

What Is Body-Psychotherapy? A European perspective

An article by Courtenay Young

Lennart Ollars presented an excellent talk in September 2001 at the EABP Conference in Egmont-an-Zee, Netherlands where he started to try to answer this question.¹ In the European Association for Body-Psychotherapy (EABP), we have tried to answer this question from different perspectives when we have written various introductory booklets, and pages for the EABP website.² There have been several other assertions as to what Body-Psychotherapy is, or is not, and a number of different books about Body-Psychotherapy have come out recently.³ This article is not an attempt at any sort of definitive answer, in that it just explores some of the parameters behind this question.

In the first instance, there is a lot of dissention about the exact label or terminology. In Europe, we tend to use the hyphenated version, 'Body-Psychotherapy', but in the USABP the hyphen is dropped to read: 'Body Psychotherapy'. In German-English (and a significant number of EABP members are German, and the official language of EABP is English) it is often written as 'Bodypsychotherapy' or with a more modern look, 'BodyPsychotherapy'. However we also find another common usage that indicates the description from a slightly more functional definitio, 'Body-Oriented Psychotherapy'.

In the USA, the whole field of psychotherapy is dominated by academic training in psychology, and we discover in the universities there that Body Psychotherapy transmogrifies itself into "Somatic Psychology". There are several other attempts to delineate this field in a variety of different ways, some more limited than others. Some of these tend to be dependent on the various different orientations within Body-Psychotherapy, or even coming from the fringes of Body-Psychotherapy.⁴ Anyway I will use the EABP version, Body-Psychotherapy, throughout this article, except in direct quotations.

So, Body-Psychotherapy is ... and now we have a number of different possibilities that present themselves. Adopting a gestalt psychotherapy technique for a moment, if you look at a matchbox from the three main perspectives, above, front, side, you will three differently shaped and proportioned rectangles. Each of these is a legitimate view of the matchbox, but only from one side. One could also view this matchbox through a magnifying glass, which magnifies some parts and distorts at the edges; or through a microscope that only views one portion in great detail; or as a constructional diagram, that shows all the surfaces in their correct proportions, but is a 2-dimensional representation of a 3-dimensional object; or whatever. Much depends on your perspective and any perspective may be legitimate, though perhaps, by itself, inadequate. Inevitably therefore, we need to look at the field of Body-Psychotherapy from a number of different perspectives: none of these should invalidate any of the other perspectives. Hopefully the summation of all these perspectives will give us a reasonable representation of Body-Psychotherapy.

However Body-Psychotherapy as an entity also exists within the field of 'Psychotherapy', and the field of psychotherapy itself is in the process of being defined, or re-defined, and there are some very different and conflicting perspectives, so, before we progress any further with Body-Psychotherapy, we may need to set the context a little wider first and look at what we mean by 'psychotherapy' itself. Semantically, 'psyche' refers to the girl who married the god, Eros, and thus represents the human soul, whereas 'therapy' derives from 'therapeuein' meaning 'to attend, guide or serve'. Modern meanings tend to focus on "the application of various forms of mental treatment to nervous and mental disorders"(Websters) or "the treatment of mental illness by hypnosis, psychoanalysis and similar psychological means" (Chambers), both of which clearly exclude Body-Psychotherapy. The definition of psychotherapy from the European Association for Psychotherapy (EAP)⁵ is slightly more helpful:

"The practice of psychotherapy is the comprehensive, conscious and planned treatment of psychosocial, psychosomatic and behavioural disturbances or states of suffering with scientific psychotherapeutic methods, through an interaction between one or more persons being treated, and

one or more psychotherapists, with the aim of relieving disturbing attitudes to change, and to promote the maturation, development and health of the treated person. It requires both a general and a specific training/education.

The independent practice of psychotherapy consists of autonomous, responsible enactment of the capacities described in paragraph 1; independent of whether the activity is in free practice or institutional work.”

Many of the general textbooks about psychotherapy do not list Body-Psychotherapy specifically, even the latest, edited by the General Secretary of the EAP, only mentions two versions.⁶ So, as lines are being drawn as to what psychotherapy is or is not, our problem has been how to ensure that Body-Psychotherapy is firmly included within the general definition of psychotherapy.

Body-Psychotherapy and professional politics

In the same way that the “abortion issue” has become politicised, especially in the USA, which is an issue that many would hold is a matter for either person choice, or possibly religious conviction; the issue of professional psychotherapy carries its own political agenda. In Europe, there are two main political or professional views that are in almost direct conflict with each other, and whilst these are expressed in professional, scientific, or political terms, it is essentially part of the age-old struggle for the same ‘territory,’ or the same ‘piece of the cake’: who is going to be eligible for the increasingly limited national health service payments or government contributions towards psychotherapy sessions.

The first main position, currently espoused by the EAP, is that psychotherapy is establishing itself as an independent profession, parallel to, but significantly different from, psychology and psychiatry. This view is increasingly carrying favour with the European Parliament, but there is also a significant degree of resistance from the other two named professions, not only because of the financial implications, but because this view implies that their current training in actual psychotherapeutic skills is at best partial, and at worst somewhat inadequate. Being a clinical psychologist or psychiatrist is, de facto, now not enough to be a professionally competent psychotherapist. This view also implicitly and explicitly establishes a minimum set of training standards (four years post-graduate study and practice) and ethical criteria for the professional practice of psychotherapy.

The second political view in Europe is that psychotherapy is an activity that ‘should’ only be done by qualified psychologists and psychiatrists, using a few ‘approved’ or ‘recognised’ methods. In some countries this view has been the basis of a recently passed ‘law’ on psychotherapy, pushed through by (you guessed!) influential psychologists and psychiatrists. However the laws in the different countries (Germany, Italy, Austria, Netherlands) vary considerably and, as yet significantly, have not been tested through the courts. This second view does not carry much common agreement as to what these ‘approved’ methods are, from country to country, but the recognised methods usually include psychodynamic psychotherapy (but not psychoanalysis), cognitive behavioural psychotherapy, and some of the systemic psychotherapies (like Family Therapy): they occasionally include Gestalt, Transactional Analysis, or some other fairly well established forms of humanistic psychotherapy. This view, or these laws, or the way they are currently applied by various ministries, ignore most of the many other forms of psychotherapy, many of them very well established, very numerous, and equally ‘respectable’: there is a dichotomy that is never really explained as to why some methods are ‘accepted’ and others not. Neither does this view carry any significant degree of coherence between countries as to what things like the minimum training should be in order for this activity to be practised by these somehow sublimely qualified psychologists and psychiatrists.

Given the recent expansion of the European Union to 25 countries (the original basis of which is a free labour market); given the increasingly successful political efforts of the EAP within the EU Parliament; and given the potential for future legal actions under restrictive practices and human rights legislation; it is to be hoped that this second view will not stand the test of time, nor the test of

the courts, and thus the former perspective, that of an independent profession of psychotherapy, will eventually prevail.

However, as a major part of this EAP-backed professionalization of psychotherapy, there has had to be inserted (mainly at the insistence of the Austrian psychotherapists) a need for “scientific validity” as well as for thought-out and consensually agreed training standards and well-based ethical codes of practice. These aspects, and the need for “evidence-based practice” within national health services, has had a major influence on all forms of psychotherapy throughout Europe over the last 10 years, and this trend has also significantly impacted on Body-Psychotherapy. In order to be included in the field of psychotherapy, we have had to conform to some of these aspects of professionalization; we have had to reconsider our training standards and membership criteria; we have had to consider more carefully what is the ‘scientific’ basis for our claim that this type of psychotherapy works; and how do we wish to measure this efficacy, for (I contend) measure it somehow we must, otherwise we will, by default, define ourselves more within the realms of some sort of esoteric practice or spiritual healing. The nature of the playing field that we are on is changing quite rapidly, and the rules of the game are changing. All this has made our task of definition much more complex.

The significance of these professional and political moves for Body-Psychotherapy is that, if we wish to see ourselves as members of a professional practice, and if we want to ensure that our practitioners can continue to practice Body-Psychotherapy professionally, if not legally as well, then we will just have to adapt ourselves to fit these scientific validation processes, these minimum training standards, and these ethical and professional criteria. The alternative is essentially exclusion and diminishment. I believe it is fundamentally naïve and idealistic, even short-sighted, to think otherwise.

For these reasons, EABP has been actively involved in the EAP since 1996 and has taken several significant steps in this direction to try to ensure that Body-Psychotherapy is accepted as a significant ‘mainstream’ branch of psychotherapy. In 1999, we wrote a lengthy submission as the ‘answers’ to the “15 Questions on Scientific Validity” establishing Body-Psychotherapy as a legitimate mainstream,⁷ and we also ensured that the EABP Training Standards and the EABP Membership Criteria meet most of these European standards. However there is also a significant (and possibly legitimate) degree of resistance to some of this re-definition and professionalization, and I would like to explore some aspects of this resistance a little later on.

Body-Psychotherapy as a collection of methods

Additionally Body-Psychotherapy is commonly used as a collective noun indicating a loosely defined consortium of different methods, all with a common theme, a perspective whereby the body plays a significant role in the psychotherapeutic practice. This EABP did through its establishment in the late 1980s, and since there are a number of different methods, and a significant number of different people have been practicing these methods over a significant number of years, as we shall see, this perspective carries a degree of weight or importance. This perspective carries a degree of diversity and also potential parochialism: “My method is ... (all) ‘this’ and your method is ... (just) ‘that’,” which, in the past, has carried little common ground for agreement as to practice methods, theory, ethics, approach, methodology, research, or whatever, and an increasing diversity.

Lennart Ollars wrote well about the endemic diversification in Body-Psychotherapy: “If we look at the ground and history of psychotherapy in general we will see the same pattern: most people (authors, trainers, professors and scientists) are more preoccupied with stating their own way, than with entering a dialogue with other ways of working. They suffer from the same resistances, unwillingness to look at conflicts and competition as we do. ... We have been (too) busy finding and describing our own way of doing things, so we haven't been ready to find a common ground. ... Doing body psychotherapy is maybe an even more personal matter than doing verbal psychotherapy; so discussing the way to do it is like discussing your own very core or existence. Are we willing to

expose our way of working, that is to expose ourselves to each other? And listen to critical questions?"

Many early books or texts utilised this approach to Body-Psychotherapy. Essentially a definition of Body-Psychotherapy became more of a description of the different methods that existed. These methods include: Alexander Lowen's 'Bioenergetic Analysis'; Gerda Boyesen's 'Biodynamic Psychology & Psychotherapy'; Wilhelm Reich's 'Character-Analytical Vegetotherapy'; Nick Totton & William West's 'Neo-Reichian Psychotherapy'; Chuck Kelley's 'Radix' work; John Pierrakos's 'Core Energetics'; Ron Kurtz's 'Hakomi'; Jay Stattman's 'Unitive Psychotherapy'; Lisbeth Marcher's 'Biodynamic Analysis'; Ajuriaguerra's psychoanalytically-oriented 'Psychomotor Therapy'; David Boadella's 'Biosynthesis'; Ilana Rubenfeld's 'Rubenfeld Synergy'; Malcolm Brown's "Organismic Psychotherapy"; Al Pesso's 'Pesso-Boyden Psycho-Motor System'; the original Reichian traditional 'Orgonomists,' Eugene Gendlin's "focusing", and many, many others. There is no particular order to this, or any, list, it is a 'smorgasbord' approach to Body-Psychotherapy, and many methods have not been included in this particular list. There are currently about 40 Body-Psychotherapy training programmes in Europe (about 20 of them being in at various stages in the process of accreditation through EABP and eventually the EAP) and many more exist in the USA, including at least four university Masters and Ph.D. courses in Somatic Psychology.⁸ All of these schools or trainings identify themselves within Body-Psychotherapy or Body-Oriented Psychotherapy or Somatic Psychology.

What is significant about this perspective is that it also causes us, or forces us, also to identify what does not fit within Body-Psychotherapy. There are a number of different approaches that are much more "Body Therapy" oriented, though many of them are also psychotherapeutic. We shall look more at this differentiation in a moment, but, for the moment, these Body Therapies generally include: traditional physiotherapy; various types of massage (Swedish, medical, sports, energy, aromatherapy, etc.); structural, functional and movement therapies like Ida Rolf's 'Rolfing', Joseph Heller's 'Hellerwork', Alexander Technique, Postural Integration, Moshe Feldenkrais' Feldenkrais Method or "Awareness Through Movement"; the therapies more geared to emotional release like; SHEN Physio-Emotional Release Therapy, Myofacial Release, the Trager Approach, the Rosen Method, etc.; Asian bodywork techniques like Acupuncture, Shiatsu, Moxibustion, Acu-yoga, etc.; bodywork therapies from the Indian sub-continent, like Aurudevic Medicine, Prana- and Hatha-Yoga; energy-based body therapies like, Therapeutic Touch, Kinesiology, CranioSacral Therapy, Reiki, Polarity Therapy, Reflexology, Metamorphic Technique, etc. Energy Psychology (which includes Thought Field Therapy & EMDR) is also becoming increasingly popular as a set of techniques within mainstream psychotherapy and counselling.

There are also more psychologically-oriented body therapies like Janov's Primal Rebirthing, and Stan Grof's Holotropic Breathwork, as well as purely physiological therapies like: Relaxation Therapy, Autogenic Technique, and so forth. Yet the last, interestingly and surprisingly enough, is accepted as a legitimate 'scientifically-based' psychotherapy in Austria.

There is a whole new interest in popular psychology and psychotherapy as well as the explosion of interest in health and general well-being and the body-mind connection in general, and, in such a culture, new 'therapies' are appearing weekly, like daisies in a meadow or dandelions in the lawn.

Many of these body-oriented therapies are very technically skilled and possibly work better with the body than most Body-Psychotherapists, but much of their training is exclusive to the technique and is not focussed on the traditional aspects and professional tenets of psychotherapy. Little attention is paid to developmental theory, resistances, transference, counter-transference, or psychopathology, for example.

What becomes extremely significant is both the commonality and the differences between the Body Therapies and Body-Psychotherapy. The Body Therapies usually do not claim that they are psychotherapies: they focus much more in training and practice on particular aspects and applications of their method. Nearly all of them acknowledge the concept of mind-body unity and most of them

would agree that a person's beliefs and feelings carry manifestations within the body and that changes in the body can affect a person's emotions and thought processes. In this, and in some efficacious cases, they may claim to be psychotherapeutic. However, this does not necessarily make them a legitimate branch of Psychotherapy.

There begins to be a boundary function here. Who determines what is a Body-Psychotherapy and what is not, and the professional associations within Body-Psychotherapy will be asked to perform some sort of "gate-keeper" role, determining who (or what) is to be included or not. Let me give three examples to help clarify this area of potential difficulty: and it is a potential minefield.

There is a well-respected form of Body-Psychotherapy found mostly in the USA which is a combination of Feldenkrais Method, Alexander Technique and Gestalt Psychotherapy. The founder, Ilana Rubenfeld, has trained in all three of these methods and has 'synthesised' them together into a method she calls 'Rubenfeld Synergy' which she has been teaching for many years. Whilst none of the individual components constitute a Body-Psychotherapy, the combination does. In Europe, we are seeing several training schools coming forward for accreditation with a combination of (say) Postural Integration, combining this with (something like) Gestalt Psychotherapy. If their training is a proper integration of these two disciplines, then this would constitute an interesting new form of Body-Psychotherapy; if only lip-service is paid to the professional psychotherapy aspect of the training, then this is not. But who determines this? Since they are coming to EABP for accreditation, currently we do, and we must be prepared to do this job properly.

A second example is that some therapies self-define themselves as a Body-Psychotherapy. In a recent book on Body-Psychotherapy⁹, there was a chapter entitled "Body psychotherapy and regression: the body remembers past lives." Now, there is certainly a regressive potential in the practice of Body-Psychotherapy and in many of our trainings and clinical practice we have seen situations where regressive components can be worked with cathartically and psychotherapeutically, but "past life regression therapy" as described and practised is not a Body-Psychotherapy: at present anyway. It may draw "strongly from Jung's waking dream technique of active imagination and the embodied re enactments of past events called by J.L. Moreno, psychodrama"¹⁰ but self-description does not make a definition and (as the reference demonstrates, this is possibly more of a transpersonal psychotherapy with some Body-Psychotherapy orientation. There are several other examples of this type.

A third example is more difficult. Some methods are ostensibly a Body-Psychotherapy, however they do not currently ascribe to the same value systems; they may resist some or all of the aspects of professionalization; they may be more of a sect or a cult, or they may be emerging from something of a shamanic tradition; they do not seem to have the same training standards (or actually do what they say they do); and they may practice in ways which do not conform to more conventional ethical codes of psychotherapy. As a result these methods are (necessarily) for the moment, excluding themselves or being excluded from professional practice or the professional accreditation of Body-Psychotherapy by the professional organisations like EABP and USABP. Yet these organisations seem dissatisfied with this process, and some still want us to accept them: "What part of 'No', do you not understand?" Recently one attempt was made to re-label an excluded training school and try to get accepted in to the profession of psychotherapy via a side-door or 'loop-hole' in the procedures; another attempt was to try to put the case for their methodology (considered by many to be unacceptably unethical practices) through the medium of an internet 'chat-room'. We have to, or someone has to, possibly act as guardians or gatekeepers against unprofessional practice or standards, otherwise we may be all tarred with the same brush. If you want to play (say) cricket by a different set of rules, perhaps you should call it something different. However we must constantly re-examine our own practice and standards, as well as our intolerances, in performing this very difficult gate-keeping task. The door must remain open for new methodologies; discrimination must not give way to prejudice; and 'rules' should not be applied hypocritically.

Perhaps we also need to become clearer as to what Body-Psychotherapy is by looking at what a Body-Psychotherapist does, and does not do. This is a task of the mapping of "functional

competencies” of Body-Psychotherapy and takes self-description, jargon, methodologies, techniques, unsubstantiated theory, and unethical practice out of the realms of judgement or discrimination and into the realms of demonstration. If you can demonstrate that you can efficiently and effectively fix a leaking tap, a faulty boiler, and plumb a house competently, then you are, by definition, a “plumber”.¹¹ So it could be very interesting for us, in these professional Body-Psychotherapy congresses and seminars, to start having this sort of dialogue and doing this sort of exercise.

Something should now be said a little about the overlap between the well-established traditions of Movement and Dance Therapies and Body-Psychotherapy. There has been a long connection between these, and there are also a number of significant differences. Movement and Dance Therapies are becoming increasingly recognised professionally as part of, or as an adjunct to, psychotherapy¹², and whilst, in some eyes, these might stand slightly closer to Art Therapy or Occupational Therapy than to psychotherapy, most Body-Psychotherapists recognise that “the body moving” is a legitimate and much more expressive version of the quite static client’s body in the therapy room, which they would consider as their particular speciality.

What has been interesting in this sort of differentiation and definition is that, over the last 5 years, through the twice-yearly meetings of the EABP FORUM of Body-Psychotherapy Organisations, an in-depth degree of communication had happened and the beginnings of a commonality is being discovered. The various methods are presenting themselves fully and openly and are subject to question and comment. This has not really happened before. The group is also collaborating together effectively in a process of Self Assessment and Mutual Recognition to accredit the training schools according to the EABP Training Standards. Whether we will see any other significant differences emerging from this form of communication and collaboration is too early to say, but there are a number of possibilities beginning to show themselves.

Firstly, those training institutes of similar methodology are combining together to submit their ‘answers’ to the ‘15 Questions on Scientific Validity’ to the EAP through EABP: we have seen collective responses from various Biodynamic schools, Unitive Psychotherapy schools and Character-Analytic Vegetotherapy schools in different countries. The different schools are co-operating significantly together. Secondly, within certain countries, we have seen active collaboration between different schools or methods towards a common goal: in the Netherlands there have been symposia sponsored by three or four different methods in Body-Psychotherapy; in Italy there has been a booklet from the Italian National Association with descriptions of all the different schools, and different modalities are collaborating. Now the FORUM produces its own booklet including all its different modalities. Thirdly, in Austria, we are beginning to consider a generic Body-Psychotherapy training, with specialisations in the different methods, all under one roof and with one centralised structure, in order to get full state recognition. This would be unique.

Until now, most of the methods have distinguished themselves by their differences, rather than by their common ground, and have been in a form of ‘competition’ or distant respect with each other. It has been acceptable for trainees of one school to get some experience of other body-oriented psychotherapies, and body therapies, but there has been little co-operation or collaboration. There has also been little recognition that training in one method, or even training in a branch of psychology or other mental health field, constitutes any form of transferable credit to another method’s training course. We are considering adjusting the EABP Membership Criteria to include already trained and qualified mental health professionals only having to do two years of further Body-Psychotherapy training, rather than four.

The situation in the USA is improving with the formation of and the process of maturation in, the USABP and the well attended bi-annual and very eclectic conferences, but the detailed collaborations and any sort of definitive inclusion-exclusion process have not really seemed to have started to happen there yet: I may be wrong.

Body-Psychotherapy as a Reaction to Mind-Body Dualism

The number of people in practice as ‘Body-Psychotherapists’, the number of books and articles published, the number of years since the evolution of Body-Psychotherapy, nor the number of inclusions in definitive lists, do not necessarily all add up to give Body-Psychotherapy any degree of legitimacy, though they might bring a degree of more general recognition. There are millions of Muslims, millions of Buddhists, and millions of Christians: all very sincere, devout and practicing: yet all these are belief systems and relatively incompatible. Body-Psychotherapy (for some) is a belief system, as well as being a professional practice. So I am not attacking your belief system if I say that, just because you believe ‘this to be’ true, does not actually make it so. This is not a form of blasphemy, as I am asserting a difference between a belief system and a demonstrable truth.

Most Body-Psychotherapists ‘believe’ – in contradiction to mainstream western philosophical thought since the 16th century – that René Descartes was fundamentally wrong. However he had just condensed a trend that had become increasingly dominant over the previous 1,500 years (or longer). His ‘mistake’ in saying, “I think therefore I am” should perhaps have been re-written, as “I know that I exist, not because I think, but because I feel embodied.” The main focus of the practice of Body-Psychotherapy is not the mind alone, nor the body alone, nor even the two together, linked or parallel, but the inseparable, interactive ‘body-mind’.

Nick Totton writes: “Body psychotherapy recognizes that there is no living human body without mind – no soma without psyche; and therefore that in approaching a human body we are also approaching a human mind. Whatever tools and safeguards are appropriate for a verbal approach to therapy are therefore also appropriate – with certain changes – for a bodily approach. This is a key distinction between body psychotherapists and most bodyworkers.”¹³

There is an increasing realisation in the West that the separation of mind and body is a false one, and is nonsensical and damaging, if not even dangerous. This ‘belief’ was formerly equated to Eastern mysticism, but it is much more fundamental than a belief in nearly all cultures, other than the Judeo-Christian based Western tradition: in these other cultures it is a truism. So perhaps we need to recognise that we are dealing here with a form of cultural distortion, as profound as the Middle Ages view that the world was flat, or that the Earth was the centre of the universe and the sun and stars all moved around the Earth, and we have found there is a cultural reaction to saying this, in the same way Giordano Bruno and Galileo Galilei were persecuted for asserting their ‘truths’.

The mind-body split has many subtle dangers. It separates us from our essential nature, from connections with our environment, and from others with similar bodies; it separates us from our power and our uniqueness; it separates us from who we were and how we have grown to become what we are now; posture is ‘correct’ or ‘incorrect’ rather than a statement of how we feel about ourselves; functions like breathing and digestion become purely physiological, instead of aspects of inspiration, release, and emotional integration. The subtle energies get ignored or marginalized. Our dreams are not internal processes of awakening, but distortions of rational or logical thought needing analysis.

As Body-Psychotherapists, because of these different views, we have been discriminated against by other forms of psychotherapy and psychology that chose to adopt the prevailing mainstream Western view. The adherents of these more ‘mental’ therapies have ignored Freud’s comment about the ego being “first and foremost a body ego”¹⁴ and his attempts to base his early work within neuroscience; they have ignored the work of Pierre Janet (who preceded Freud), Groddeck and Ferenczi; they have chosen to denigrate the work of Mesmer and Abrams; they have passed over Melanie Klein’s analysis of how the body forms our categories of experience; they have rejected the most of the work of Wilhelm Reich (except for ‘Character Analysis’), and they have discarded the more recent findings and clinical work of many, many others. This is surely a form of cultural blindness.¹⁵

In a 2004 PowerPoint presentation on Body-Psychotherapy,¹⁶ I tried writing the following four (fairly definitive) statements to amplify these perspectives:

- Body-Psychotherapy is ... a scientifically validated, legitimate mainstream, branch of psychotherapy, which historically predates Psychoanalysis and Freud.

- Body-Psychotherapy is ... an ethical and theoretically coherent method of professional practice for relieving emotional and mental distress and for encouraging human growth and awareness.
- Body-Psychotherapy ... involves a different and explicit theory of mind-body functioning, which takes into account, and pragmatically uses, the intricate complexity of all the different intersections, and all the different interactions, between the body and the mind.
- The common underlying assumption between the many different branches (or modalities) of Body-Psychotherapy is ... that the body is the whole person and there is a functional unity between mind and body. The body does not merely mean the “soma” and that this is separate from the mind, the “psyche”. Many other approaches in Psychotherapy touch on this area. Body-Psychotherapy considers this as fundamental.

In all fairness to the other psychotherapies, Body-Psychotherapy (as an unidentified collective grouping) has also been fairly short-sighted by generally not engaging in proper dialogue and research with the other psychotherapies over the past 50 years and, in some masochistic or rebellious way, almost seeming to revel in its isolation. But maybe this was more for aesthetic reasons and such a withdrawal, as in a spiritual retreat, can bring a degree of focus, purity and strength: let us hope so anyway. However, times change, and what has changed extremely significantly is the development of science, and particularly of the biological sciences, including neuroscience.

We have seen the expansion of the field of psychosomatics and the growth of new disciplines like psycho-neuro-immunology and neuroscience, which have impacted significantly on psychology and psychotherapy as these have demonstrated that the links between the body and mind are complex, multitudinous and, in many cases, undifferentiable: and this is from mainstream science. When we also consider the implications of some of the new developments in science, like Candace Pert’s work on neuro-peptides and the chemistry of emotions, then the old Cartesian concepts must fade and pass away. “Neuropeptides and their receptors are a key to understanding how body and mind are interconnected and how emotions can be manifested throughout the body. Indeed, the more we know about neuropeptides, the harder it is to think in traditional terms of a mind and a body. It makes more and more sense to speak of a single integrated entity, a ‘body-mind.’”¹⁷

We must also consider the direction some of these new sciences are going in. There are increasingly well-established and respected bodies of scientific thought that attest that we live in some sort of “holistic” or “holographic” universe,¹⁸ where everything is connected, both on micro and macro levels, and that everything is also made out of energy.¹⁹ We shall also see later how there is a substantial section of Body-Psychotherapy that applies the ‘subtle energy’ perspective to what is happening in the body, and this is despite the fact that ‘science’ has yet to fully acknowledge that ‘subtle energy’ exists within the body. Maybe we know more than they do, but we are not prepared to stand up and say so, or to prove the existence of what we state that we work with.

Furthermore, from the work of Bessel van der Kolk, Peter Levine, Babette Rothschild and Pat Ogden, we can see that psychotherapeutic work with people who have been traumatised or have been diagnosed with PTSD cannot happen effectively without considering the role of the body, the way in which the body remembers (and replays) the trauma, and the Body-Psychotherapy techniques that can prevent this happening and can heal or resolve the trauma.

As an interesting counterpoint, Rothschild writes: “Inspired by the phenomenon of PTSD, body psychotherapists are being challenged to pay more attention to what is happening in the mind, increasing skills in cognitive integration. Simultaneously, the psychotherapist is being challenged to pay more attention to the body, increasing skills in mind/body integration.”²⁰ She then continues: “This juncture poses difficulties for all concerned. The psychotherapist may shy away from paying attention to the body for fear that touch will become an issue. The body psychotherapist who employs touch as a usual tool may find that the symptoms of some clients – particularly those who were traumatised by assault, rape or abuse – will worsen with touch. The possibility that somatic symptoms can be addressed without touch has not often been explored.”²¹

This takes us into another area of consideration, another perspective of Body-Psychotherapy.

Body-Psychotherapy as defined by practical applications

Totton identifies three core models presently at work in Body-Psychotherapy: “In practice these are often not clearly described or distinguished, and are often used in combination or one after the other, despite some very real intellectual contradictions between them. These three models can be: allied the Adjustment model, the Trauma/Discharge model and the Process model.”²²

The quite ‘controversial’, though quite common, Adjustment Model essentially sees Body-Psychotherapy as a form of corrective treatment that re-aligns the body and thus the mind: a type of psychic physiotherapy. This perspective owes a lot to the medical allopathic approach and some of the early neo-Reichian work of Lowen and Boadella is quoted to illustrate this perspective. Totton heavily criticises this approach now as a legitimate form of psychotherapy. A more acceptable and respectful modification is derived from complementary medicine and is more of a holistic healing approach where the Body-Psychotherapist assists the client to re-adjust, to rebalance, to re-align, and to awaken and empower the body-mind’s own capacity to heal itself.

The Trauma/Discharge model sees bodily ‘symptoms’ as somatic manifestations of unresolved traumas. Even Freud carried this perspective in his early writings²³ and it was certainly the basis for much of Wilhelm Reich’s work, where an early freezing or holding is seen to be essential for survival, is not resolved and is then maintained until it becomes chronic. Hopefully the role of the Body-psychotherapist is to assist the client’s natural healing process by a combination of understanding the psychodynamic aspects and encouraging them to soften and melt the ‘armouring’. Some practitioners go in a little more enthusiastically and less respectfully and crack it apart. I choose to differentiate between Body-Psychotherapists and ‘practitioners’ here as some of the psychologically-oriented body therapies tend to be less than respectful to the reasons behind these defences, or the ‘facts’ of what actually happened.

The third example, the Process model, is a somewhat later development that ‘respects’ the client’s body-mind process even further by allowing it to complete its journey, or follow the ‘flow’, or develop the ‘dance’. Examples of this type of work can be found in Keleman, Boadella’s later writings in Biosynthesis, Ron Kurtz’s Hakomi, Linda Hartley’s Wisdom of the Body Moving and also Susan Aposhyan’s different development of Bonnie Bainbridge Cohen’s work, and some of Arnie Mindell’s DreamBody or Process Oriented Psychotherapy work. This perspective has the advantage of assuming that the therapist is not the expert, and brings the therapeutic emphasis much more into the present moment, with the focus on the client now, rather than what happened, or didn’t happen, many years ago. Whether one sees the person as a ‘character’ embodying a particular state (of neurosis), or whether they are at a particular place in their process where they feel they need a little guidance or assistance from something like a ‘midwife’ position, is perhaps like the dichotomy in physics between seeing energy as a particle or as a wave.

However it must be emphasised that most Body-Psychotherapists probably use variations of all three approaches, where and when appropriate, and in different combinations or forms. Hopefully they avoid being too intrusive or directive; hopefully they avoid re-traumatising the client; hopefully they do not impose their own perspectives on the client.

Susan Aposhyan has distilled six principles for Body-Psychotherapists that “underlie body-mind integration in any context. These principles are: respect, full participation, inclusivity, dialogue, sequencing, and development.”²⁴ Aposhyan’s Body-Mind Psychotherapy is something of a modern developmental approach that tries to move away from the perspectives of the 1960s and 1970s where some Body-Psychotherapies became involved with volatile emotional expression, cathartic release, physical outbursts, active regression, holding down hysterical clients, and various dubious forms of touch. There is now a sound somatic and psycho-physiological basis to Body-Psychotherapy and an increasing focus on the body’s neurology, musculature, nervous systems, movement, chemistry, and the relationships between various somatic systems to emotions and thought. If all this is practiced

professionally and ethically, then we have a much sounder basis from which to refute some of our critics and sceptics, and to put across our legitimate points of view.

There are several other perspectives to the practical application of Body-Psychotherapy that are significant and need to be mentioned. The most used, and abused, is the concept of the body's "energy", but this concept is very difficult to define, let alone to work with professionally. Does it mean Freud's concept of the libido or sexual energy; Reich's bio-electrical 'orgone energy' with its flow, pulsation, contraction, 'streamings', charge, excitation and release; Lowen's bioenergy or metabolic energy; Gerda Boyesen's more gentle biodynamic energy; the assessment and diagnosis (body reading) of the client's 'energy' or psycho-physical presence; the acupuncture-based concept of Chi or (Ki) 'energy' within the body at certain places and along certain meridians; the Vedic concepts of the human aura and chakras, used by Body-Psychotherapists like John Pierrakos and many Eastern-oriented body practitioners; Rose Cameron's concepts of subtle energy and body 'fields' expanding, contracting, diffusing, clenching and being dis-embodied; Boadella's (and others) energetic concepts of centering, grounding, facing and 'skying' (or contacting cosmic energy); psycho-physiological concepts of the balance of the Autonomic Nervous System, energy conversion systems in muscles, the 'memory' of the Gamma nervous system, firing potentials providing the energy for action, neuropeptides being the basis for emotional energy, the active protective systems within psycho-neuro-immunology; or Reich's original 'orgasm' energy with its 'blocks' to orgasmic potency and genitality. Perhaps all work together in ways that we really do not understand and that we cannot yet fathom: we may be rather like the proverbial four blind men all experiencing different parts of the elephant: 'like a tree', 'like a snake', 'like a whip', etc.

Totton lists and briefly explains some other Body-Psychotherapy concepts like: body-mind-spirit, self-regulation, body memory, functional identity, embodiment, shock and trauma, birth and birthing, character structure and armouring, sensory-motor amnesia, motor patterning, contact, presence, attention, awareness and micro-movement.

There are many other aspects to Body-Psychotherapy practice: 'somatic resonance' (Body-Psychotherapy concepts of transference and counter-transference), breathing and breath-work (a somatic version of free association?), 'vegetative discharge' (the spontaneous release of held 'energy', a somatic parallel to emotional release), 'dynamic updrift' (unconscious material rising to awareness), 'somatic markers' (that credit our brain with learning and use gut feelings to guide us)²⁵, 'vegetotherapy' (body oriented techniques based on Reich's original psychotherapy)²⁶, 'body reading' (identifying where the tensions of the character structure are), 'interactive psychobiological regulation' (non-verbal interactive processes [mother-child, therapist-client] regulate physiology)²⁷, 'polyvagal theory' (ANS regulation of the social engagement system)²⁸, basic emotional operating systems (innate psycho-behavioural processes possessed by all mammals)²⁹, emotional, cellular, vascular and neurological intelligence (developed & coordinated responses from the various systems)³⁰, 'relational somatics' (adjustment of somatic states through social relationships), the 'core self' (a central somatic sense of self, often assumed to be 'good', natural, un-neurotic, open, interested & flexible).

Another practical consideration is the application of several various Body-Psychotherapy techniques that involve touch. In the USA there is a general phobia about touch and the USABP has written an excellent section in its Ethics Code about the ethical use of touch. Within psychotherapy and psychology, people have also been pretty phobic about touch since Freud & Fleish's disastrous early interventions, Victorian fears of seduction, and psychoanalysis' almost total dependence on verbal free-association and analysis of the transference (which touch would contaminate). Since then, in Europe, whilst touch is still somewhat sexualised and despite the abuses of psychotherapeutic touch in the 1960s and 1970s in various 'encounter groups', we have managed to get general acceptance that appropriate touch can be therapeutic, and also to find effective ways to do Body-Psychotherapy without touch as well. Still, it often comes up as an issue, and any transgression of any sort by a body therapist, or psychotherapist, even a medical doctor, gynaecologist or whatever, leads to lurid published details that do not do Body-Psychotherapy any good at all. It is a cross we

have to bear, and there are several ways we can improve on how we do this. I have written about this extensively elsewhere.³¹

Whatever mix is adopted of body therapy technique, psychotherapy orientation, psycho-social awareness, psycho-spiritual practice, charismatic teacher, evidence-based theory, neo-Reichian or New Age orientation, the professional Body-Psychotherapist should be able to describe their theory and practice competently and without the listener having to learn a new language, or be overwhelmed by jargon, scientific papers or references. We do not have to convince the person in front of us: they have come to us for therapy. What we must be able to do is convince others, from inside and outside of the profession of psychotherapy, that we know what we are talking about and that we are confident that we can substantiate any claims that we make.

Body-Psychotherapy is a method that uses touch professionally

There are a number of excellent reasons why psychotherapy and psychotherapists, and the public in general, are phobic about touch. Over the years, there have been significant numbers of abuses of professional intimacy. There is a whole sub-culture connected with abuses of familial intimacy. Most ‘professional’ touch – from doctors, dentists, gynaecologists, etc. – is cold and impersonal, attempting to avoid issues of intimacy, fear and temptation. I am not convinced that, as professionals involved with touch, we have taken the right road and proclaimed sufficiently that we professionally know how to touch properly. I am not convinced

Lennart Ollars writes: “I believe that many of us, including myself, sometimes get stuck in ‘early’ contact patterns. Psychotherapy in general, and especially body psychotherapy, is much better to build up sensing yourself and your core and often also to improve contact to the close other than in developing a self-observant ego and other group and discussing abilities. Are we willing to learn about boundaries, and to start talking about our differences and to stay in contact learning to dialogue and solve or just handle polarities? One of the basic antidotes against getting stuck in early contact patterns is this: tell yourself that the person who is offending you or not hearing you, is actually not your mother or father forty years or more ago, but just a Danish clumsy guy. Or: the guy who misunderstands you is not a Guru-like world expert in body psychotherapy, but just a trainer with a headache, or his mind somewhere else. I am willing to admit that it is not always easy, but try it. If this doesn't work there is only one way left: share it, and have somebody around, preferably the one you have a process with. It's basically the same quest: do we trust ourselves and each other enough to dare to disagree, to question each other, and to stay with differences and disagreements, coming from the past or taking place just now.”

Body-Psychotherapy as a Science, or Not?

Some of the legitimate views against the move to establish the ‘scientific validity’ of Body-Psychotherapy within the strictures of the EAP were that had nothing to do with science, but more to do with professional politics and acceptance. In this, of course, the critics were absolutely correct.

Simultaneous to preparing the long and substantive EABP submission on the ‘scientific validity’ of Body-Psychotherapy, Michael Heller and I wrote a reactive article, planned several years before, about psychotherapy being much more of a craft or an art, informed by science and informing science.³² (I do love these existential dilemmas and paradoxes.) Subsequently, in Europe, we have also established, by the same ‘flawed’ process, that a number of different methods within Body Psychotherapy³³ are ‘scientifically valid’. This does not mean that Body-Psychotherapy is a science, nor is it scientific. A first attempt has been made to validate it.

Personally I have also been heavily involved in creating the Bibliography of Body-Psychotherapy, now with 4,500 entries³⁴, and potentially many, many more, which will hopefully build and be increasingly used as an effective research tool. EABP is also beginning to fund research projects and there is already some published research, specific to Body-Psychotherapy.³⁵ However books, articles, numbers of publications, and research do not make a science; and there are also many different types of science. If we are to remain relevant as a professional practice, we will have to

demonstrate that we are efficacious, and more so than any placebo, or control group. This will involve research, and it may turn out to that Body-Psychotherapy is demonstrably effective, but even though it might be able to be shown ‘scientifically’ that it is ‘valid’ as a professional practice - that it works, this does not make it a science.

Spiritual healing as been demonstrated as effective, so has the medical clairvoyance of people like Carolyn Myss, and so have several complementary health practices. Along with other humanistic and transpersonal psychotherapies, we probably need to challenge this hegemony of ‘science’ in psychotherapy and find a more proper and healthier relationship between what we do in Body-Psychotherapy and ‘science’.

There are also totally legitimate views that Body-Psychotherapy is and should remain as a craft, an art, an education, a system of self-regulation, a spiritual practice, a form of holistic medicine, or “should be considered, along with techniques like herbalism and homeopathy, as one of humanity’s primal systems of healing originating in Palaeolithic shamanism.”³⁶ However the individual Body-Psychotherapist has been trained and practices, I would hope that s/he informs him/herself of what is happening in science, and can individually or collectively find ways of using these developments to stimulate their own practice, and even to investigate systematically the significance of some of these developments and the efficacy of their own way of working. This is a form of hermeneutic science.

That most of the professional associations in psychotherapy and Body-Psychotherapy require their practitioner members to be in some form of regular and appropriate professional supervision and continuing professional development and education also suggests that there is an implicit recognition that this is skill-based, like a craft, and these skills need constant honing. Given the diversity of all the Body-Psychotherapies, we might use this as a yardstick to indicate that it may be more of an art, than a standard set of well-honed techniques. Given the unusually high requirement for the experience of Body-Psychotherapy and for personal therapy, maybe this indicates a need for an appropriate starting place for a system of self-regulation. All maybe are true and valid as perspectives.

In the USA, there is currently more of a focus on Body-Psychotherapy being ‘acceptable’ academically. This might also be for political and professional reasons. As mentioned, there are currently four university programmes teaching a Masters or PhD in Somatic Psychology. The Academic Council of USABP is also considering what ‘should’ constitute an academic course in Somatic Psychology and further what ‘should’ constitute a training course in Body-Psychotherapy.³⁷ Maybe this is also a move towards some sort of self-regulation or national accreditation, but whether this is seen as a positive or a negative step from Body-Psychotherapists currently outside the USABP depends entirely on their perspective. For some it may be a ‘bridge too far’, for others a downwards compromise. Hopefully it will become a ‘creative’ chaos, rather than a ‘confusing’ one. This brings me to my last perspective, and it is not any easy one to write about.

Body-Psychotherapy as a passion

Amy Tan, the Chinese-American novelist, wrote: “I write stories because I have questions about life, not answers. ... I write because often I can’t express myself any other way, and I think I’ll implode if I don’t find the words. ... I write for very much the same reasons that I read: to startle my mind, to churn my heart, to tingle my spine, to knock the blinders off my eyes and allow me to see beyond the pale. ... I write because I have been in love with words since I was a child. ... I write because it is the ultimate freedom of expression. ...”³⁸ She cannot help writing, it is her passion.

Many of us ‘do’ Body-Psychotherapy because we have discovered that it is our passion. It speaks to us in a way that other psychotherapies might not. It connects us to our clients, whether we touch them or not, in ways which are meaningful to us, and also meaningful to them. We can hold sense their emotional process, in ways that they can feel, and that seem significant objectively. “It is this view that attracted me to body psychotherapy – the view ‘that human beings operate from an

inner core – the primary level – which is per se spontaneous, positive and life enhancing, having the capacity for self regulation.”³⁹

Andrew Samuels writes “The body can be seen as timeless, universal, and possessing an essentialistic and elemental wisdom.”⁴⁰ Whilst he personally may not agree with this perspective, he does note that, in Body-Psychotherapists, the essentialistic perspective is brought into balance with a culturally sensitive perspective. As one puts one’s body and mind more back into balance, other things come into balance too. The effects are often subtle and profound, and can also be very pleasurable.

Yes, the benefits of touch (if that is part of a particular Body-Psychotherapy practice) are multi-various as Tiffany Field beautifully (and scientifically) demonstrates,⁴¹ but the experience of coming back into a sensual wholeness speaks very differently. “Dare I come into touch? For this is further than death. I have dared to let them lay hands on me and put me to death. But dare I come into this tender touch of life? Oh, this is much harder....”⁴²

Some of the reactions to the professionalization of Body-Psychotherapy are that this might destroy the pleasure. A respected colleague recently wrote me (us) a long letter essentially declaiming that this form of professionalization was destroying the essence of “the work”. Other claims are that this rubs against the cultural ‘sore spots’ and its deep sickness in relation to sexuality and thus to pleasure. Whilst “working with and through the body, and with and through the feelings and thoughts that this work mobilizes, necessarily uncovers our trauma of socialization ... (which Totton feels cannot be undone as this fantasizes a state outside of the culture) ... the practice and theory of body psychotherapy, I would argue, implies that our culture needs to create more space within itself for embodied pleasure – not the trivial enjoyments and titillations which surround us, but a deep pleasure grounded in infant experiences of safety and nurturing, pleasure which is identified with the capacity for achievement and intimate relationship.”⁴³

This speaks of my passion as well. I do not want to get here into pointless comparisons with the benefits of other psychotherapies, partially as I am currently enjoying being in analysis, but I know that the benefits of Body-Psychotherapy – experientially, proprioceptively, in terms of my own sexuality, in relationships, in empathy and resonance with others, in sociological, political and environmental aspects, in my spiritual development, and in many other ways – have been extraordinary, healing, and even transformational for me. I do want to espouse the point of view that we must do both: keep the freedom alive AND maintain high standards of professionalization. These two goals are not necessarily incompatible: our task is to find a point of balance where it is not “either ... or ...” but “both ... and ...”

Body-Psychotherapy is not a religion, though occasionally I may proselytise a bit. It is as much a belief-system as my belief that the sun will rise in the morning, or that I will experience ‘weather’ when I go outside, especially in Scotland. I know that it works in professional practice, and (even though I am not allowed to touch my clients physically when working in the National Health Service) I am told that I touch them with my voice and my eyes; that I hold them with my attention and presence; and that they feel ‘touched’. I, at least, really enjoy my work. I go to work enthusiastically; it is a passion and a pleasure for me. I know that virtually nothing else is quite as important and special as retaining that sense of myself, as part of the world and in the world. From such a space I can do effective work, I can think more clearly, I can relate to others reasonably well, I can express myself meaningfully, I can grow, I can write poetry, and I feel more fully connected.

Body-Psychotherapy, perhaps more directly than other psychotherapies because this is one of the main points of focus, works to assist people to rediscover that awareness and experience of ‘being’ more in one’s body. It is an addictive experience. It also feels something of a ‘right’, like a ‘birthright’: what it is to be human.

Susan Aposhyan writes: “What needs to evolve within the human psyche and culture that could allow us to reintegrate ourselves with the life of this planet? How can we recognize human nature as part of the larger natural world? How can we directly experience the natural biological processes occurring within our bodies? Feeling our bodies in the fullest sense of the word can help us

feel our own vitality and the path toward psychological health, but it can also connect us to the rest of life that exists around us. Our bodies are our link to life and the natural world. Understanding our bodily selves as complex human animals can reconnect us to a creative role on this planet.”¹⁰

References

- 1 “Challenges on the way towards a common ground of body psychotherapy – Body psychotherapy versus the established areas of psychology” Ollars, Lennart: reprinted in the EABP Newsletter, Spring 2005 and available on the EABP website.
- 2 EABP website: www.eabp.org
- 3 See Reading List & References.
- 4 For a more long-winded version notable for its avoidance of the use of ‘body psychotherapy’ we have: “... the neuropsychological bases of body image and schema in health and sickness, as well as of the widely accepted psychotherapeutic procedures based on corporality.” From Guimón, J. (ed.) (1997). *The Body in Psychotherapy*. Zurich: Karger.
- 5 European Association for Psychotherapy: www.europsyche.org
- 6 Pritz, A. (ed.) (2002). *Globalized Psychotherapy* Vienna: facultas
- 7 Available on the EABP website: www.eabp.org
- 8 Naropa University, Boulder CO.; California Institute of Integral Studies, San Francisco, CA; JFK University, Berkeley, CA; Santa Barbara University, Santa Barbara, CA.
- 9 Staunton, Tree (ed.) (2002). *Body Psychotherapy* (Brunner Routledge)
- 10 Woolger, R.J. *Past Life Regression Therapy*. In Boorstein, S. (ed.) *Transpersonal Psychotherapy*, (SUNY Press, NY)
- 11 This mapping of “functional competencies” is increasingly being used by the European Union for establishing the definition of every trade and profession across national and cultural boundaries, languages, and professional practices.
- 12 Concentrative Movement Therapy, as a psychotherapeutic modality, is accepted in Austria and in the EAP. See Pritz, (2002): p. 662-673
- 13 Totton (2003): *Body psychotherapy: An introduction* Maidenhead, UK: Open University Press 2003: p. 29
- 14 Freud, S. (1961). *The Ego and the Id* in J. Strachey (ed. & trans.) *The standard edition of the complete psychological works of Sigmund Freud* (vol. 19, pp. 3-66). London: Hogarth Press. (Originally published 1923)
- 15 (see Appendix 2)
- 16 Available as a download on the EABP website: www.eabp.org
- 17 Pert, C. *The wisdom of the receptors: neuropeptides, the emotions and the bodymind* *Advances: The Journal of Body-Mind Health*, 3(3): 8-16
- 18 Talbot, M. (1991). *The Holographic Universe* New York: HarperCollins
- 19 Greene, B. (2000). *The Elegant Universe: Superstrings, hidden dimensions and the quest for the ultimate theory* London: Vintage.
- 20 Rothschild B. (2000). *The Body Remembers: The Psychophysiology of Trauma and Trauma Treatment*. New York: W.W. Norton: quoted in Rothschild B. *Body psychotherapy without touch: applications for trauma therapy in Staunton* (2002).
- 21 Ibid: Staunton (2002)
- 22 Totton (2003), p. 53
- 23 Freud S. & Bruer, J. (1983-5) *Studies on Hysteria* London, Penguin Freud Library Vol. 3.
- 24 Aposhyan, S. (2004). *Body-Mind Psychotherapy: Principles, techniques and practical applications* New York: W.W. Norton
- 25 Damasio, A. (1994). *Descartes’ error: Emotion, reason, and the human brain*. New York: Putnam.
- 26 For a short description see: Eiden, B. *Application of post-Reichian body-psychotherapy: a Chiron perspective*. In Staunton, (2002)
- 27 Schore, A. (1994). *Affect regulation and the origin of the self* Hillsdale, NJ: Erlbaum
- 28 Porges, S. *Orienting in a defensive world: Mammalian modifications of our evolutionary heritage. A polyvagal theory*. *Psychophysiology*, 33, 301-318. 1995

- 29 Panksepp, J. (1998). *Affective neuroscience: The foundations of human and animal emotions*. New York: Oxford University Press
- 30 Aposhyan, S. (2002)
- 31 Young, C. (2005). *About the Ethics of Professional Touch* Essay on EABP website
- 32 Young, C. and Heller, M. (2000). 'The Scientific "What!" of Psychotherapy: Psychotherapy is a Craft, Not a Science'. *International Journal of Psychotherapy*; 5(2): 113-131
- 33 Currently Hakomi, Biodynamic Psychology, Unitive Psychotherapy, Bodydynamic Analysis, Emotional ReIntegration, and Character Analytic Vegetotherapy as well as Biosynthesis, Psycho-Organic Analysis and Bioenergetic Analysis have also gone through this political process.
- 34 Available on CD-ROM from EABP or USABP and is also now on-line via the EABP website.
- 35 Listed on the EABP website: www.eabp.org
- 36 Grossinger, R. (1995). *Planet Medicine: Modalities*. Berkeley, CA: North Atlantic Books
- 37 USABP Academic Standards 2003 and USABP Training Standards 2003.
- 38 Tan, A. (2004). *The opposite of fate* New York, Harper.
- 39 Eiden, B. Application of post-Reichian body psychotherapy: a Chiron perspective. In Staunton (2002).
- 40 Forward to Staunton, T. (2002)
- 41 Field, T. (2003). *Touch* Cambridge, MA: MIT Press
- 42 Lawrence, D.H. *The Man Who Died*
- 43 Totton, 2003: p. 147-8