to extend this initiative into a new, specific publication on *Body Psychotherapy Case Studies* prepared for the 2018 Berlin Congress.^[45] In this same scientific symposium, Christina Bader Johansson, member of the EABP-SRC, presented on Grounded Theory, and Courtenay Young presented on case studies being a legitimate form of research. He also presented the new edited book on case studies from Body Psychotherapy Publications.^[34]

In 2017, the EABP-SRC promoted a questionnaire for EABP members and other body psychotherapists about their interest and participation in research, especially research pertaining to body psychotherapy. This provided something of a more factual basis for the broader picture about attitudes and interests regarding research, as well as about the knowledge and skills to do research by the body psychotherapy community. The results of this survey were presented in the scientific symposium at the Berlin 2018 EABP Congress by Biljana Jokic.^[46]

One of the four sections in this 2017 survey asked body psychotherapist participants about: a) participation in training modules about research or experience of research methods

and/or techniques during one's training (Q.19); b) involvement in any research project about BP that includes one's clinical work (Q.20); c) involvement in any kind of research project – designing a research study, designing a questionnaire/guide for an interview, videotaping a session for research, collecting data, statistical analysis, writing a research report based on quantitative data, or writing a case study.

A research article about this survey has since been submitted to *The International Body Psychotherapy Journal* in early 2019: *Body Psychotherapy Practice and Research: A Survey Among Body Psychotherapy Practitioners* by Biljana Jokić, with Frank Röhrlich and Courtenay Young.

All this input about different aspects of body psychotherapy research build on, and, it is hoped, extend the previous initiatives that have been presented herein, and, on the basis of these presentations, several distinct types of research appropriate for clinical practitioners in the body psychotherapy community can be identified relatively easily.

In the next part of this article, the focus shifts towards achieving a better understanding of the current status of research within the whole of the body psychotherapy community; and also towards developing a better body psychotherapy research culture. Finally, this article points at certain challenges for future developments for research in and about body psychotherapy, and the need for further networking and capacity-building types of research.

* * *

PART III

Future Developments towards a Better Research Culture in Body Psychotherapy

Research activities within the European body psychotherapy community are currently coordinated mostly by the EABP Science & Research Committee. There are also recently developed guidelines or protocols (still in the decision-making process) about how EABP could evaluate and promote any proposals for grants for body psychotherapy research, although it hasn't really ever allotted any money in its annual budget for research projects.

So far, the EABP, as an organization, has offered a Body Psychotherapy Student Final Paper Award every two years since 2012: the access links to the downloadable PDFs of the papers are available on the EABP website under the "Research" tab options.^[47] It is hoped that these submissions will, over time, help build the research base with new material, and be published in other forms, or built upon further, especially if translated into English. The USABP also offers two Alice K. Ladas Research Awards biannually: one for Outstanding Research in Advancing the Profession of Body Psychotherapy and one for Outstanding Research in Advancing the Profession of Body Psychotherapy by a Student.^[48] The criteria for these are available on the USABP website.

The main focus of the EABP-SRC has, as mentioned, been on promoting the concepts of body psychotherapy research and bottom-up research, especially with projects by body psychotherapy practitioners, by body psychotherapy organizations and institutes, as well as by working to create a Collaborative Practitioner Research Network (CPRN).

With respect to this last point, the SRC has been attempting to form a growing network of body psychotherapy practitioner-researchers all over Europe, and to involve other countries and continents. All body psychotherapy researchers, trainers, trainees, and practitioners

are invited to initiate, conduct, and support research activities in body psychotherapy. It is particularly worth pointing out that a growing number of people involved in body psychotherapy are working with universities, or cooperating with other researchers at universities. The Koemeda-Lutz (2006) study is such an example.

Currently, the prospective network includes people with potential affiliations with about eight to ten different universities, which we hope will become an excellent starting point for more university-based and cooperative research activities. This last concept, while an excellent idea (see here⁽⁴⁹⁾), has not yet been taken up properly, even though it was fairly strongly promoted by Sheila Butler (an original member of the EABP-SRC). The development of such a potential community is very promising, and the reasons for the current lack of interest, if available, might help toward a practical understanding of the gap between research and practice.

It is necessary to go on trying to build, not only the capacity to do research, but also to improve the platform for sharing and disseminating body psychotherapy research. In order to reach out to other participants, we have to look at the current status of research in the broader body psychotherapy community of national training and accrediting organizations. We will also need people to teach and develop body psychotherapy research, and these people will need to have conventional qualifications (MA, PhD, etc.), as well as having undertaken a fairly eclectic BP training.

There are also proposals emerging for conducting a wider, relatively straightforward, but longer-term outcome survey on body psychotherapy. Initially, these proposals were greeted conceptually, but there has been a level of inertia and a lack of resources for implementation. Again, the reasons for this lack of interest, if available, might help further a practical understanding of the gap or gulf that exists between research and practice.

Psychotherapy Outcome Studies

A meta-analysis of nearly 400 psychotherapy outcome studies demonstrated convincingly that psychotherapy is more efficacious than not having therapy: “*On average, the typical therapy client is ‘better off’ than 75% of untreated individuals*” and “*Few important differences in effectiveness could be established among many quite different types of psychotherapy*” (Smith & Glass, 1977). More recent meta-studies have not changed these findings, though the emergence of a plethora of randomized control trials, largely coming from the many variations of cognitive behavioral therapies (CBTs) has complicated the picture.

So, it is necessary to get something that is quite fundamental established **now!** CBT practitioners do not (really) consider themselves psychotherapists; they do not join any psychotherapy-based professional associations, they do not experience the therapy that they practice, and they are more technicians than therapists. That is not to say that they do not do good work. Many of the people referred to them only need: i) a perceptual change, or ii) a behavioural modification, or possibly, iii) a chance to reflect with a professional on their personal difficulties. However, CBT does not call itself psychotherapy! Most psychotherapists do not consider CBT to be psychotherapy, but see it as more of a series of techniques, performed by people who do not fully enter into a psychotherapeutic relationship with their clients. The subject-object mindset within CBT does not allow for a proper psychotherapeutic alliance relationship. So, when talking about psychotherapy research, we must consider what we mean by psychotherapy. This paper assumes that we are talking about body psychotherapy and research into this mainstream of psychotherapy.

Outcome research is one form of research, perhaps one of the more significant forms that might be appropriate to body psychotherapy, as we are, to a certain extent, still trying to establish body psychotherapy as a legitimate psychological treatment. Any form of treatment should have a clearly identified and attainable goal: “*The ultimate goal of [any psychological] treatment should be [better] interpersonal functioning that allows for pleasure, interdependence, and intimacy in relationships.*”^[50] Looking at the totality of a person – their whole body-mind – as we do, we are perhaps not so interested in symptom reduction, but more in increased mental health and well-being. Yet most of the scientific literature on psychological outcome studies is largely based on average scores of symptom-based outcome measures, which ignores individual differences – another possible reason for clinicians’ general lack of interest in research.

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

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

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

Body Psychotherapy Outcome Research

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

Given the fairly large number – about 650+ EABP members, plus 450+ USABP members, plus other possible clinical members – who have all been educated to roughly the same level, and are nearly all practicing various forms of body psychotherapy (mostly

in private practice), it seems eminently feasible to encourage as many as possible of these clinical practitioners to perform some collective outcome research on body psychotherapy with their clients.

This could be done by using something like the UK-standard CORE Information Management System (CORE-IMS),^[51] a relatively simple check-box form (five-point Lickert scale, with 34 measures over four domains: well-being; problems; functioning, and risk), for the client to fill in *before* the first and then (say) *before* every third or sixth session. The CORE system already has a huge database of results, mainly from UK-based NHS counseling and psychotherapy services for comparison, and this CORE-IMS system also has the advantage of being properly translated into a great number of different languages.

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

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

Research activities and their outcomes are often presented at body psychotherapy conferences and in body psychotherapy journals, like the *International Body Psychotherapy Journal (IBPJ)*^[52]; the journal for *Body, Movement & Dance in Psychotherapy*,^[53] and, it is hoped, *Psychotherapy Research* (the journal of the Society for Psychotherapy Research [SPR]),^[54] but, let it be noted, very few research articles about body psychotherapy have been published in the SPR Journal. Occasionally, articles about body psychotherapy and/or somatic psychology may have also appeared in other non-specific-modality journals – for example, in the *International Journal of Psychotherapy* (Brenner et al., 2006; Young, 2007; Young, 2009; Young & Steckler, 2007), but these are usually not research articles.

Some of the universities that have a body psychotherapy/somatic psychology degree and/or Master's degree and even Ph.D. doctoral programs have students who produce research articles, dissertations, and theses. Some of these documents have been published outside the university (e.g., Matulaité, 2013), but again, these studies are relatively few and far between, and often not very accessible (although ResearchGate is gaining in popularity and lists quite a number (90+) of body psychotherapy articles, if you search under "Publications").^[55] It is therefore probably true that all of these sources could significantly add to the research base of body psychotherapy. But, what about improving the culture of body psychotherapy research?

History of Body Psychotherapy Research

The original level of research within body psychotherapy was almost non-existent, as was the initial concept of body psychotherapy (Young, 2012). There was, and still is, a considerable level of differentiation between the different types (or modalities) of body psychotherapy, so many of the early research initiatives would have originally been confined to these modalities: e.g. Bioenergetic Analysis,^[56] or Orgonomy,^[57] or other modalities within what now is being considered as the wider mainstream of body psychotherapy. It is difficult, without any proper evaluation, to know whether these early studies are useful. They were, furthermore, probably done without much proper training in research, as research did not figure largely in the various modality-based body psychotherapy training courses. Or, they were done within such a tight modality-based framework that any results are not easily transferable to other modalities, or available to other modalities.

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

Some of the topics of interest for research within the wider field of body psychotherapy and somatic psychology might include:

Effectiveness studies in applied body psychotherapy

- Process and outcome research in body psychotherapy
- Body psychotherapy with, for example, women who have experienced violence
- Effectiveness and rehabilitation of depressive patients using body psychotherapy
- Body psychotherapy and the treatment of obesity and/or eating disorders
- Body psychotherapy with patients who suffer from substance abuse

Research concerning training in body psychotherapy

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

Research on theoretical foundations of body psychotherapy

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

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

Body Psychotherapy Case Studies

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

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

Status of EABP Research

Clinical research in body psychotherapy needs body psychotherapy practitioners who are interested in sharing their practices and engaging as research practitioners. This can be done within a collaborative body psychotherapy research network.

In addition to being body psychotherapy practitioners, their roles as researchers need to be developed and fostered. Several requirements will probably need to be met to enhance practitioner research among body psychotherapists, trainers, and trainees:

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

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

In the survey, about 440 practitioners from different countries expressed their experiences about research in body psychotherapy. There were about 18 preliminary questions about the respondent's training, modality, and practice. They were then asked:

- Q.19 Whether they had had any training about research methods and/or techniques?
- Q.20 Whether they had been involved in any BP research project concerning their work with clients?
- Q.21 Whether they had been involved in any kind of research project (i.e., designed

a research study; designed a questionnaire for an interview; video-taped a session for research; collected data; analyzed statistics; written a research report; or written a case study)?

Q.22 Whether their place of employment had an institutional review board or other committees to oversee research projects?

Q.23 Had they ever sent a research article to a journal for publication?

Q.24 Had they ever had a research article published in a journal?

Q.25 Whether they read research papers (regularly; periodically; rarely; almost never)?

Then, there were a number of questions/statements focusing on attitude, interest, information, and competence regarding research in body psychotherapy that were rated.

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

Given this limited space in this article, something of an overall picture about research was first presented. Subsequently, the focus became more specific, on the actual practitioners of body psychotherapy. Research in the profession of body psychotherapy is generally seen as very important and meaningful for body psychotherapists at all levels. Interest in doing research seems to be slightly lower, but is still above average. Information about research was rated in the middle of the scale, and competence in research was reported below average, across all groups of trainers, practitioners, and trainees.

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

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

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

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

Participating in research as a potential practitioner or as a trainer means taking the opportunity to systematically study and investigate actual body psychotherapy practice. Body psychotherapy practitioners can participate in both small, and large-scale studies, or they can become part of research conducted within health service institutions or smaller-scale therapy centers. Since body psychotherapy trainers are seen as crucial for helping trainees acquire positive attitudes toward research in body psychotherapy, focus should be given to the research experience of body psychotherapy trainers, as well as introducing a research module about appropriate BP research into the normal modality-based BP training – see “Possible Contents of a Scientific & Research Module” (Young et al., 2018).

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

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

The role of the BP professional associations (like EABP, USABP, EABS,^[58] EFBA-P,^[59] EAPOA,^[60] etc.) becomes extremely significant here, as they could easily promote some forms of research (as outlined) among their members.

Discussion

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

The results of this survey also showed that, on one hand, there is a considerable strong group who see themselves as well prepared to conduct research, or as interested

and motivated learners, but, on the other hand, real research experiences are not often reported. This gap between a positive attitude and interest towards research and a lack of real research experience or opportunity can be interpreted as (a) either the tendency of just giving socially expected answers; or (b) showing real potential for research, which can be developed in the future.

If a research culture in body psychotherapy is to be further developed, a number of research activities or opportunities on different levels is needed. The survey also revealed that for many practitioners, research knowledge and research skills must be improved. This can only really be done with help from the various professional associations. Therefore, more opportunities to participate and engage in research activities must be offered. This could be done (a) by creating and promoting the Clinical Practitioner Research Networks (CPRN), (b) by conducting more research projects (e.g., case studies, outcome research, prizes for dissertations, etc.), and also (c) by encouraging/requiring members to get some necessary Continuing Professional Development (CPD) credits in this area of science and research.^[61]

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

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

By educating body psychotherapists (for example) to identify the factors related to psychotherapeutic change, practical hints can be recommended for better processing, as well as outcome research leading to more cost-efficient learning and practice. It can therefore be contended that, possibly, research-oriented practitioners can do qualitative research, which may improve their effectiveness and be more significant to their clinical practice, as opposed to quantitative research, which is more concerned with overall efficacy, and uses data collection methods beyond the scope of individual practitioners.

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

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

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

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

Conclusions

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

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

Furthermore, body psychotherapy trainees, once educated in appropriate research, can easily learn and practice basic methods of inquiry – for example, in interviewing or creating appropriate feedback questionnaires, which they can then apply with their clients. Specific qualitative and quantitative research competencies need to be understood during their training, and then practiced, in order to evaluate or investigate body psychotherapy activities. Connections with other reflective and investigative processes, like supervision, can easily be established and used for small-scale inquiries in specific topics of interest. The regular use of standard outcome measures, especially if coordinated across modalities and in different countries, can also be used to demonstrate the effectiveness of body psychotherapy.

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

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

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

Even though research still plays a relatively minor role within the whole field of body psychotherapy, there are some definite potentials for further development, some of which have been identified here. It seems that a relatively high proportion of the body psychotherapy practitioners have some competencies and have expressed some interest in doing research, but only a few have yet initiated anything practically or communally. New initiatives can be proposed on an individual level, but would probably be more effective on an institutional or organizational level, like establishing cooperative activities with (perhaps) appropriate university-based research institutions, or participating in international collaborative research projects initiated by the relevant professional associations.



Courtenay Young is a UKCP, EABP, and EAP-registered body psychotherapist, NHS counselor, and counseling supervisor, living and working near Edinburgh, Scotland. He is past-General Secretary and past-President of EABP, and is currently a member of the European Association for Body Psychotherapy's Committee for Science and Research. As such, he has participated in all the most recent EABP scientific and research symposia, and the more recent initiatives about body psychotherapy case studies. He has also been the initiator of the EABP Bibliography of Body Psychotherapy, the lead writer for the EABP's Answers to the EAP's 15 Questions about Scientific Validity, the lead writer of the EAP Project to Establish the Professional Competencies of a European Psychotherapist, the English editor for the Handbook of Body Psychotherapy & Somatic Psychology, and the founder of (and editor of several books from) Body Psychotherapy Publications.

Email: courtenay@courtenay-young.com

Website: <http://www.bodypsychotherapypublications.com>



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

Email: office@skt-institut.de

Website: www.skt-institut.de

This extended article is dedicated to the memory of

Christa D. Ventling

an indefatigable body psychotherapy practitioner (Bioenergetic Analysis), feminist, and international researcher, who sadly died in November 2018 in Basel, Switzerland.

* * *

It is also dedicated to the memory of

Joop Valstar

past-President of EABP and member of the EABP-SRC (2010-2016), who hosted many Board, Committee, and SRC meetings in his beautiful house in central Amsterdam. He died peacefully and elegantly in May 2018.

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ENDNOTES

¹ Body Psychotherapy Competencies (2012): <http://www.eabp.org/pdf/BodyPsychotherapyCompetencies.pdf>

² "Psyche" here means soul, persona, sense of personal identity, etc.

³ This short introduction is condensed from the "Basic Curriculum for Body Psychotherapy," approved by the general meeting of the German Association of Body Psychotherapy on 22nd September 2011.

- ⁴ 'What Is Body Psychotherapy? A European perspective': <http://www.eabp.org/docs/WhatIsBodyPsychotherapy.pdf>
- ⁵ Common Ground in Body Psychotherapy: A dialogue and debate. <http://www.eabp.org/docs/CommonGroundBodyPsychotherapy.pdf>
- ⁶ Definition of Body Psychotherapy: <http://www.usabp.org/Definition-of-Body-Psychotherapy/>
- ⁷ Body Psychotherapy vs. Somatic Psychology: <http://www.usabp.org/Body-Psychotherapy-versus-Somatic-Psychology/>
- ⁸ Rosenzweig, S. (1936). Some implicit common factors in diverse methods of psychotherapy. *American Journal of Orthopsychiatry*, 6, 412-415.
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- ¹⁰ Different types of psychotherapy: en.wikipedia.org/wiki/List_of_psychotherapies
- ¹¹ Different types of psychotherapy: <http://www.psychologytoday.com/intl/therapy-types/integrative-therapy>
- ¹² Efficacy vs. Effectiveness: see: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3726789/> or <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3726789/>.
- ¹³ Empirically Supported Therapies (EST): see Chambless, D.L. & Hollon, S.D. (1998). "Defining empirically supported therapies", *Journal of Consulting and Clinical Psychology*, 66, pp. 7-18.
- ¹⁴ ESCO-08: Code 2634: ec.europa.eu/esco/portal/occupation
- ¹⁵ European Association of Psychotherapy: <http://www.europsyche.org>
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- ²¹ The EAP's 15 Questions about the 'Scientific Validity' of Methods and Modalities of Psychotherapy: http://www.psychotherapy-competency.eu/Documents/EAP_15_Questions.pdf
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- ²³ The 1999 Answers to EAP's 15 Questions about the Scientific Validity of Body Psychotherapy: http://www.eabp.org/backup/scient/scientific_validity.htm
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- ³⁸The evidence-base for Body Psychotherapy: <http://www.eabp.org/research-evidence.php>
- ³⁹**Programme: 1st Scientific Symposium, 2012, Cambridge, UK**

<p>Opening: Herbert Grassman Chair of EABP Scientific Committee</p> <p>09.00 - 10:30: Session 1: Sheila Butler (Chair) A: Joop Valstar B: Frank Röhricht C: Rae Johnson & Christine Caldwell D: Sheila Butler E: Audience Participation</p> <p>11:00 - 12:30: Session 2: Frank Röhricht (Chair) F: Courtenay Young G: David Tune H: Stefan Priebe I: Elisabeth Sedlmayr-Langer J: Audience Participation</p> <p>13:30 - 15:00: Session 3 K: Helen Payne L: Maurizio Stupiggia M: Eric Wolterstorff N: Sheila Butler</p> <p>Closing Plenary: Herbert Grassman + SRC Audience Participation</p>	<p>The science of body psychotherapy: relevance, method, future perspectives</p> <p>What am I doing anyway? A clinician's perspective.</p> <p>What could I be doing? Research informed practice</p> <p>The Research Mind 101 Bringing the themes together Open facilitated discussion Evaluating therapeutic processes and outcomes in BP research projects</p> <p>What are we not doing? Process research – pros and cons Are randomised controlled trials the only gold that glitters? The Criteria of Evaluation</p> <p>Open facilitated discussion Other relevant scientific findings, projects, and developments From Practitioner to Practitioner-Researcher Effects on Body Image Build Nations, End War Building Bridges: What is happening in other fields</p> <p>The Body Psychotherapy Practitioner Research Network Open facilitated discussion – audience participation</p>
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⁴⁰ Programme: 2nd Scientific Symposium, 2014, Lisbon, Portugal: Research Perspectives for Body Psychotherapy: Social / Emotional / Isolation

<p>09.00 - 11:00: Session 1: Sheila Butler (Chair) 1: Herbert Grassmann (Chair: SRC) 2: Maurizio Stupiggia 3: Ana Karina Figueira Barreiros</p> <p>Audience participation</p> <p>11:00 - 11:45: Session 2: Courtenay Young (Chair) 4: Frank Rohricht 5: Audience participation</p> <p>11:45 - 13:00: Session 3: Sigmar Gerken (Chair) 6: Sheila Butler 7: Audience participation 8: Stephan Bishof, Chair of EABP Forum 9: Joop Valstar 10: Herbert Grassmann 11: Joop Valstar</p>	<p>Update on the work of the SRC - 2012-2014 Theory and evidence-base for BP work in social and emotional isolation. Case Study: Understanding the change process in BP from the patient's perspective <i>Open facilitated discussion</i> Efficacy Study: An exploratory randomized controlled trial of BP for patients with chronic depression. <i>Open facilitated discussion</i> Interactive workshop on how to design and implement an evidence-based case study project for BP practitioners, and how to access training Overall guideline leaflet on practice research based on Evidence-Based Case Study to APA Standard: Case Study Research: J. McCloud Group discussion with practice-based examples for exploration Training and research opportunities: Science & research seminars for EABP members The Wilhelm Reich Foundation</p>
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⁴¹ Programme: 3rd Scientific Symposium, 2016, Athens, Greece: Embodied Self in a Disembodied Society

<p>Part 1: 09:00 - 11:00 Herbert Grassmann (Chair: SRC)</p> <p>Part 2: 11:30 - 13:00 Christine Bader Johansson Svetlana Djordjevic Courtenay Young</p>	<p>Welcome & Introduction Overview of 25 years of psychotherapy research – “landscape” Overview of 25 years of Body Psychotherapy research – “landscape” Embodiment and research: thinking outside the box Case Study of Female Emancipation Role of Embodiment in the Therapeutic Process Re-Embodiment without Touch</p>
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⁴² Programme: 4th Scientific Symposium, 2018, Berlin, Germany: Building Bridges

<p>Part 1: 15:00 - 16:30</p> <ol style="list-style-type: none"> 1. Herbert Grassmann (Chair: SRC) 2. Biljana Jokic 3. Christina Bader Johansson <p><i>Audience participation</i></p> <p>Part 2: Roundtable</p> <ol style="list-style-type: none"> 1. Herbert Grassmann (Chair: SRC) 2. Karin Schreiber-Willnow 3. Rae Johnson 	<p>Welcome & Introduction</p> <p>EABP's Members Research</p> <p>The Art & Science of Being a Body Psychotherapist: Grounded Theory Discussion & Questions Dogma & Discussion</p>
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⁴³ EABP Collaborative Practice Research Network: <http://www.eabp.org/research-cprn.php>

⁴⁴ EABP-SRC Guidelines for Writing a Body Psychotherapy Case Study: www.eabp.org/research-case-study-guidelines.php

⁴⁵ Young, C. (2018). *Body Psychotherapy Case Studies*. Galashiels, Scotland: Body Psychotherapy Publications.

⁴⁶ To be published in the International Body Psychotherapy Journal.

⁴⁷ EABP Student Final Papers Awards: 2012-2018: <http://www.eabp.org/research-scientific-student-thesis-prize.php>

⁴⁸ USABP Alice K. Ladas Research Award: <http://www.usabp.org/Alice-K-Ladas-Research-Award/>

⁴⁹ EABP Collaborative Practice Research Network: <http://www.eabp.org/research-cprn.php>

⁵⁰ David M. Allen. (2012). Why Psychotherapy Efficacy Studies are Nearly Impossible. *Psychology Today*: <https://www.psychologytoday.com/us/blog/matter-personality/201212/why-psychotherapy-efficacy-studies-are-nearly-impossible>.

⁵¹ CORE-IMS (Clinical Outcome Research & Evaluation – Information Management System): <http://www.coreims.co.uk>

⁵² International Body Psychotherapy Journal (IBPJ): <http://www.ibpj.org>

⁵³ International Association of Gestalt Psychotherapy (IAGP): <http://www.iagp.com>

⁵⁴ Society of Psychotherapy Research (SPR): <http://www.psychotherapyresearch.org>

⁵⁵ ResearchGate lists about 140 articles (1-Feb, 2019) [http://www.researchgate.net/search.Search.html?type=publication&query=Body Psychotherapy](http://www.researchgate.net/search.Search.html?type=publication&query=Body+Psychotherapy)

⁵⁶ See EABP Bibliography (<http://www.eabp.org/bibliography>): 'Search' for 'Bioenergetic Analysis research': 338 Chapters & Books; 360 Journal articles; 14 Theses & dissertations; 113 Conference presentations; 15 films, tapes & videos; 15 websites: as of 1st Aug 2018.

⁵⁷ Journal of Orgonomy: 'Science': <http://www.orgonomy.org/sciences.html>

⁵⁸ European Association for Biosynthesis (EABS): <http://www.biosynthesis.org/>

⁵⁹ European Federation for Bioenergetic Analysis Psychotherapy (EFBA-P): <http://www.bioenergeticanalysis.net>

⁶⁰ European Association for Psych-Organic-Analysis (EAPOP): <http://www.eapoa.com>

⁶¹ There is an overall requirement of about 250 hours of CPD spread over five years, with a number of different categories of CPD, with an additional requirement that no more than a certain percentage of the total can be spent in any one category.