

## About the Scientific Validity of Body Psychotherapy

### Background

There is a 'quasi-political' - but also 'quasi-scientific' - process within the **European Association of Psychotherapy (EAP)** whereby a professional association or organisation, representing a particular mainstream, modality or method within psychotherapy across several different countries within Europe, has to establish their 'method' as a being a "scientifically valid" form of psychotherapy, before it can become as a European Wide Organisation (EWO).

It has to answer the "15 Questions on Scientific Validity". These questions were developed in a Scientific Validation Sub-Committee, chaired by David Boadella and others. They are based on the book, *Psychotherapies: eine neue Wissenschaft vom Menschen*, edited by A. Pritz (Springer: 1996: see [here](#)) which consists of a number of distinguished contributions by psychotherapists from Austria, Switzerland, Germany, and England and is "without doubt the best single book on psychotherapy as a human science, in any language". The '15 Questions' were accepted at the EAP General Assembly in Paris in June 1998, and have not been changed since. There is therefore quite a 'body' of knowledge in all the answers to these questions. The actual 15 Questions are given here (as an Appendix).

Once the organisation (or association) is accepted as an EWO, it then has to demonstrate additionally that its psychotherapy trainings (in that method, and in the various countries) conform with the basic EAP Training Standards – outlined within the European Certificate of Psychotherapy (ECP).

If this is the case, it becomes a European Wide Accrediting Organisation (EWAO) for that method or modality and can then accredit individuals and training institutes within the various countries, in that method or modality. These individuals and institutes are then 'recognised' by the EAP.

If this EWAO, or this method or modality, is also accepted by the National Umbrella Organisation (NUO) or the National Accrediting Organisation (NAO) for Psychotherapy in a particular country, the training organisations for that method or modality can also apply to become a European Accredited Psychotherapy Training Institute (EAPTI). An EAPTI can then promote their graduate psychotherapists for "direct award" of the European Certificate for Psychotherapy (ECP).

### The Politics of Psychotherapy in Europe and the Law

These processes of acceptance, or accreditation, or registration are mainly 'political' (rather than 'scientific' processes), as some countries 'restrict' the number of accepted types of psychotherapy to only 3 or 4 modalities (e.g. Psychodynamic, Cognitive, Systemic, Humanistic, etc.); and some other countries 'accept' 20 or 30 different methods or modalities of psychotherapy. Additionally, some countries will only register or accredit a 'psychotherapist' if they have a psychology university degree, or if they are a medical doctor. Most European countries allow people to 'practise' various forms of psychotherapy and other therapies, without being properly 'registered' – though there may be some requirements (like the 'Heilpraktiker' [complementary health practitioner] qualification in Germany), but the controls on or regulations of such practices – and on the profession of psychotherapy – are gradually tightening up.

The EAP can (theoretically) apply pressure on an NAO to accept psychotherapy modalities in that country that are accepted in other countries, and this may be the easiest way to get these modalities (and their training or accrediting organisations) some form of proper political recognition in that country, although it is usually the Ministry of Health (or similar) that formally accepts a type of psychotherapy and – as mentioned – there are 'political' processes at work: often about who can get paid by the health insurance in that country.

Laws also change depending on the political parties in power, and on the ‘personal politics’ of those people in power; they ‘decide’ – depending on who they talk to – what goes into the law. But the law is only words on paper: the courts decide not only on who breaks the law, but also on whether a law is restrictive or even improper.

Separate from all this, a ‘professional’ training (as in psychotherapy) needs to have a post-graduate (or equivalent) level of entry; then about 4 years of specialist training and supervised practice; and then a process of examination or certification. Once a practitioner is ‘certified’ (properly trained), they can apply for accreditation and/or registration to a professional association. This may – or may not - give them ‘state-recognition’. For example: in the UK, the UKCP register is ‘approved’ or ‘accredited’ by the Professional Standards Authority (a state-funded body), but it is still unclear whether any UK psychotherapist on the UKCP register is “state-registered” and thus has the ‘right’ to work in any other EU country as a psychotherapist. And then – of course – there is “Brexit”. The politics of psychotherapy in Europe are very confusing.

It is also debatable whether “psychotherapy” exists as a separate profession from “psychology”. The EAP has established the “Core Professional Competencies of a European Psychotherapist” in 2013 (see [here](#)) as part of the process of differentiating between a psychologist, a psychotherapist, and – anything else – a psychiatrist, a counsellor, a coach, etc. All have very different ‘processes’ – and fees – but the boundaries in between these professions are not clear. The EAP has recently joined the European Council of the Liberal Professions (CEPLIS – see [here](#)) and is also trying to establish the ECP at the level of an EQF 7 – equivalent to a Master’s degree. Some psychotherapy trainings (in various modalities and in various countries) have a direct link to a particular university and a student can therefore obtain a Master’s degree in psychotherapy on completion of that particular psychotherapy training (though this usually costs something extra).

### **Body Psychotherapy in Europe**

However – unfortunately – some modalities of psychotherapy are not accepted in certain countries. Unfortunately, Body Psychotherapy is not accepted in some countries, and only Body Psychotherapists with a degree in psychology can be registered as a psychotherapist in some countries. i.e. Body Psychotherapy is not (yet) recognised in Austria, and it is not fully accepted in the Netherlands or Belgium; it has some recognition in the UK.

Some of these ‘restrictive’ laws and practices can be theoretically – and have been successfully – challenged in the courts as ... if someone is recognised ‘officially’ in one EU country ... they have the ‘right’ to practice in any other EU country (One of the Four Freedoms of the EU). However, there is still quite a lot of work needed to ensure that Body Psychotherapy is properly recognised in each European country.

For the most up-to-date information about the ‘legal’ or ‘professional’ (or ‘political’) state of Body Psychotherapy in any particular European country, it is best to consult the EABP National Association (or National Committee) in that country: these exist in Austria, Germany, Greece, Israel, Italy, Serbia, Spain, Switzerland, Netherlands, UK, and in Kosovo, Portugal and possibly Russia (see [here](#)). For information about the state of Body Psychotherapy in other European countries, it is probably best to ask one or two of the EABP members in that country (see [here](#)).

### **The Scientific Validity of Body Psychotherapy**

As outlined above, in order for any organisation representing a particular modality within psychotherapy, to be accepted as an EWO, it has to establish itself as "scientific" - and it must therefore – satisfactorily and substantially – answer the EAP’s "15 Questions about Scientific Validity".

These 15 Questions are available on the EAP website: [www.europsyche.org](http://www.europsyche.org), as well as on the EABP website; and in the Appendix. EABP submitted answers to these 15 Questions in 1999, and - after a little political process - they were accepted in 2000. So, Body-Psychotherapy is

accepted by the EAP as a "scientifically valid" mainstream: however, we were asked to recognise that this does not automatically cover every 'modality' or 'method' within Body Psychotherapy. One major development was that, subsequently, several modalities of Body-Psychotherapy had to submit their own individual answers to the 15 Questions, and were put through the same 'political' process of acceptance: these "scientifically validated" modalities of Body Psychotherapy are: Hakomi, Biodynamic Psychology, Unitive Psychotherapy, Bodydynamics, Emotional ReIntegration, Character Analytic Vegetotherapy and Postural Integrational Psychotherapy. In addition, Biosynthesis, Bioenergetic Analysis, Psycho-Organic Analysis, and Concentrative Movement Psychotherapy have all been accepted independently, by the same process within EAP and EWOC.

**Update February 2006:** The EAP accepted that the 'requirement' that all Body-Psychotherapy modalities have to be accredited for the 15 Questions independently and externally from their 'mainstream' organisation EABP was somewhat discriminatory. The various modalities within EABP that have already been accredited were all of a high standard. So, it has now been decided that EABP is able to do such an accreditation (or scientific validation) process internally (within the FORUM of Body Psychotherapy Organisations – see here) and then put forward the modality as being "scientifically valid" to the EAP.

**Note:** This does not mean that other methods or modalities within Body Psychotherapy or Somatic Psychology are not 'scientific'. It just means that the above-mentioned methods (to date) have chosen to go through this process within the EAP. There are many other modalities and methods within Body Psychotherapy and Somatic Psychology that exist in the USA and in other (non-European) countries that may well be (or may not be) "scientifically valid". There are also numerous "body therapies", that may well be very psychotherapeutic, but have not (yet) 'proved' their scientific validity or their efficacy by any recognised process.

**Further Information** on the "Evidence-Base" for Body Psychotherapy and about published research in Body Psychotherapy can be found [here](#).

## Appendix

### The EAP's 15 Questions about Scientific Validity

Please provide (substantive) evidence that your approach:

1. Has clearly defined areas of enquiry, application, research, and practice.
2. Has demonstrated its claim to knowledge and competence within its field tradition of diagnosis/assessment and of treatment/intervention.
3. Has a clear and self-consistent theory of the human being, of the therapeutic relationship, and of health and illness.
4. Has methods specific to the approach, which generate developments in the theory of psychotherapy, demonstrate new aspects in the understanding of human nature, and lead to ways of treatment/intervention.
5. Includes processes of verbal exchange, alongside an awareness of nonverbal sources of information and communication.
6. Offers a clear rationale for treatment/interventions facilitating constructive change of the factors provoking or maintaining illness or suffering.
7. Has clearly defined strategies enabling clients to develop a new organization of experience and behaviour.
8. Is open to dialogue with other psychotherapy modalities about its field of theory and practice.
9. Has a way of methodically describing the chosen fields of study and the methods of treatment/intervention, which can be used by other colleagues.
10. Is associated with information, which is the result of conscious self-reflection, and critical reflection by other professionals within the approach.
11. Offers new knowledge, which is differentiated and distinctive, in the domain of psychotherapy.
12. Is capable of being integrated with other approaches considered to be part of scientific psychotherapy so that it can be seen to share with them areas of common ground.
13. Describes and displays a coherent strategy to understanding human problems, and an explicit relation between methods of treatment/intervention and results.
14. Has theories of normal and problematic human behaviour which are explicitly related to effective methods of diagnosis/assessment and treatment/intervention.
15. Has investigative procedures which are defined well enough to indicate possibilities of research.