

The European Association for Body Psychotherapy (EABP)'s Answers to the European Association of Psychotherapy (EAP)'s Questions about the scientific Validity of Body Psychotherapy

(This piece of work has been done with the expertise and great help of a number of people from all over the world, mostly by e-mail. In particular our heart-felt thanks are extended to Dr Michael Heller; Prof. Jerome Liss; Dr Peter Bolen; Lennart Ollars; Courtenay Young; Dr. Mary J. Giuffra, Dr Erica Goodstone, Dr Laura Steckler, David Boadella; and many others too numerous to mention who have added little bits here and various references there. The submission to the EAP has been made now, at the beginning of May, and is currently in the process of being assessed for the beginning of July.

However we hope that this piece of work will become a "living document" and be added to over time and used where and whenever necessary.

There are 38 Appendices which are available on the website.

Preamble

The European Association for Body Psychotherapy (EABP) represents directly a number (currently about 350) of accredited psychotherapists who have been trained in a large number of very different schools of Body Psychotherapy (or similar) that all have in common an expertise on how bodily behaviour and phenomena can be integrated into the study or discipline of psychotherapy. As such we therefore do not and cannot represent any one single approach, but a whole wide range of approaches. These include : Hakomi, Bioenergetic Analysis, Bodydynamic Analysis, Biodynamic Psychology & Psychotherapy, Radix, Reichian & neo-Reichian vegetotherapies, Core Energetics, Rubenfeld Synergy, Biosynthesis, Unitive Psychology, Organismic Psychotherapy, Pesso Boyen System Psychomotor, etc. each with their own theories and philosophies, as well as many different methodologies and techniques within some of these modalities. We can therefore not answer all of the 15 questions in the exact spirit that they were formulated - so as to determine how scientific a modality we are - because some of the formulations are only strictly answerable from the perspective of a given approach in psychotherapy. This is actually more of a mainstream argument. However, we can be asked what attitude towards science we require from our members, and from their training schools, and what is generally found within their individual approaches.

The body of publications from psychology & psychotherapy (viz PsychLit database) show that psychotherapy is a recognised form of knowledge, and that it has largely influenced philosophical and scientific developments in the 20th century, as well as numerous cultural and educational ones. Psychotherapy is recognised as one of the major scientific procedures of the 20th century, all around the world, by nearly all social and religious institutions. The fact that recent attacks have been formulated against the emerging profession of psychotherapy in Europe (originating perhaps from rival professions, economically minded politicians, and insurance companies) should not let us forget the immense respect that we have gained for what we have achieved: like redefining the unconscious; describing an individual's intimate life; throwing new lights on the function of sexuality; redefining emotional needs; redefining the needs and rights of children; proposing rational methods to understand how individuals can improve their attitude towards life; formulating new insights on human nature; improving mother-infant relations; etc.

The question of how psychotherapy relates to science is an old debate on which Freud already wrote (1a). Reich himself did not think that orgone therapy itself was scientific, but he spent a tremendous amount of time, energy, and money to create a parallel scientific experimental validation of clinical theory. It is generally agreed that psychotherapy follows scientific ethics and procedures in its way of managing data, models, and collaboration between colleagues and other sciences. That is to say that our methods and results and theories are made public through publication and workshops; that we take into account what other sciences produce; that we share our knowledge with other sciences; that the care we dispense respects the personal boundaries and belief systems of our clients. We are thus as independent as possible from religious and ideological activism. However it is also generally admitted that psychotherapy is not a branch of science because a) it does not proceed experimentally, b) because it does not synthesise its theory through a formal system (e.g. mathematics), and c) because it is not yet able to describe the systems that make it work.

When the European Association of Psychotherapy (EAP), in its Strasbourg declaration, states that psychotherapy is a science, it goes one step further still: it claims that science includes not only experimental procedures, but also clinical ones. To join the EAP, we must accept this option. This implies that in the future we will accept to favour scientific formulations and procedures when we present our work. It is to be noted that this does not imply that we cannot inspire ourselves from bodily techniques generated by past cultures and other forms of thinking. However, even within EAP we find differences.

"I think it will be very difficult because the process is built on the new scientific paradigm of the system theories so that the process itself will be part of the scientific validation. This means that we have to change the thinking from hierarchical categories (like the evaluation in the EAP) to dynamic dialogues. An open Group of psychotherapists of all modalities have developed a catalogue of themes (not Questions) that we think a psychotherapeutic modality has to have reflected. These themes will be discussed in open colloquias and published in our scientific forum that reaches 4500 psychotherapists in Austria, Switzerland and Germany, so that the quality of the statements, critical reflection and the reactions of the public will be the basic input to the general assembly who will decide, if a modality can be accepted as a scientific one. We hope that this process will be a motor for the development of psychotherapy and that it will also show the common ground and the differences of the modalities" (1b)

The World Health Organisation, for example, is re-evaluating many known treatments used in various cultures and in the past. It does, on the other hand, imply that we justify the use of methods produced in contexts other than a scientific and empirical one, and using rational forms of explanation, which can be accepted by the scientific community.

In an excellent article (2), Emmy van Deurzen and David Smith characterise psychotherapy as a pre-paradigmatic science according to Kuhn and subsequently Masterman's definitions, which is moving towards an advanced 'scientific' state where a single total paradigm exists. They define "scientificity" as using methods designed to objectively discriminate between what are true and false ideas; they also identify three approaches of scientific rationality - enumerative inductivism, falsification, and eliminative inductivism, which seeks to establish positive knowledge through falsifying one hypothesis with respect to another and which seems most appropriate to psychotherapy. They define hermeneutics as seeking to interpret the meaning of human activity, which underpins the difference between Geisteswissenschaft and Naturwissenschaft and argue that psychotherapy tends towards a hermeneutic science than a natural science. There is a challenge from the falsification school for psychotherapy to come up with some to make sure that any claims

are, in principle, refutable on evidential grounds and to specify what observations would supply such refutation and to seek out refuting evidence. However they come up with a good working definition which we can adhere to:

* Psychotherapy is a potential science in that it is a clearly demarcated discipline with a clearly defined domain which seeks to make justified knowledge claims about that domain based on investigative procedures the results of which are independent of the perspective of any individual investigator.

* Psychotherapy seeks to deduce from its body of reliable knowledge effective means of applying this knowledge to preventative, palliative and therapeutic ends and to use pragmatically established methods as the basis for inductions contributing to the fund of theoretical knowledge.

* Psychotherapy strives to deploy objective methods for evaluating the relative merits and demerits of rival hypotheses averting to its domain (3).

* Psychotherapy is that discipline that seeks to alleviate internally generated or sustained problems in living, primarily although not exclusively through verbal means, by the implementations of methods drawn from a distinctive body of theory dealing with the origins, nature and amelioration of such problems in living addressing the intentional dimension of human life and couched within an intentionalistic theoretical domain (4).

They also deal with the arguments that psychotherapy should be subsumed under medical science or the practice of psychology. There are obvious overlaps and studies in each of the other disciplines may inform and guide psychotherapy, but psychotherapy is autonomous and distinct from both of these. The recent attacks, which seem to confound the EAP, are in fact a proof that we have become a form of knowledge sufficiently important to be made part of the public debate on how to regulate major health care services. We think, as a part of the establishing profession of Psychotherapy, that we are strong enough to be able to resist such attacks and to seek to impose our own views on such matters. That is precisely what the EAP should be doing instead of taking so seriously the demands of the rival professions and insurance companies to accept their definition of science.

However there is one further point they. There is a differentiation made between "outcome studies", which can demonstrate the efficacy of psychotherapy or of a particular modality or method within psychotherapy, and scientific scrutiny of psychotherapy which can underwrite the scientificity of a particular method *"only insofar as it is able to establish the events occurring within psychotherapy are most plausibly explained with reference to psychotherapeutic theories"* (5).

They conclude that there is not in fact a general science of psychotherapy, but that there might be one in principle. The criteria for a future general unified science of psychotherapy are that:

- (i) all psychotherapies possess a common data base;
- (ii) there would need to be a consensus about methodological norms for evaluating hypotheses;
- (iii) the criteria for falsification need to be spelt out;
- (iv) testable predictions and retrodictions need to be deduced, so that it would be possible to test their theories against clinical data for rival psychotherapies.

They also acknowledge that the different psychotherapeutic approaches advocate different moral or ideological visions of human goals, and the existence of these differences might work against a general unified science.

Many of these views are picked up on in the EAP's own Official Journal by its editor, Heward Wilkinson. He states: "At the heart of the dispute between the positivistic, and the hermeneutic, conceptions of science is a disagreement about the mystery of active causality. Perhaps both conceptions are one-sided. Theoretically, the causality 'we psychotherapists' presuppose as the scientific assumption of our work is one for which we have no consensus of a model. We might call it psychic or phenomenological causality. As psychotherapists we are in no better position to claim theoretical authority here, though probably no worse off, than anyone else." He continues: "Thus not even philosophers, let alone ourselves as psychotherapists, have a model of phenomenological causality, the causality which is our very trade, at the very heart of our enterprise and its manner of verification, and yet 'we psychotherapists' are often inclined to talk of 'scientific criteria' as if we all had an undisputed concept of what these are. It precisely is open to dispute; this question is not yet settled. As sign of this, all three traditions (existential phenomenologists & Kantians; empiricist positivists and common-sense philosophers (including Wittgenstein); objective idealists (modern Hegelians) and (their) unavowed successors) at odds with each other, have only limited dialogue." He concludes: "Where there are such fundamental disagreements National Umbrella organisations and the European Association for Psychotherapy, if they are to retain their claims to be inclusive, cannot afford to fall into the trap of occupying one model of science any more than one model of psychotherapy. The emphasis on dialogue, rather than forced integration, which is the ethos of this journal, is, with whatever difficulty and tension, also an expression of the ethos of the National Umbrella organisations and to the European Association for Psychotherapy. The cumbersome and difficult task of holding the diversity together is inescapable." (6)

We are sorry that we have had to go into these issues in depth, but they most definitively 'set the scene' for any discussion about the scientificity of psychotherapy and we can only answer the questions from the EAP's Scientific Committee about the scientific validity of Body Psychotherapy in the light of these above arguments. The next section also does not form part of the answers to the specific questions about the scientific validation of Body Psychotherapy. It also informs the scene, but much more in relation to Body Psychotherapy.

References:

(1a) Haynal A. 1991: *Psychanalyse et science face à face*. Mezieux: Cèsura Lyon Edition; and Haynal A. 1993: *Psychoanalysis and the Sciences: Epsystemology - History*. San-Francisco: University of California Press.

(1b) Mario Schlegel, Swiss NUO representative to EAP, in a private e-mail.

(2) *Is Psychotherapy an Autonomous Scientific Discipline? A Preliminary Investigation*: Prof. Emmy van Deurzen-Smith & David Smith.

(3) *Ibid* p.16

(4) *Ibid* p.27

(5) *Ibid* p.27

(6) Wilkinson, H: *Editorial: Identity & Diversity: The diversity of science*. *International Journal of Psychotherapy* Vol 3. No 1, March 1998 p.7-8

Body-Psychotherapy:

The general position of the EABP on the quite complex relations between science and psychotherapy (and Body-Psychotherapy in particular) is contained in the following 11 points:

[1] We see that psychotherapy is an autonomous, distinct, human and social science and that Body Psychotherapy is a distinct branch of it. With reference to terminology, some modern thinking has

started calling the various 'broad and different rivers' that make up psychotherapy as "mainstreams". The various streams within this "mainstream" are coming to be called "modalities". We see Body Psychotherapy as a mainstream; and the various groupings ("disciplines") within it as modalities. Within the differently evolved "modalities" there are also various, different "methods". EABP speaks definitely from being in the position of representing Body Psychotherapy from the "mainstream" position, though we do not possess or claim this mainstream purely as our own.

However, as a branch of Psychotherapy, Body Psychotherapy has often been marginalised and not recognised by some of the established areas of psychiatry, psychology and psychotherapy for a long time for a number of different reasons. As a result of this discrimination, there have been a number of profound effects, some good some bad. Laboratory research science has not been largely used in Body Psychotherapy (as it has in some other psychotherapies) as it is perceived, by it's nature, to be quite alienating and inappropriate. Clinical studies have been used quite extensively and are printed and readily available. Double-blind research studies have not been used as they are often inappropriate and Body-Psychotherapy organisations have not been funded sufficiently to carry them out. Collections of large statistical data have not been made a great deal of use of for a similar reason. Some of the good effects have been that as Body-Psychotherapy has been rejected by and has rejected many of the old paradigms, and it has adopted some of the newer scientific paradigms. There has also been personal and political discrimination, which has harmed Body-Psychotherapy in a number of different ways too numerous to identify fully. However one such example, close to the rub (so to speak) is mentioned in David Boadella's open letter about the EAP's attitude to science. (20)

Including bodily behaviour in our data has forced us to become theoretically innovative in directions which have not been explored as intensely by other psychotherapeutic modalities (5). Our clinical experience and data on bodily behaviour has caused us to be particularly attentive to aspects of human behaviour which are often neglected by other psychotherapies. Strong support for our endeavour has been found in the authors quoted below and we also contend that most of our work ends up by reactualising Spinoza's theoretical standpoint (6). Wilhelm Reich himself showed that we can only work with a paradigm that can situate bodily experience within a frame that coordinates physiology, mental representations, unconscious communication (in character analysis), and cultural support (in SexPol). He was also extremely significant in establishing a link to the body within the origins of Psychotherapy. He was not the first. Mesmer and Janet preceded him (7).

[2] As Newtonian physics has been replaced by quantum physics and Einstein's' relativity has replaced the absolutist vision of space and time, matter and energy are nowadays seen to be interchangeable. Not only on the level of the photon, which is sometimes a particle and sometimes a wave, but also within the body of the human. These new paradigms, [see Fritjof Capra, "The Turning Point, Science and the Rising Culture"] which include such concepts as self-organising systems, (largely developed by Ilya Prigogine with Isabelle Stenger ["Order Out of Chaos"] in their work on dissipative structures on the concepts of autopoiesis, and on the dynamics of self-organisation developed by E. Jantsch ["The Self-Organising Universe"] and E. Lazlo ["Evolution: The Grand Synthesis"]) connect living biological systems to physics and show nature to be much more than the purely mechanical. These are some of the paradigms of Body-Psychotherapy (8) with which many Body Psychotherapists work intuitively and empathetically. These have

fundamental implications when we begin to talk, as many Body-Psychotherapists do, about Bio-energy or Body Energy etc. These concepts have also existed in the form of Ki or Chi energy within Chinese acupuncture and Shiatsu for many, many hundreds of years and form a demonstrateable and replicable system within these treatments that has been generally accepted, even by modern medicine.

[3] There exists no general scientific formulation on what a 'fully-realised' human being is, or should be. There only ethical, philosophical or spiritual formulations. In this context, we view the person as a largely self-determined organism that functions in a multi-level set of dimensions; (not many dimensions on the same level, but many dimensions on many different levels). For example, a conscious movement (as of the finger) may carry within it not only an unconscious element but also an unconscious repressed element as well as an instinctive reaction which may or may not also be repressed. Some of these elements may superimpose and exaggerate the conscious action or may cancel each other out, or may be radically different. There may well be (and quite likely are) conflicting emotions that are attached to each of these actions - conscious or unconscious, intended, repressed instinctual etc. The individual's view of their emotions can radically change with the environment - in some settings a raised middle finger is appropriate, in other's it is not; and therefore the levels of emotional inhibition (both conscious and unconscious) will also affect the resulting action, the timing of it, the strength of it, the attachment to it, whether it is seen or unseen, etc. The personal organism does not just raise a finger mechanically; it's system reorganises itself and results in a raised finger. Furthermore the probable effect of this is calculated and evaluated and as it happens the reactions are noted, and the action moderated appropriately. It is not an off-on. It is a whole series of subtle actions, reactions and interactions (9).

We can also fit onto this example a classical clinical model of unconscious elements in human behaviour on which many other Body Psychotherapists work (close to Reich's model of Character Analysis). It all very much depends on what perspectives you want to include. We contend that we have a significantly different (and more intricate) perspective - as it includes the body - than many other psychotherapies.

[4] Psychiatry and psychotherapy have been created and have evolved to solve concrete problems relating to mental health. Even now with DSM IV, things are not rigid or defined. The psychotic material of a client can be florid and can resemble the phenomena of creative inspiration and religious conversion. The diagnosis by any one particular clinician as to whether a particular set of phenomena is (a) creative inspiration or religious conversion, (b) borderline, or (c) psychosis - influenced by many subjective factors and reliability across clinicians varies considerably. This is but one of the obvious problems when attempting to apply linear/rationalist protocol to human functioning. While psychology and psychiatry present themselves as sciences, they do not neatly fall into what we traditionally think of as "pure science". So this is by no means scientific, though a 'science' has been made of it (10). Since much of the methodology of working with a client in Body-Psychotherapy is to "follow the client's process" (a theme common for many) rather than inflict upon them a static diagnosis. Thus the treatment of the moment can be identified and given. The client's presenting material can thus be viewed more dispassionately and without attachment to a particular goal or outcome (diagnosis & treatment). This can carry disadvantages as well, but

on the whole it is found to be more satisfactory; it works according to numerous self-reports and case studies. In addition, success may be seen as the client gaining a greater sense of meaning or spiritual connection, not often measured in traditional scientific studies. (We are taking the definition of psychotherapy as "working" to mean that the client has found the result meaningful in some way.)

Other psychotherapies within the Humanistic, Integrative as well as Jungian Analysis (11) adopt similar approaches at least initially. Furthermore the categories of psychopathology are impersonal and bear no relationship to the client's experience. They are constructs imposed upon the client. They can alienate the relationship between the client and the therapist (doctor ?). They are culturally based and vary considerably within Europe as well as varying between wider cultures. There are still further hierarchical elements within the whole profession as the psychiatrist is tended to be seem superior to the psychotherapist and his/her expertise and professionalism is often overvalued. (One example is that a recently qualified locum in a psychiatric ward was given greater precedence than a lay psychotherapist who had known the client for about 10 years.) There is also a sociopolitical aspect to psychopathology by which certain sections of the population can be marginalised as Foucault describes (18). None of these elements are totally 'scientific' and yet this yardstick of psychopathology is held-up and used as a base-line criteria for psychotherapy.

By history and by definition, Body Psychotherapy could not wait until experimental psychology and neurology could propose models which could generate the whole range of techniques relevant to current needs. These will probably only appear next century. All therapeutic techniques that can be used and that are currently available are thus taken into due consideration. Body-Psychotherapists are often inclusive, functionally orientated and discriminating, in the sense that they use what they can appropriately. Interestingly, developing almost parallel to Body Psychotherapy is the whole field of psychobiology and neuro-immunology (19). This represents an area of investigation that may provide models useful for Body Psychotherapy research. It appears that the psychobiologists have been developing more of the theoretical/research base while the Body Psychotherapists have been developing the hands-on technology. A meeting of the two disciplines is probably called for.

[5] In Body -Psychotherapy, as in very early psychoanalysis, we thus use methods derived from non-scientific though very long-established far-eastern techniques, such as mesmerism, as well as techniques generated by other psychotherapies and sciences. We also draw on a number of psychotherapeutic techniques that can be applied purely to the body (e.g. massage) that do not, in themselves, constitute a psychotherapy, but can be and have been integrated into a Body-Psychotherapy by a wider understanding and the application of psychological and psychotherapeutic theories and practices, often more verbal.

[6] It remains a solid fact, defended in many academic publications, that scientific research has not yet invested in the full understanding of bodily phenomena, and that techniques like Acupuncture and Yoga still have an unparalleled efficiency. An academic bibliography on this issue can be found in Heller (12). Whilst these do not, in themselves, relate to Body-Psychotherapy, they use

and contain a theoretical framework and practical understanding of fundamental concepts that underpin much of Body Psychotherapy.

The existence of energy within the body, and the of this and the effect of the breath on the emotional and psychotherapeutic systems, is clearly established within these disciplines. Refutation of 2000 years of belief and practice should not be taken lightly, and the scientific validation of a modern application based (in part) on these principles and practice therefore steps outside of the tight framework of pure science.

[7] If methods and models are chosen in the functioning of any branch of Body-Psychotherapy because of their efficiency and relevance, we require from our members that the theoretical integration of their work follows current scientific ethics based on case studies and other appropriate methodologies. This means that we require a scientific attitude towards the phenomena that draw our attention. We encourage a mode of theorisation that takes into account the products of our field, of psychotherapy in general, and of any relevant scientific data and models. Reciprocally we regularly report our own findings and formulation in numerous publications and congresses. Workshops allow colleagues from neighbouring fields to contact the more concrete aspects of our work. No proposition in Body Psychotherapy is maintained without any evidence, and all are subject to collegial dialogue and scrutiny. The Congresses organised by the EABP openly address questions on how Body Psychotherapists integrate their various methodologies, scientific research and methods, clinical findings, professional and personal growth and spiritual beliefs. The Congress which will be given in September 1999 for example gives an important place to major academic figures who work on the integration of mind and body in human relationships.

[8] A further problem that the EABP has with some aspects of the fifteen questions proposed by the EAP as scientific criteria, is that some of them are closer to religion than to science. For example, Question 3 requires a "clear and self-consistent theory of the human being". One way of looking at this is that only religious and spiritual philosophies can propose an apparently coherent picture of what human nature is. Traditional science is today more modest and only describes of those aspects of human nature in which we have been able to gather some relatively solid knowledge. The current position in neuroscience, for example, not only proposes a modular structure for human beings, but also shows how modular our knowledge of these modules is. We are just beginning to learn how these physiological and psychological modules are organised, (see Candice Pert's work: *The Molecules of Emotion* (17)). This is further complicated by the close parallels that some of the new scientific paradigms have to traditional and age-old belief systems. Taoism, for example, is very close to what is described in more scientific terms in §1 above, when discussing Prigogine, Jantsch & Lazlo, though of course any attempt to describe the Tao is not the Tao !

[9] We shall answer all questions as best we can, to show that we are realistically supporting a scientific attitude towards psychotherapy, and any scientific research on the topics we work with. However it must also be said that many of us view psychotherapy, and Body Psychotherapy, also (and sometimes even primarily) as a learnt set of skills, as a craft, or even as an art (13). This is reflected in the proportionally large amount of experiential training in the Body Psychotherapy. Sometimes, more in the past, this has not been balanced properly with a wide academic study and applied theory, research, and the eliciting of understanding, in a proper relationship and thus psychotherapy, and Body Psychotherapy, has been seen to be unscientific in it's application and training methodologies. Hence, in part, the 'raison d'être' of these questions. However we refute that psychotherapy and particularly Body-Psychotherapy, is unscientific, even though sometimes it might have been applied as such. We, Body-Psychotherapists, are not unscientific. (There is also the official argument that human sciences may not be scientific.) We are scientifically exploring individual processes through case analysis, and then reporting the results of our exploration to society. Tougher experimental procedures are then needed to challenge our findings and improve on them. We owe to the citizens that come and see us that our formulation defends socially the richness and complexity of individual experience. We, as psychotherapists, are in fact the only ones to do this, and it is because of this that our impact on human cultures have been so important during all of this century.

[10] Most authors within the field of Body-Psychotherapy that the EABP quotes use current epistemological, psychotherapeutical, psychotherapeutic, psychiatric, psychological, and neurological research in their attempt to formulate current theoretical stances in Body Psychotherapy. Some of these authors have recently carried out extensive experimental research on the subject in University institutions (e.g. Downing (14) and Heller (15)). This is also true of other Body Psychotherapists such as Hans Krens (16). Further to this:

A) The scientific committee of the EABP is considering how to overcome some of our limitations and are considering that extensive evaluation of our efficiency is required. Concrete projects are being constructed by the EABP's Swiss and German National Associations. Krens and Meyer are currently constructing an other one.

B) It would seem that questionnaires generated for psychiatric institutions are not necessarily relevant for private practices. Solutions on how to adapt current questionnaire methods for practices is being addressed.

C) There are big big questions about the epistemology to be used. (see Jerome Liss's article: [Appendix 39](#))

[11] The evidence of what we might say and what we might need to produce in order to satisfy the Scientific Validity question is somewhat varied. There are five or six main types of evidence.

* Institutional evidence: As an organisation we are composed of Body Psychotherapists. We exist. They are members. They are defined as such by our statutes and they see themselves in the light of this definition. This is evidence that we are an organisation of Body Psychotherapists and supporting Body Psychotherapy. Currently we directly represent slightly over 300 practising Body Psychotherapists: but we also have a FORUM for Body Psychotherapy Organisations which currently consists of 21 organisations, and is still growing. The average length of existence of these organisations is about 17 years and they have trained over 5000 people and have about 800 people currently in training and about 200 staff and there are also organisations that represent another 100 or so practitioners. The number of people practising Body Psychotherapy within our aegis is evidence of Body Psychotherapy and of our reputation.

* Published material: Our authors also form a type of evidence of our position. These exist in at least 2 categories: A) psychotherapeutic publications, B) Academic publications. We are building a Bibliography of Body-Psychotherapy. This database is not completed and yet is quite comprehensive in scope. The size and scope of this published material is a form of evidence of the existence and, to a certain extent, the scientific validity of Body-Psychotherapy.

* There also exists of a published journal of 30 years standing (with over 90 issues), Energy and Character, dealing primarily with material pertinent to Body Psychotherapy which can also be mentioned in this category, although this is not being specifically used as scientific evidence for EABP, it forms a significant part of the above Bibliography.

* Other modalities have published their own journals. These extend from over 40 issues to 3 issues and vary in scientific content. Some are more news-like, others more detailed and researched. Reich's Journals; the Journal of Orgonomy; the Hakomi Forum; Stanley Keleman's Journal of Biological Experience; the Journal of Biodynamic Psychology; all form part of this quite large body of published material.

* Printed EABP material: What material we publish ourselves and how we generally define ourselves: our Statutes; Register; Criteria; Ethical Codes; Newsletters; Minutes of meetings; Membership details; Training Standards; the list of our Congresses, and of allied Congresses in other countries; and the titles of the Congress presentations (we don't have the full texts of all of these - though some are available); our Website etc. all form a body of evidence of our existence, our values, the work that has been put in over the years, the scope and extent of the discipline, and so forth.

* Training Schools all have printed material, student records, papers, theses, evaluations etc. which can also form part of the body of evidence, though these have not generally been included in this submission

* References in anthologies of Psychotherapy: Body Psychotherapy, often mixed in with Humanistic Psychotherapy and sometimes not specifically identified under this title (e.g. Somatic Psychotherapy is used as a term in the USA quite widely, as is Body-Oriented Psychotherapy), has been alluded to and directly mentioned in a number of anthologies about psychotherapy. These are frequently taken as a way of defining the 'field' of psychotherapy and can be thus used as a form of evidence. As there has been a significant mention of Body Psychotherapy in many of these anthologies, this states something: - that as a branch of psychotherapy, it exists, and is recognised by a significant number of these authors. These are listed in Appendix 2.

* Clinical Material & Case Studies: As EABP is an accrediting organisation of 12 years standing, representing a number of different Body Psychotherapies, we feel we can legitimately quote clinical evidence from all of the types of Body Psychotherapy which have directly influenced our members. Some of this material is to be found in printed case studies in the Journals mentioned in the Bibliography above. Others are published through the Training Schools and more widely. We cite this as scientific evidence for the mainstream aspect of Body Psychotherapy.

* Research Projects: As mentioned earlier these are relatively few, to date. EABP is helping to fund a couple of these currently but they have not been completed, reported, or been evaluated yet. EABP is developing a Bibliography and is also starting a Scientific Journal (in conjunction with the USABP) in which to publish such material, and currently this is on the drawing board. It is (unfortunately) early days yet for some of this type of material. Yet it all constitutes levels of evidence.

References:

(5) Rispoli L. 1993: *Psychologia funzionale de SÈ*. Roma: Astrolabio: Heller M. 1998 : Les 100 ans de Wilhelm Reich. *Adire*, No 14.

(6) Misrahi R. 1992: *Le corps et l'esprit dans la philosophie de Spinoza*. Département Communication des Laboratoires Delagrangé. Paris: Les empêcheurs de tourner en rond. and Macherey P. 1997: *Introduction: l'Ethique de Spinoza*. Paris: Presses Universitaires de France.

(7) Boadella, David; *Awakening sensibility, recovering motility. Psycho-physical synthesis at the foundations of body-psychotherapy: the 100 year legacy of Pierre Janet (1859-1947): International Journal of Psychotherapy, Vol 2, No 1, 1997*

(8) Paraphrased from *Body-Centred Psychotherapy: The Hakomi Method* by Ron Kurtz, (LifeRhythm) p.21 &25

(9) Heller M. 1992: *Unconscious communication*. Maul B. (ed.): *Body Psychotherapy or the art of contact*. Berlin: Verlag Bernhard Maul and reprinted in *Energy & Character*. In this article the details are given, based on experimental procedures for the analysis of nonverbal communication, of how we can say that millions of bodily communications are exchanged in a single therapy session.

(10) Major publications on modularity are:

Fodor J.A. 1983: *The modularity of Mind*. Cambridge, Massachusetts: The MIT Press.

Fodor J.A. 1998: *Concepts: where cognitive science went wrong*. Oxford: Oxford University Press.

Karmiloff-Smith Annette 1997: *Beyond Modularity*. Cambridge, Massachusetts: The MIT Press.

Minsky M. 1988: *The society of mind*. New York: Simon & Schuster Inc.

(11) "Psychopathology : Contemporary Jungian Perspectives"; ed. Andrew Samuels (Karnac), Introduction p.5-7

(12) Heller M. 1991: *Postural Dynamics and Social Status*. Doctoral Dissertation presented at Duisburg University.

(13) *Psychotherapy is not a Science*: article by C. Young & M. Heller, to be submitted to the *International Journal of Psychotherapy* for publication 2000.

(14) Downing G.: *Körper und Wort in der Psychotherapie*. München: Küsel, 1996.

(15) Heller, Michel: opp cit.

(16) Krens, Hans:

(17) Candice Pert: *The Molecules of Emotion*, New York: Scribner, 1997

(18) Michel Foucault: *Madness and Civilisation*, Vintage, 1988

(19) Ernest L. Rossi: *The Psychobiology of Mind-Body Healing*, W.W. Norton, 1993

(20) David Boadella: *EAP versus Charta: two attitudes to science*. (Open letter within EAP, 1999)

The 15 Questions about the Scientific Validation of Body-Psychotherapy.

1. Please provide evidence that your approach has clearly defined areas of enquiry, application, research, and practice.

[A] Definitions:

The published EABP Definition of Body-Psychotherapy is that:

"Body-Psychotherapy is a distinct branch of Psychotherapy, well within the main body of Psychotherapy, which has a long history, and a large body of literature and knowledge based upon a sound theoretical position.

It involves a different and explicit theory of mind-body functioning which takes into account the complexity of the intersections and interactions between the body and the mind. The common underlying assumption 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 fundamental.

It involves a developmental model; a theory of personality; hypotheses as to the origins of disturbances and alterations, as well as a rich variety of diagnostic and therapeutic techniques used within the framework of the therapeutic relationship. There are many different and sometimes quite separate approaches within Body-Psychotherapy, as indeed there are in the other branches of Psychotherapy, as indeed there are in the other main branches of Psychotherapy.

Body-Psychotherapy is also a science, having developed over the last seventy years from the results of research in biology, anthropology, proxemics, ethology, neuro-physiology, developmental psychology, neonatology, perinatal studies and many more disciplines.

It exists as a specific therapeutic approach with a rich scientific basis on an explicit theory. There are also a wide variety of techniques used within Body-Psychotherapy and some of these are techniques used on the body involving touch, movement and breathing. There is therefore a link with some Body Therapies, Somatic techniques, and some complementary medical disciplines, but whilst these may also involve touch and movement, they are very distinct from Body-Psychotherapy.

Body-Psychotherapy recognises the continuity and the deep connections in which all psychocorporal processes contribute, in equal fashion, to the organisation of the person. There is not a hierarchical relationship between mind and body, between psyche and soma. They are both functioning and interactive aspects of the whole."

The published EABP definition of the work of a Body-Psychotherapist (as voted on and accepted at 3rd Congress of EABP Lindau, Sept. 1991) is as follows:

"Directly or indirectly the body-psychotherapist works with the person as an essential embodiment of mental, emotional, social and spiritual life. He/she encourages both internal self-regulative processes and the accurate perception of external reality.

Through his/her work, the body-psychotherapist makes it possible for alienated aspects of the person to become conscious, acknowledged and integrated parts of the self.

In order to facilitate this transition from alienation to wholeness, the body-psychotherapist should have the following qualities:

- * 1. Intuitive awareness and a reflective understanding of healthy human development.

- * 2. Knowledge of different patterns of unresolved conflicts from childhood with their specific chronic splits in mind and body.
- * 3. The ability to maintain a consistent frame of reference and a differentiated sensitivity to the inter relatedness of:
 - * (a) Signs in the organism indicating vegetative flow, muscular hypertension and hypotension, energetic blockage, energetic integration, pulsation and stages of
 - (b) The phenomena of psychodynamic processes of transference, counter- transference, projection, defensive regression, creative regression and various kinds of resistance.

All of the Body-Psychotherapists who are members agree to this definition as part of their application procedure to EABP."

[B] Enquiry

Our domain is that of psychotherapy and, within that, Body Psychotherapy. Within this realm we focus on how bodily phenomena can improve current psychotherapeutic techniques and understanding. By bodily phenomena we understand such phenomena as muscular activity, breathing, bodily posture, muscular tensions, non-verbal communications etc. We differentiate Body Psychotherapy from purely body techniques, such as massage and physiotherapy, by concentrating on the interactions between the client's mental representations and their bodily phenomena. One of our main focusses in Body-Psychotherapy is the psychosomatic integration of the individual - we therefore consider all aspects of the mind, the body, and (in some cases) the spirit (1).

Furthermore we also consider interactive processes; for example, how the musculoskeletal system interfaces and influences the emotional life of a person and vice versa; or how two organisms (client and therapist) co-ordinate their gestures and mental representations and react and counter-react.

[C] Application

In this light, we work with various types of clients: (i) psychiatric clients; (ii) borderline, traumatised and addictive clients; (iii) clients with psychosomatic symptoms; (iv) all types of psychoneurotic and characterological clients; (v) clients who are not mentally ill or in great distress, but wish to enhance life skills, relationships, communication skills, or psychosomatic functioning. Body Psychotherapies often have an educational component when the client wishes to understand the inter-relationship between their bodily feelings, emotions, symptoms etc. This is often the case in Body Psychotherapy training sessions and with specialised client groups such as performing artists, athletes, etc.

Other client populations include children, adolescents, people being released from hospital, accident and post-traumatic stress victims, recovering alcoholics and drug addicts and people with body image concerns such as eating disordered clients.

In all of these, Body Psychotherapeutic principles have been applied in a large number of case studies from different disciplines: (ref: Appendix 1). Our field of enquiry thus not only encompasses the normal domains of psychotherapy but is additionally defined by Body Psychotherapy principles in application.

[D] Research

As regards research, we have already discussed some aspects around this point. Active research in Body-Psychotherapy is being carried out in a number of different ways.

[1] The EABP Bibliography of Body-Psychotherapy is a major project in the process of being constructed. At the time of writing it is in the form of a database which contains 1200 entries. By September 1999 the database should have 2500 entries, as available material gets entered. We estimate that this Bibliography will eventually (within 5 years) include 5000 - 7500 entries. It includes tapes, films, and videos, and has entries in various foreign languages being the language of origin as well as an English entry. About 600 of the entries are to be found in PsychLit, the electronic database for Psychotherapy. These entries range over 30 years with some even going back further. Articles in a foreign language have two entries; one in that language and one in English. There are key words to enable research and extensive abstracts about each entry. Some of the Appendices (attached) list published articles and books extracted from this Bibliography, and selected through the use of key words. The key words are indicated in the listing of the Appendix.

[2] Many of the training institutes and the centres of the different modalities have their own archives, primarily used for training, which include articles about their particular modalities, clinical case studies, training papers etc. Biosynthesis, Hakomi, Process Oriented Psychology, Biodynamic Psychology, Biodynamic, Pesso Boyden System Psychomotor and others all have such archives. There is increasing use of video tape of demonstration sessions and training sessions. (see J. Liss - [Appendix 22](#) for use of this method)

[3] There are a number of published papers of research within the field of Body-Psychotherapy, (see Appendix 2 which lists items only currently on the EABP Bibliography). There are many other research projects extant. The Swiss National Association is currently sponsoring two research projects into Body Psychotherapy (click [here](#)) and another is currently being designed by Richard Blamauer.

[4] Richard Meyer has designed a scientific project, in which a Body Psychotherapy training institute (I.A.S.) have been contracted for research and are working with the University of Erlangen. This is evaluating the efficacy of psychotherapy, looking at 2000 cases, and they need to start with 3000, estimating a 20-30% drop-out. It starts on Jan 1st 1999 with new patients, randomly selected, who do a questionnaire at the beginning, after 6 months, at the end of therapy, and with a 1 year and a 5 year follow-up. There are 3 lengths of therapy: short-term (upto 25 sessions), medium term (25-80 sessions) and long-term (more than 80 sessions); and group and individual therapy will be evaluated. 4 to 5 international questionnaires are being evaluated. They will look at improvement, efficacy, symptoms, personality disorders, body-image etc. All schools are invited to contribute, as it is a multi-disciplinary study and there will be training to help fill in the questionnaires. There is a 4 year window in which to start. Some of the costs will be born by the Research Institute of the University of Würzburg; and participating institutes are asked to pay 100 DM per case. A minimum of 50 cases from several therapists will be needed to participate. Each school will need 100-150 cases before it can put in its own special questions to assess particularly specific aspects. The outcome studies will be published in 10 years time.

[5] There are also small scale studies in Germany done by the University of Erlangen-Nuremberg using some Functional Relaxation interventions in asthmatic patients compared with inhalers and a process study with fibromyalgia patients which has just started and is led by Dr. med. Angela von Armin. The asthma study is by Thomas Loew (who also did a study on Functional Relaxation and irritable colons) and Karin Tritt, Psychologische Psychotherapeutin, and students in the Abt. für Psychosomatik & Psychotherapeutische Medizin,. For more information, please contact them [here](#).

There is investigation of certain experimental findings to confirm aspects of theory quoted by David Boadella in his submission to EAP for Biosynthesis (e.g. prenatal conditioning, developmental psycho-biology, and non-verbal communication). Boadella also quotes that there are two outcome research projects about to commence; one initiated by the Median Klinik Bergieshübel, near Dresden (above) and the second being launched by the Bundesamt für Sozialversicherung in Switzerland.

[6] In addition we know that a number of other research projects (largely uncoordinated) do exist but do not currently have any specific details of these.

[E] Practice

The large part of Body Psychotherapy practice is with clients in an individual setting, in a private practice situation. There are some Body Psychotherapy training centres which have Body Psychotherapy clinics, where members of the public come in and are ascribed a therapist. Thereafter they will usually be seen by that person. There is also a Body Psychotherapy practiced in a group setting, either in a training situation, or with clients at a fairly low level of emotional or personal content, appropriate to the whole group. Most of the accounts of these types of practice are in the form of clinical studies of individuals. A small selection is included here (2).

References:

- (1) Christian Scharfetter, a research professor of psychopathology at the University of Zürich, states that the field of enquiry is not limited to the normal and abnormal, but includes the transpersonal and supernormal aspects of the human being.
- (2) Appendix 6

2. Please provide evidence that your approach has demonstrated its claim to knowledge and competence within its field tradition of diagnosis/assessment and of treatment/intervention.

Our view from within Body-Psychotherapy is that all psychotherapies are primarily practical approaches to problems which urgently need a solution and which cannot be provided by methods determined by experimental research. If experimental research could bring a solution to these problems, we feel that there would be no psychotherapy such as it exists today. Therefore we subscribe to the view that psychotherapy has developed as a mixture of intellectual theory and pragmatism which has been supported primarily by research in the form of case studies.

* [A] The many training centres in Body Psychotherapy (see Appendix 13) are responsible for determining the competence of their trainees in diagnosis and treatment. Their methods of assessing competence vary, but the common ground is that they receive intensive one-on-one supervision. They are also coming into line with the EABP Training Standards (see Appendix 5). In order to be admitted to EABP membership, applicants must have completed the following criteria:

1. At least 600 hours of professional training as a psychotherapist over at least a three year period, 400 of which must have taken place with a recognised school of body-psychotherapy "or the equivalent".

2. At least 150 hours of ongoing individual (or group) body-psychotherapy, one three-hour session of group work being equal to one hour of individual psychotherapy. These hours of personal psychotherapy should be outside* the setting of training with a professionally paid body-psychotherapist. At least 100 hours should be individual one-to-one sessions; "or the equivalent".

3. A minimum of at least 100 hours of professional supervision by a body-psychotherapist in either group or individual context outside of the setting of the training "or the equivalent". The number of hours of group supervision should be multiplied by two and divided by the number of people in the group.

4. At least 600 hours, preferably more, of paid professional practice as a body-psychotherapist over a 3-year period, either in group or individual context, "or the equivalent".

* Although there may be therapy and supervision within the training contract, the hours which meet the four criteria must be contracted and paid for separately. The ideal would be to have a separate therapist, supervisor, time and place, as well as separate payment for these sessions. We realise that, at this time in the professional development of some schools and training programmes, this ideal is still unrealistic.

Some of the schools believe that traditional "diagnosis" is antithetical to their view of the whole person and that labeling and categorising does a disservice. Others have very specific methods of assessing character armouring and body types; e.g. Bioenergetic Analysis, Hakomi, etc.

The fact that the training schools have been in existence for (in some cases) 20 or more years is also seen as evidence that a degree of competence has been established.

* **[B]** There is a significant number of Journal Articles over many years that attest to the well developed field of knowledge in Body Psychotherapy.

* There are 30 years of articles in the 90 + issues of Energy & Character.

* There are 25 years of clinical and study articles in the twice yearly Journal of Orgonomy.

* There are 30+ years of articles in The Journal of Life Experience.

* There are 83 scientific articles (see Appendix 2) about Body Psychotherapy which have been published in the journal PULSATIONEN (1).

* **[C]** Psychotherapy outcome studies have typically not been able to distinguish between various forms of psychotherapy in effectiveness with the exception of some very circumscribed problem areas such as phobias which tend to respond better to behavioural psychotherapy. However, when compared to placebo interventions, psychotherapy has been shown to be effective, and also most effective when combined with medications. Psychotherapy outcome research is widely known to be fraught with logistical and ethical problems. No psychotherapy has a great deal of "laboratory research science" to support it, and of those that have some are within the field of Behavioural Psychotherapies.

* **[D]** Our position in relation to science is thus close to the non-neurological and non-institutional aspects of psychiatry. For example there has been extensive research on depression through questionnaires and statistics (little of this in laboratories though)... but none of these researchers have fundamentally replaced clinical research based on case analysis which is the basic research tool of psychotherapy.

* **[E]** Psychology is a comparative academic discipline that has conducted a lot of research, primarily with animal studies in the form of field observations and laboratory experiments on behaviour. Whilst these can be used to support various theories (such as Harlow & Harlow's experiments with maternal deprivation in Rhesus monkeys), this is not of great significance to the practice of psychotherapy, once the underlying tenet is accepted, except that the Harlows' research

supports the need for the use of touch in psychotherapy as the deprivation of contact seems to be productive of psychopathology. Psychiatry is a medical discipline that has a practical attitude of considering all possible forms of treatment (often chemical medication), and of treating psychopathologies with teams of co-workers (including scientists and psychotherapists) within an institutional framework. Again, the comparisons breakdown. Psychotherapists do not and usually should not be treating people with psychopathologies, unless in a collaborative framework, and the majority of European psychotherapists do not have clients with psychopathologies, unless they also have training and qualifications in psychology or psychiatry.

* [F] The relevance of Body-Psychotherapy has some indirect support from certain experimental studies.

* 1) Experimental research on psychiatric medication shows how strongly physiological phenomena are involved in the regulation of affective disorders. This data strongly supports some of Reich's assumptions.

* 2) Experimental research on physiotherapy shows how deeply various form of bodily contact influence psycho-physiological processes.

* 3) Experimental research on nonverbal communication in therapeutical relationships within clinical psychology and psychiatry reveal the deep involvement of the bodily behaviour in psycho-therapeutic relationships (see [Appendix 1](#)).

* 4) Experimental studies on the importance of considering bodily behavior to understand any human interaction and psychopathologic behaviour (see [Appendix 28](#)).

* [G] Primarily we assert that the basic methods within Body Psychotherapy, as with psychotherapy, are a set of scientific clinical strategies based on case studies of treatments. A scientific clinical strategy means that all cases which go against one of our hypotheses must be considered before the hypothesis can be maintained. Our hypothesis are formulated in three ways:

* 1) We try to understand the cause of a given complaint and psychic sufferences

* 2) We try to find a method which improves the state of the patient

* 3) We try to relate the results of such an intervention to a general theory of how human beings function, and how these mechanisms can function in such a way that they produce unnecessary pain (e.g. pain due to psychopathology and not to circumstances)

* 4) We try to extrapolate how humans can improve their educational systems in such a way that self destruction and abuse among humans decreases.

References:

(1) Note: The editor (Dr. Peter Bolen, Schoenbrunnerstrasse 187, 1120 Vienna) is the founder of Arbeitskreis für Emotionale Reintegration, a Body Psychotherapy school in Austria with 10 members in the EABP, including the 1997-99 EABP President. This school is not yet recognised under the Austrian law on Psychotherapy as Body-Psychotherapy has been deemed to be "unscientific" by influential factions within the Austrian National Umbrella Organisation who 'advise' the Austrian Health Ministry.

3. Please provide evidence that your approach has a clear and self-consistent theory of the human being, of the therapeutic relationship, and of health and illness.

Being an association or conglomeration of approaches, we do not have any singular theory. The need to create a self-consistent model of communication and mind, integrating representations and movements, is a standard discussion in academic and psychotherapeutic literature and within Body-Psychotherapy. Our contribution to this discussion is central and one that can not be

summarised in a few lines. We will attempt to describe elements of theory consistent across models.

[A] The Human Being as an Energetic System

For centuries, all approaches of how bodily behaviour is actually experienced have used models involving a form of energy specific to life (3 & 4). This was true for Yoga, with martial arts, in Greek medicine etc.; it was still true when the young Freud created a psychosomatic model, and when Reich created his groundbreaking style of Body Psychotherapy. In the literature on Body Psychotherapy energetic models are still a hot issue. An important number of authors still believe that understanding how bodily behaviour is experienced requires models which contain and try to explain the concept of life energy (for example Boadella D., Boysen G., Lowen A., Keleman S.), while others (Downing G., Geissler P., Liss J.) (see 5) argue that life energy is not required to understand bodily and psychic experience. This issue involves not only models, but also paradigms (6). Between these two extreme positions others think that life energy models (e.g. acupuncture) are a metaphor which allows practitioners to work with global physiological reactions too complex to be studied by scientific means until today. For example, most psychologists are working on the assumption that emotions are associated to global physiological arousal patterns. Bits and pieces of such patterns have been studied, but the complete arousal system can not yet be studied (8).

Behind these theoretical issues, there are sensations repeatedly reported by patients that require at least some sort of working models. Most Body Psychotherapists will agree that they are familiar with these phenomena. Here are a few examples: Patients report having too little or too much energy. During grounding exercises they may report that a wave of heat, excitement, and aggressivity rises from the feet to the head, passing by the back. During relaxation they may report a flow going down from face to feet, passing by the chest. During cathartic experiences that lead to subsequent behavior change, clients often report unusual or emotionally meaningful bodily sensations such as trembling, heat, or cold. Psychotic patients talk of having too much energy in the head, report headaches, hyper-activity, and continuous compulsive thinking day and night.

[B] Body/Mind Holism

The most prevalent theory of the human being within Body Psychotherapy is akin to that of Humanistic Psychology, which sees the Cartesian split as fallacious and recognises that a human being is comprised of a synthesis of mind, body, and spirit. Thus the main emphasis is on the mind-body connection and methods that promote such unity. However we are also assuming, and this is not inconsistent, a realm of theories which can claim to be consistent with Spinoza's and Piaget's notion that the psyche is made of relations between an organism and its environment. The relations are necessarily composed of numerous modules that simultaneously include

- a) mental representations;
- b) a physiological arousal;
- c) a communicative impact; and
- d) a response feed-back mechanism by which learning is acquired.

[C] Additional Assumptions and Aspects of the Therapeutic Relationship

The theoretical common ground of our Body Psychotherapy Association supposes that our members are very familiar with these aspects of mental life (e.g. emotions) that combine such elements. Added to which there are specific theories of the human being, of the personality, and of character structure that are central to each of the various Body Psychotherapies. Whilst these differ in their particulars, there are several consistent themes. There is the presumption that the human

being (pre-birth) is essentially open, receptive, and untraumatised. The birth process, severe tensions prior to the birth, and subsequent traumas in early life can all start the armouring, defensive, and emotionally repressive process. Depending on the presence or absence of love, warmth & understanding in the surrounding environment, these traumas can be either naturally healed or re-inforced. Degrees of unresolved trauma are built-up and somatised. These form the eventual bases of any neuroses, psychological problems or dysfunctional behaviour patterns found in the client. The therapeutic relationship attempts to help the client to undo these patterns.

With unconditional regard, respect for their process and good contact (emotional, physical etc) the Body Psychotherapist tries to provide an environment in which the client can begin to let go of these defences. There is a presumption of a natural desire and innate ability to heal. There is also generally an assumption that intervention on a somatic level affects the psyche and vice versa and the various theories of Body Psychotherapy attempt to explain the details of these phenomena. The therapeutic relationship in Body Psychotherapy usually consists of supporting the client both verbally as well as in some form of somatic intervention. This dual way of working aids and abets the eventual somatic release that has to happen for the neuroses or original traumas and defence patterns to be completely overcome.

For a more detailed explanation within some particular Body-Psychotherapies, consult the Appendices. (([Bioenergetics](#) Appendix 14; [Hakomi](#) Appendix 15; [Biodynamic Psychology](#) Appendix 16; [Pesso Boyen System Psychomotor](#) Appendix 31, [Rubenfeld Synergy](#) Appendix 32)

[D] Touch and other Non-verbal Communication

The use of touch and its importance is also a fundamental facet of Body Psychotherapy theory that generally separates it from other theories of psychotherapy. The evidence on the effectiveness of touch is, at present, indirectly documented. That is, the domain is well documented by research, but not the effects during psychotherapy. For example, Hunter & Struve (7), or Bonnet & Millet (8), demonstrate that touch has a deep influence on psychophysiology, and how certain forms of touch have certain type of influences. The existence of the phenomena is therefore not debatable, although one can always improve the knowledge. However the influence of certain forms of touch on specific psychological dynamics has not yet been researched experimentally. Nevertheless, much clinical knowledge has been amassed among the Body Psychotherapies that use touch. Touch should only be used with great consciousness and awareness and we require of Body Psychotherapists that they must be particularly well trained and supervised in such interventions. Clear ethical guidelines have been developed and are implemented in our association.

We generally assume that any communicative act is produced by an inner psycho-physiological mechanism that has an impact on the psychophysiology of those that perceive that behaviour. This assumption is one of the common roots of (a) the transferential model proposed by psychoanalysis, and (b) the communicational model of systemic approaches. We are in contact with several laboratories that are demonstrating the relevance of this standpoint through studies on non-verbal communication. There have also been studies showing how the non-verbal behaviour of patients influences the therapeutic relationship. In such studies the involvement of bodily phenomena in psychotherapy is clearly described (7). We are in contact with several laboratories that are demonstrating the relevance of this standpoint through studies on non-verbal communication and David Boadella is currently writing a paper on this ([Appendix 35](#)).

[E] Biological Approaches

Biological models are consistent with and lend support to the Body Psychotherapy notion of body-mind unity. One example is found in suicide studies that show how a single type of behaviour is

the coordination of many functions ranging from historical factors to individual biochemical processes. For example, findings of low levels of serotonin in the cerebrospinal fluids of suicide victims is a well replicated finding (9). In all these studies there is a clear relation between serotonin, management of aggression, impulsivity, and suicidal behavior. Other studies are looking at how medication might strengthen the association between depression (a mood) and suicide (a behavior) (10).

The success of psychiatric medication as a psychotherapeutic approach strongly supports the relevance of the body-mind theory of mental health. The literature showing that behaviour physiology and biochemistry has a strong influence on psychopathology is in fact as old as psychiatry itself. It is enough to mention any manual of psychiatry, of physiology, of neurology to prove this point. Recent examples are research on stress models (Seyle), PTSD, and all medications based on substances such as neuropeptides, endorphins, serotonin, dopamine, etc. which are used to fabricate psychotropic drugs such as anti-depressants, neuroleptics, etc. Ross Buck has written a good introduction to this data (5). Stress literature is well discussed by Lazarus (6). The recent research of Candace Pert on neuropeptides and emotion and others in the field of psychoneuroimmunology also lends support to our theory of body-mind unity. Findings, for example, that the use of imagery and visualization can have a notable impact on the healing of burn victims (Rossi) is such an example as is the Simontown's work on the benefits of visualisation with cancer patients. Many of these researchers may not know of the significance Reich's work and that of Body Psychotherapy. Their formulations are not the same as Reich's. Nevertheless they have generated models showing that psychopathology is strongly related to physiological and biochemical phenomena, which is a basic assumption of the EABP.

This enormous literature clearly shows that from antibodies to hormones, from hormones to neurology, from neurology to moods, from moods to behaviour, from behaviour to the environment, from the communication to perception, and from perception back to biochemistry, there exists a complex web of relationships which influence the development of psychopathology. Most psychotherapies have developed knowing that the ideal therapy should involve this enormous system, but until now, none to our knowledge, has been able to propose methods which can explicitly manage the whole system. Each psychotherapy develops methods which act on some crucial aspects of a few matrices within this system, hoping that the whole system can thus be influenced. Body Psychotherapy attempts to expand the range of impact to include behavior, as well as the impact of behavior on a) physiology, b) moods, c) consciousness, d) communicative attitudes. The relevance of this focus is supported by all existing research we know of, the above being a few examples.

[F] Models of Health

Ethically and practically, we are against proposing any absolute criteria of health such as illumination, orgasmic potency, perfect physical health, or erect bodily alignment as possible criteria for ending psychotherapy. We think that we share this with most other psychotherapies. The aim of Body Psychotherapy is mainly to relieve pain, distress, or incapacitating ways of regulating oneself. However, there are a number of models that describe the human being including variants of "normality"/health and illness, or more precisely, variants of personality structure and dynamics, including an understanding of defense mechanisms and methods of assessment and intervention from a Body Psychotherapy perspective. These theories also correlate in some way to developmental psychology in that they describe how different patterns of human functioning are developed through childhood. Alexander Lowen's work with Bioenergetics (12) is one example of this latter point; The Character Structure Development Model of Bodydynamics is yet another (13 & 14).

However, irrespective of the type of neurosis, when it developed, how it developed or whatever, there is a general agreement that the client is the main determinant of the successful end of therapy. This means that (generally speaking) the final decision is based on the client's feelings about themselves and that there has been a significant improvement in their condition. "Good enough" is a pragmatic concept. However along with this frequently goes a more in-depth consciousness of the client's history and its impact; a more rounded acceptance of that history and its main protagonistic components; often a betterment of familial relationships; greater job satisfaction; a greater feeling of empowerment and potential; more contact with their emotions and inner senses; and a stronger sense of self and self-confidence. The therapist might also be looking for a better self-image; a more erect posture; greater ability to relax, to cope appropriately with stress, and to display emotions appropriately; the client might look healthier and be taking active steps towards a healthier life-style; their face and skin might be more energised; their voice might be stronger or less constrained; etc. There are many such indicators which vary with the type of Body Psychotherapy.

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- Zalman A. & al. 1991: Serotonin Uptake Inhibitors: Effects on Motivated Consummatory Behaviors. *Journal of Clinical Psychiatry*, vol. 52, n. 12, pp. 55 - 60.

(10) For example: Bronisch T. 1996: The relationship between suicidality and depression. *Archives of Suicide Research*, vol. 2, pp. 235 - 254.

(11) For example:

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 Guimon J. 1997: *The Body in Psychotherapy*. Basel: Karger.

(12) Alexander Lowen: *Bioenergetics*. 1975 Penguin Books

(13) Peter Bernhardt, Marianne Bentzen and Joel Isaacs: "Waking The Body Ego. Bodydynamic Analysis: Lisbeth Marcher's Somatic Developmental Psychology. Part I: Core Concepts and Principles" Bodydynamic Institute 1997

(14) Peter Bernhardt, Marianne Bentzen and Joel Isaacs: "Waking The Body Ego. Bodydynamic Analysis: Lisbeth Marcher's Somatic Developmental Psychology. Part II: Psychomotor Development and Character Structure". Bodydynamic Institute 1997.

4. Please provide evidence that your approach 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.

Body Psychotherapy has a long tradition of creativity and innovation. While many theories have historically looked at the human psyche as a co-ordination of bodily, mental, and relational factors, this assumption has rarely been consistently applied and detailed as it is in the Body Psychotherapies. Academic approaches to communication distinguish verbal- and nonverbal-communication. We consider that an organism communicates with other organisms through millions of exchanged items. Verbal exchange is just one aspect of the flow of communicated information (1). As mentioned there is also a whole literature about the psychophysiological basis of affects (2).

[A] Methods involving the use of Touch

The use of touch in psychotherapy is one such innovation. The zeitgeist of our times has made the culture fearful of touch as this has been seen as either primarily sexual or else overly nurturing in nature. It has been often felt that the use of touch might bring up prohibitively powerful transference issues. As Body Psychotherapies began to explore the use of touch, however, they began to discover that touch can be as complex a language of communication as verbal dialogue. Also, the intention of the person who uses touch is an essential component - for example Ilana Rubinfeld talks about "the listening hand" (Rubinfeld Synergy - Appendix 32). The parts of the brain engaged in the use of touch are larger than just the cortex and include the limbic system and other more primitive non-cortical structures. Thus, It is felt that using touch allows the therapist to communicate with the whole person whereas verbal therapy only allows contact with the cortical,

language dominated aspects - though of course other things happen as a result. Body Psychotherapy has brought touch out of the closet and into the treatment room.

The use of touch is supported by recent research that shows that empathic touch in infancy is critical to the development of healthy body image. (ref: Harlow & Harlow, opp cit) Other research, shows that primitive brain structures e.g. the amygdala can be damaged in early trauma. () Traditional verbal therapies may not be as successful in impacting these structures as techniques that can bypass the cortex and access the limbic system. Body Psychotherapies are pioneers in this regard. Even the hypnotherapies which come closer to contacting the whole person (viz. Erickson) still rely primarily on cortical functions such as visual imagery. These are certainly impactful but the Body Psychotherapies go much further in this regard.

[B] Historical Perspectives

Most schools of Body Psychotherapy are suggesting that they take into account many different channels of communication. Only some of these include touch. We are suggesting that this point of view allows us to include and develop previous assumptions proposed by "verbal psychotherapies" such as those created at the beginning of the 20th century. We are also suggesting that earlier psychotherapeutic "verbal approaches" restricted their approach to their patients because taking into account all forms of communication - verbal and non-verbal - was too complex a task at that time. Freud for example began by taking as much as possible into account, using sometimes hypnosis and massage, and attempting to formulate a psycho-physiologic model for psychotherapy. As students came to see him he increasingly focused on verbal information, yet still included many emotional and bodily phenomena in the realm of unconscious communication.

When Reich became a psychoanalyst, Freud strongly encouraged him to create a psycho-physiological model. He sent the young Alexander (creator of psycho-somatic psychotherapy) to Reich for a didactic psychoanalysis. Reich was also one of Freud's main trainer for several years. However when political reasons (in 1933) reinforced conflictual positions between Freud and Reich, the body and emotional linkage was relegated even more into the background where it has stayed for most Body Psychotherapies. However over the last 30 years this has been changing very fast, through numerous different channels. The main European one of these was the pupils of Ola Raknes in Norway and the work of David Boadella in Britain. In America, John Pierrakos, Myron Sharaf, Alexander Lowen, Charles Kelley, the Orgonomists and others continued Reich's work, but they were aided by the growth of Humanistic Psychology in the 1960's around Esalen and similar centres. The new wave of psychotherapies that generated out of this movement include Fritz Perls' Gestalt Psychotherapy, Eric Berne's Transactional Analysis, Janov's Primal Psychotherapy, and so forth.

Reich created a whole range of techniques based on the psycho-somatic hypothesis (also found in current relaxation and yoga techniques) that the mind moves the body, and the body moves the mind. Thus arm muscles may become chronically tense as a child clenches his fists to repress his impulse of punching his father. But then, later in psychotherapy, massaging these same tense muscles may help a patient to contact his repressed anger against his father. (3) Reich was no specialist of body techniques. But some of his pupils were. Thus Alexander Lowen included tools from gymnastics, Gerda Boyesen tools from massage and physiotherapy, Keleman tools from Zen Buddhism, Lisbeth Marcher tools from psycho-motoricity (4), (see [Appendix 1](#), Heller M.) Other Body Psychotherapies have developed from non-Reichian origins: for example Ilana Rubenfeld (Rubenfeld Synergy, see [Appendix 32](#)) synthesised The Alexander Technique and Feldenkrais methods (both somatic disciplines involving use of touch and exercises) with Gestalt Psychotherapy and Ericksonian hypnotherapy. Al Pesso used psychodrama and movement with

Gestalt psychotherapy to create his 'Pesso Boyen System Psychomotor' type of Body Psychotherapy (see Appendix 5 and [Appendix 31](#)).

[C] Interactive Approaches

In the meantime, other Body Psychotherapists have trained in Psychoanalysis, systemic therapies, Gestalt, Transactional Analysis, and Jungian psychotherapy. The methods today at our disposal have thus developed in mainly two directions:

(A) Body Psychotherapy has developed increasingly refined methods to contact the interface between mind and body.

(B) Body Psychotherapy has connected links between their findings and most other psychotherapies. EABP authors such as Martin Aalberse, George Downing, Anne Fraise, Michael Heller, Jerome Liss, Lisbeth Marcher, Bernhard Maul have recently been contributing to the already existing body of literature on these subjects.

[D] Additions

Jerome Liss appends an article specially written for this submission on this particular question (see [Appendix 26](#)). It goes into the detail of the way in which Body Psychotherapists work, relating this to psychological theory and methods of treatment.

Lennart Ollars has also done some significant research work which is appended (see [Appendix 27](#)).

References:

(1) Birdwhistell, R. Introduction to Kinesics: An Annotation System for Analysis of Body Motion & Gesture. University of Louisville, 1952 and Kinesics & Context. University of Philadelphia Press, 1970. etc. see references in Chpt 5 of The Body in Psychotherapy, Edward W.L. Smith (McFarland) 1985.

(2) e.g.

- * - Gauchet M., 1992: L'inconscient Cérébral. Paris: Seuil.
- * - Holmes O., 1990: Human Neurophysiology. London: Unwin Hyman.
- * - Laborit H., 1979: L'inhibition de l'action. Paris: Masson.
- * - Pert C.B., 1997: Molecules of Emotions. New York: Scribner.
- * - Varela F., & Thompson E. & Rosch E. 1993: L'inscription corporelle de l'esprit. Paris: Seuil.
- * - Williams E.D., 1982 : Current endocrine concepts. Eastbourne: Praeger Publishers.

(3) Mann W.E.: Orgone, Reich & Eros. New York: Simon and Schuster, 1993.

(4) Wehowsky A.: Energy in Somatic Psychotherapy. Energy & Character, vol. 29, n.2,1998. pp. 68 - 78.

5. Please provide evidence that your approach includes processes of verbal exchange, alongside an awareness of non-verbal sources of information and communication.

In order to be considered a Body Psychotherapy, any approach must implicitly include verbal communication. In Body Psychotherapy we work with the whole person and we are, as humans, language based creatures. It would be, therefore, impossible to exclude verbal interaction from being highly significant in Body-Psychotherapy sessions. We are primarily psychotherapists and a significant part of our work and of therapists-client exchange is in the verbal channels. However, and this is where we differ from many other psychotherapies, we are perhaps equally more interested in bodily phenomena and other non-verbal sources of information and communications.

Much of Wilhelm Reich's early work on Character Analysis (first published in 1933) (1) starts from the premise that people embody their neuroses, and this embodiment will provide much of the resistance to verbal analytical work and the neurosis will not clear until the physical embodiment has been dealt with. The early work of Alexander Lowen (2), refined and added to these concepts of Character Analysis through observations of the morphology, the postures, the interplay of tonus (hypotonic and hypertonic musculature), psychological states and psychosomatic symptoms and the theme is further developed in Stanley Keleman's Emotional Anatomy and other works (3). Gerda Boyesen has done much work on the tonicity of muscles and how, through psychotherapeutic massage interwoven with verbal psychotherapy, these reflect the inner psychological processes and how these can be resolved through the process of Body Psychotherapy (4). Ilana Rubinfeld and Al Pessó (as mentioned earlier) both utilise Gestalt psychotherapy techniques extensively as well as working in parallel with the body, either directly with touch, or with a focussed awareness on what is happening in the body. These are all significant non-verbal sources of information.

Michael Heller has done research in conjunction with the University of Geneva which shows there are over a million possible non-verbal exchanges of information in a single psychotherapy session of any sort (5) and Dr Alfred Pritz states that about 80% of our communication system is non-verbal ([Appendix 35](#)).

David Boadella's article on the "Embodiment in the therapeutic relationship" (6) "introduces the rich field of non-verbal communication to psychotherapists of all persuasions, since every client will bring many important messages in this form, and every therapist, consciously or unconsciously, will likewise convey a great deal to his client through somatic signals." (7) This evidence comes from EAP's official journal - The International Journal of Psychotherapy.

However, our methods clearly include both verbal and non-verbal processes. A caveat should be issued here: There are those psychotherapists and/or psychiatrists who claim that they can solve psychological problems only by touching. These approaches cannot be properly recognised as body-psychotherapists by the EABP. We require a clear and proper grounding in the whole field of psychotherapy, as indicated in our [Training Standards](#) ([Appendix 33](#)).

To sum up, the human organism uses several channels of communication. Each has specific functions. Some Body-Psychotherapists claim that some aspects of deeper and perhaps repressed human feelings can only be recontacted through touch or smell - and there is some evidence from research to support this. But for the same reasons some aspects of the human mind can only be contacted through verbal exchanges. Given the complexities of human interaction, we do not see how a therapist can evaluate the impact of his interaction without the use of language. Finally verbal exchange is necessary to spell out and regulate the specifics (relational, transference, contractual, ethical, financial, etc) of the therapeutic setting. This is an important aspect of the

therapeutic contract that any Body-Psychotherapist has with their clients. Jerome Liss also explores this whole question in much greater depth (see [Appendix 25](#)).

References:

- (1) Reich, Wilhelm: Character Analysis: Farrar, Strauss & Giroux, NY, 1972.
- (2) Appendix 3
- (3) Appendix 4
- (4) Appendix 8
- (5) Appendix 1
- (6) Boadella, David: Embodiment in the Therapeutic Relationship: International Journal of Psychotherapy, Vol 2, No 1, 1997 pp 31-45, which formed a main speech at the First Congress of the World Council of Psychotherapy, Vienna July 1996.
- (7) Quote from the Abstract to the above article.

6. Please provide evidence that your approach offers a clear rationale for treatment / interventions facilitating constructive change of the factors provoking or maintaining illness or suffering.

The various Body Psychotherapy approaches have all delineated their rationales for treatment / intervention. So we cannot give a definitive EABP answer to this question but much is provided throughout the references given. In addition, we require the training schools to teach their students the theory, rationale for intervention and similar issues and this is very clearly stated in our [Training Standards](#) ([Appendix 33](#)). These are being adopted by all Body Psychotherapy training organisations that are going through the EABP accreditation process in [The FORUM](#) for Body Psychotherapy Organisations. The relevant sections are:

Section 4a: That Training Schools in Body-Psychotherapy need to conform with the general standards of professional training in psychotherapy and include a good awareness of such core components in their syllabus' (or make provisions for their trainees to have access to such modules) and teach them in relationship to any general theory of Body-Psychotherapy and also to their specific theory of Body-Psychotherapy.

These primarily include elements of Theory: background; (epistemology, anthropology, sociology, scientific theory, etc.): general and specific theories of psychotherapy (human development; sexuality; history of psycho- therapy; purpose, possibilities and limitations; psychopathology; psychotherapeutic process etc.) and theory of practice (theory & methods of intervention; transference & counter-transference; assessment & diagnosis; indications & contra-indications; research methods; prognosis & evaluations etc.)

Section 4b: A General Theory of Body-Psychotherapy should be taught by all Training Organisations and should include a fundamental awareness of the EABP definition of Body-Psychotherapy; a history of Body-Psychotherapy and an awareness (or even experience of) other types of Body-Psychotherapy; a perspective on psychotherapy that includes a healing or curative approach as well as a personal developmental approach; goals of self-regularisation and empowerment for the client; and a basic awareness of how body-energy moves in and shapes the body

Section 5:

- (1) That a Training School must be clear about the theoretical basis that is specific to its particular methodology in Body-Psychotherapy and where and how it differs from or is similar to other Body-Psychotherapy theories and where it is the same as or different from other training organisations with similar theoretical bases.
- (2) That there should be a coherence and a cohesion of theory and practice and of philosophy and literature which is demonstratable.
- (3) That any significant variations from the norm in the balance of theory, method and practice in the training programme need to be justifiable.
- (4) That there needs to have been some basic research into the validity and efficacy of this method and that this is communicated to the trainees.

The primary motivation of nearly all of the Body Psychotherapy methods mentioned in this submission is to help the clients to work towards a greater sense of self-regulation and self-determination for themselves. With these parameters comes greater autonomy, self-assurance, empowerment, freedom, self-realisation and similar concepts. The psychotherapist is therefore seen as a facilitator of the client's process, and the therapeutic relationship as one that is working together for the welfare of the client. It is primarily not a doctor-patient relationship: a well person curing a sick one through their greater skills and knowledge; though these elements are often implicit and present. However the psychotherapist is seen as much as someone who has experienced similar traumas as someone who is immune or inexperienced: the concept of the psychotherapist as a "wounded healer" is fairly prevalent. The psychotherapist has had to have had a significant amount of their own personal therapy and have experienced a significant length of therapy in the method of Body Psychotherapy which they are practising. This is evidenced in the EABP [Membership Conditions](#) (Appendix 34).

Most of Body Psychotherapy is practised in private sessions or in privately organised group sessions. There are a few Body Psychotherapists working in medical clinics. Many Body Psychotherapists would work cooperatively with doctors or other practitioners, and it has been shown that the most efficacious method of treatment in psychotherapy is a combination of appropriate medication and psychotherapy. Body Psychotherapists work co-operatively with other practitioners towards constructive change in the client.

Most Body Psychotherapy schools of thought would agree that the factors that provoke or maintain the client's illness or suffering are as a result of an initial trauma, series of traumas or from an impoverished early emotional life. Most of the approaches see these traumas as having become embodied in some way and the rationale behind the treatment stems from this. Coming to terms with these is usually seen as primary. Whilst past history cannot be changed, emotional reactions to the historical events and the client's feelings about themselves that result from this history, can be altered significantly. (For just one example, see the description of a PBSP session in [Appendix 31](#).) However there has to be a willingness to work cooperatively with the psychotherapist on one's acknowledged issues. Clients with severe personality disorders and high levels of paranoia significantly exclude themselves from such a voluntary relationship.

In addition, most of the Body Psychotherapies hold the belief that intervention on a somatic level, either through massage, body awareness exercises, touch, breathwork etc. can have an impact on

emotional, spiritual and cognitive aspects of the person. They also commonly believe that for lasting change to occur, verbal processing must accompany the somatic intervention.

Evidence regarding effectiveness of such interventions may be seen in many of the clinical case histories (see Appendix 6). Jerome Liss has also written an article which shows how certain experiential maps are common to several psychotherapeutic orientations, thereby justifying certain verbal-emotional strategies, while other psycho-physical experiential maps (especially the MacLean Triune Brain model) justify strategies that are specific to Body Psychotherapy. This goes into the sort of detail about the Body Psychotherapist's awareness of anatomical and physiological functioning which is perhaps essential to a true understanding of the effect and limitations of Body Psychotherapy treatments (see [Appendix 24](#)).

7. Please provide evidence that your approach has clearly defined strategies enabling clients to develop a new organisation of experience and behaviour.

Body Psychotherapy has very strong and clear strategies for helping clients, especially with awareness about their bodies and the interactions of the mind-body associations. Nearly every Body-Psychotherapy modality has its own particular area of awareness (e.g. Biodynamic Psychology - one particular modality - focusses on the action of the "psychoperistalsis" and the 'digestion' of emotions as a psychosomatic function of the alimentary canal. With the balance of the autonomic nervous system being better regulated through various massage techniques and with appropriate information, the client is led into this new area of awareness about their bodies and their emotional reactions). This distinguishes it from other different Body Psychotherapies. Another example is the Rubenfeld Synergy® Method which focuses on helping clients develop congruence between verbalization and somatic response.

Similarly every EABP practitioner situates him/her self differently in the actual web of the differing methods of psychotherapy. Most of the time these combine some form of a classical school of psychotherapeutic theory with some more bodily techniques. Thus most Body Psychotherapists have some experience in at least one of the following schools: Psychoanalytic, Jungian, Gestalt, Transactional Analysis, and various Systemic schools. There is similarly a web of more strictly Body Psychotherapeutic methods in which each Body Psychotherapist situates him/herself. For example, many touch during sessions, some never touch. Some use massage, some bioenergetic postural work, some use relaxation techniques, some look for deep regressive techniques (e.g. vegeto-therapy or primal scream), some prefer more body awareness techniques like Feldenkrais. Finally most practitioners who have started a school of Body Psychotherapy have had some training in more of purely bodily therapeutic techniques such as: gymnastics (Lowen), Scandinavian massage (Gerda Boyesen), far-east martial arts (Keleman), Californian massage (Downing), Feldenkreis & Alexander Technique (Rubenfeld), etc.

Thus Body Psychotherapy covers many different ways of working, and the realm in which a Body Psychotherapist needs to situate her/him self is entirely original. Some landscapes are common to most psychotherapy; some are common only to certain areas of psychotherapy; others are common to most Body Psychotherapists; some areas define a given school of Body Psychotherapy. Current research modulates classical forms of Body Psychotherapy: for example, only a very few techniques can be used with all patients. Some methods are mostly for over-armoured patients (e.g. Gerda Boyesen's Deep Draining massage), others are contra-indicated for certain patients (i.e.

Peter Levine (1) (like many others) shows that deep regression is contra-indicated when one works with patients suffering from post-traumatic diseases). There are significant dangers of hyper- or hypo-ventilation for Body Psychotherapies that encourage deep breathing. Most of these areas are basically known about by most Body Psychotherapists.

One classical area involves undoing the physiological and somatic blocks that have "somatised" the trauma and reinforce the neurosis. Many of the Body Psychotherapy techniques have well developed strategies for undoing these blocks with different types of clients, and many of these strategies are sequential. These strategies help the client reorganise their emotional and psychological viewpoints in conjunction with their stance and posture, their muscle tonus, their proprioception, subsequently their emotions, and finally their potential actions and abilities.

Much of this work is described in the following: Wilhelm Reich's Character Analysis; Alexander Lowen's Bioenergetics; Stanley Keleman's work; Gerda & MonaLisa Boyesen's Collected Papers; David Boadella's Lifestreams and in many articles by him and others in Energy & Character; Arnie Mindel's Dreambody and Working with the Dreaming Body; Joe Goodbread's The Dreambody Toolkit; Charles & Erika Kelley's Radix; Malcolm Brown's Organismic Psychotherapy; Lisbeth Marcher's work on Bodydynamics; Ron Kurtz' Body Centered Psychotherapy about Hakomi; Al Pesso's Pesso Boyden System PsychoMotor; and there are many more variations and developments of these. Within these various methods there are a wide divergence of methods. All of the above mentioned have their own clearly defined strategies for working with clients. These are varied and are well described in their various books and articles about their work (see EABP [Bibliography](#) of Body-Psychotherapy and opp cit.).

References:

(1) Levine P. A. & Frederick A. 1997: Waking the Tiger. Berkeley: North Atlantic Books.

8. Please provide evidence that your approach is open to dialogue with other psychotherapy modalities about its field of theory and practice.

Body Psychotherapy has always been open to dialogue with other psychotherapy modalities. Many Body Psychotherapists have had training in other modalities and many of the developments in Body Psychotherapy have utilised and integrated aspects from other psychotherapies.

Wilhelm Reich was a major trainer of Freud's before he created his form of Body Psychotherapy. Freud wrote letters encouraging Reich to write his first version of character analysis. Some of Reich's psycho-analytical research had a lasting influence on psychoanalytical history (1) & (2). Reich was also one of the trainers of Franz Alexander who was one of the creators of psychoanalytic psychosomatic therapy, and of Fritz Perls who latter participated in the creation of Gestalt therapy. Thus, from the very beginning, Body Psychotherapy was in intense interaction with the history of psychotherapy. During the persecutions from Macarthyism, Body Psychotherapists contracted their public image until the 1970s. But when it opened up again, it was with the support of general social trends, and in interaction with ongoing research which increasingly supporting the notion that models of human psychopathology should involve bodily phenomena. The psychoanalytic research on 'bonding' by Spitz and Bowlby (among others) influenced Body Psychotherapy of that period, as well as other Humanistic Psychotherapies

(Gestalt, Rodgerian, Transactional Analysis, etc.) and also some systemic psychotherapies. With the development of psychotropic drugs, psycho-physiological research not only influenced Body Psychotherapists deeply, but also gave them more sophisticated tools, rather than the primitive energy concepts many were using before.

Many modern Body Psychotherapy schools are the product of interactions between Reichian Body Psychotherapy and other schools. An increasing number of Body Psychotherapists have an academic training which is thus integrated into their field of awareness and practice. Alexander Lowen created Bioenergetic Analysis as a proposed synthesis between Reichian techniques and Hartman's ego psychoanalysis (see Appendix 7); George Downing has always worked with psychoanalytic and systemic concepts; Gerda Boyesen incorporates biochemistry and physiotherapy; Hakomi has similarly a wide perspective (see Appendix 8 and [Appendix 15](#)); and Pessó Boyden System Psychomotor draws on psychodrama and Gestalt heavily in its system of referring to the body (see [Appendix 31](#)).

Many Body Psychotherapists have had training in other modalities and many of the developments in Body Psychotherapy have utilised and integrated aspects from other psychotherapies. Some of the major structural and political developments within EAP have been sponsored by people representing Body Psychotherapies working in close harmony with other modalities, and specific examples of this is the formation of the European Wide Organisations Committee (EWOC) and the presentation about Body Psychotherapy at the 1997 Rome EAP Congress. This is not just because of the vocality and predilections of the representatives of Body Psychotherapy, but can be indicative of a widening of theory and a freedom of practice as compared to some other psychotherapies.

There are also many intercollegial contacts within the different Body Psychotherapies. At present the most significant movement in this direction in Europe is The FORUM for Body Psychotherapy Organisations, sponsored by EABP (see Appendix 13). EABP has also run a significant number of conferences which demonstrate this point with respect to other modalities within the field of psychotherapy. (see [Appendix 11](#)) The most significant of these was the 5th EABP Congress on Body Psychotherapy in Carry-le-Rouet, France in April 1995 and was entitled Six Perspectives on Body-Psychotherapy. This had major presenters from the fields of Psychoanalysis, Jungian Analysis, Gestalt Psychotherapy, Spiritual Psychotherapy, Psycho-Neurological, and Biosystemic. The presenters were Anne Fraisse, Carl Lucas, Serge Ginger, David Boadella, Tilman Moser, Luciano Rispoli, and Jerome Liss and their articles were translated into the main European languages (English, French, German, Italian & Spanish). However EABP has also been a significant influence on the American scene and help initiate the founding of the US Association for Body Psychotherapy (USABP) and is collaborating with them on the founding of a new international scientific journal for Body Psychotherapy (Appendix 36).

Specific Body Psychotherapies, like Bioenergetic Analysis, have, for many years, looked at integrating aspects of their particular form of Body Psychotherapy with other psychotherapies and other disciplines (see Appendix 7). Hakomi has similarly a wide perspective (see Appendix 8). So has Pessó Boyden System Psychomotor (see Appendix 5 and [Appendix 31](#)) and Rubinfeld Synergy ([Appendix 32](#)). This is also true for many other Body Psychotherapies. Body Psychotherapies, such as Biosynthesis and Psycho-Organic Analysis have already answered this aspect satisfactorily in their submissions about Scientific Validation to the EAP. Not all Body Psychotherapies are fully represented in the EABP, but reviewing the respective bibliographies in school publications constantly illustrate the depth and the richness of the connections between

Body Psychotherapy schools and other forms of knowledge. Numerous examples of our literature can be found in the bibliography at the end of this paper.

Jerome Liss also writes in much more detail and at some length about this integration between Body Psychotherapy and other types of psychotherapy (see [Appendix 23](#)).

References:

(1) Kernberg O.: Severe Personality Disorders. New Haven: Yale University Press, 1998.

(2) Sterba R.F.: Clinical and therapeutic aspects of character resistance. In Bergman M.S. & Hartman F.R. (ed.) 1976: The Evolution of Psychoanalytic Technique. New York: Basic Books Inc. 1953/1976.

9. Please provide evidence that your approach has a way of methodically describing the chosen fields of study and the methods of treatment or intervention which can be used by other colleagues.

Body-Psychotherapy has, as mentioned, many methodologies and nearly every one of these focusses on a different aspect of the bodily structures and how they relate to the person's psychology (and visa versa) and, as a result, has a chosen area of study. This, in turn, gives a method of treatment. These methods of treatment have been described in various ways and many are identified herein. However the methods of Body Psychotherapy can only be used efficiently and effectively after several years of training. The sharper a scalpel is in the hands of a competent surgeon, the more useful it is and the more dangerous when used by others.

Some exercises used in Body Psychotherapy can be helpfully used at home and are described in various exercise books published by Alexander Lowen (1) and Jack Lee Rosenberg (2), for example. Rubinfeld Synergy uses extensively exercises drawn from Feldenkrais' "Awareness through Movement" work. Other books by Lowen (3) & Rosenberg (4) describe in a more general way specific modes of intervention for a fairly wide public. But even those exercises can be used in different ways, with various degrees of efficiency. An example of various possibilities is described in detail in Heller (5).

A detailed description of Body Psychotherapy techniques cannot comprehensively be published a) because it might encourage uncontrolled use of these methods, and b) because they do require a form of know-how which cannot be adequately describe by writing and which needs to be experienced and refined as in training sessions. As in many psychotherapies, the practice of Body Psychotherapy is nor scientific but more craftlike, complex, artful, partly intuitive, and the whole is not easily reduced to the sum of it's parts for purposes of measurement.

Those that want more detailed knowledge may have access to video demonstrations. They can perhaps attend introductory workshops provided by many schools of Body Psychotherapy, become patients for a short term or long term Body Psychotherapy, or follow an established Body Psychotherapy training course. In all these modes of exposition of our knowledge, persons may contact our methods in a way where an exercise is shown in a relevant theoretical context and know how, which also takes into account the potential benefits of each, and the contra-indications of each method.

There exists no published manual through which a person could gather in depth practical knowledge without proper training. However many authors (some of which have just been named), provide in depth description of the kind of techniques that are used, the principles used, the theoretical background, prescriptions, and case analysis. Many of the training centres have written manuals that encourage consistency in trainees. The Training Standards and The FORUM accreditation process requires that training schools try to ensure such consistency and quality in their trainees and also that their trainers and supervisors are experienced and up-to-date.

The models of character analysis initially proposed by Lowen (3), Baker (6), and Reich (7) were constructed to guide therapists, so that they only use adequate and differentiated approaches relevant for each type of patient. Through the immense literature published by Body Psychotherapists allows critical discussions of our work by other branches of psychotherapy, as in the discussion of Reich's work in Bergmann and Hartman (8). More recently a book edited by José Guimón (9) attempts to assess a specific approach (the Ajuriaguerra Psychomotor Therapy) associating experimental research and a clinical evaluation from several modalities.

Jerome Liss proposes a series of methods that can be used by all Body Psychotherapists in various ways ([Appendix 22](#)). Knowledge on different schools can also be found on various websites. Bioenergetic Analysis describes on their website their particular area of study and methods of treatment and interventions ([Appendix 14](#)). Hakomi Body Psychotherapy has a different area of study and different methods and ways of working. These are more extensively described on their website, with examples from a sample session. ([Appendix 15](#)). The Pesso Borden System Psychomotor also has a website and a session is described ([Appendix 31](#)).

Biosynthesis has yet a different set of study fields and utilises the study of embryological layers (for example) to help understand the client's processes better. These and the methods that derive from them are very clearly described in David Boadella's book "Lifestreams" (10), and this forms a sort of basic manual to the method.

Other Body Psychotherapies all describe their chosen fields of study and the methods of treatment / intervention which can be used by others and can be systematically taught to trainees. We append a draft of a new Training Outline for the Gerda Boyesen Centre for Biodynamic Psychology and Psychotherapy, London, Britain ([Appendix 16](#)) as an example of this in this particular method. There are also the Collected Papers of Biodynamic Psychology (11) that reinforces this. In other disciplines, the Character Structure Development Model of Biodynamic is another example of a theory pointing out fields of observation and connected methods of intervention ([see](#) Peter Bernhardt et al.: Waking The Body Ego Part I and II, 1997 in Question 3 and also [Appendix 30](#)). The evolution of Jay Stattman's Unitive Body-Psychotherapy is also generally explained and its methodologies are presented fairly clearly and informatively in the Collected Papers, edited by Güstl Marlock (12).

References:

- (1) Lowen A.: Bioenergetics. New York: Coward, Mc Cann & Georghagan, Inc., 1975:
- (2) Rosenberg J.L.: Total Orgasm. Berkeley: Random House, 1973.
- (3) Lowen A.: The Language of the Body. New York: Collier Books, 1958 / 1973.
- (4) Rosenberg J.L., Rand M., Asay D.: Body, Self and Soul. Atlanta: Humanics, 1985.
- (5) Heller M.: The Jelly Fish (Part II). Energy and Character, vol 25, n.2, April 1994, pp. 18 - 43.
- (6) Baker E. F.: The Man in the Trap. New York: Avon Books, 1967 / 1974.
- (7) Reich, Wilhelm: Character Analysis, Farrar Straus & Giroux, New York, 1972 (3rd ed.)

- (8) Bergmann M.S. and Hartman F.R.: The Evolution of Psychoanalytic Technique. New York: Basic Books, Inc. Publishers, 1976.
- (9) Guimün J.: The Body in Psychotherapy. Basel: Karger, 1997.
- (10) Boadella, David: Lifestreams, Routledge & Kegan, Paul, 1987.
- (11) Boyesen, Gerda & Mona-Lisa, et al., The Collected Papers of Biodynamic Psychology, Vol 1 & 2, 1980, Biodynamic Psychology Publications
- (12) Stattman Jacob et al., Unitive Body-Psychotherapy Collected Papers, Vol 1 (1989) & 2, (1991), Afra Verlag.

10. Please provide evidence that your approach is associated with information which is the result of conscious self reflection, and critical reflection by other professionals within the approach.

The members of the EABP represent many facets of existing psychotherapies including the bodily dimension in their work, so that our association is used to frame rich discussions on the topics that unite us. Many participate in various Congresses and common publications (e.g. Boadella (2), Caldwell (3)) in which several schools of thought express themselves in what can be regarded as conscious forms of communication (presentations, publications workshops, video's, supervision, inter-vision, and other forms of socialised or conscious communication). Furthermore most pupils in schools have an academic or professional training elsewhere, and are usually capable of formulating a critical evaluation of what they are learning in an open and conscious form of communication.

The Bibliography joined with this report, and the EABP list of Congresses can be taken as evidence that the EABP encourages "critical reflection by other professionals within the approach". Most schools that are part of the EABP similarly organise Congresses, have a bibliography, sometimes publish rigorous journals (mentioned in detail elsewhere), propose workshops, and could provide similar forms of evidence if required.

Examples of critical discussion on Body Psychotherapy are the following:

- A critic of the rechain energy concept can be found in Downing (5), Geissler (6), Mann (12), Heller (8), Stupiggia (16).
- We are aware that there exists other ways of approaching the relations between body and psychotherapy, as discussed in De Ajuriaguerra (3), Jacobs (11), Guimén 1997, Roux & Déchaud-Ferbus (14) & (15).
- A critic on ethics related to the management of transference in Body Psychotherapy can be found in Heller (7), Hunter & Struve (10).
- An epistemological critic attempting to describe what type of knowledge is particular to body psychotherapy can be found in Rispoli (13), Heller (9).
- Jerome Liss looks in depth at Systemic Interactional Theory as opposed to theories of linear thinking and has applied this very significantly to Body Psychotherapy. He uses Carl Hempel's scientific model as support for this. (Appendix 21)

Body Psychotherapy is - by the definition of psychotherapy defended in the EABP - a process oriented therapy, involving consciousness. Thus using medication or body techniques which influence moods are not enough to constitute what we call psychotherapy. They may on the other hand be a method used in psychotherapy, which necessarily involves conscious awareness, insight, and symbolic integration through movement, vocalisations, and linguistic formulations (verbal and written).

Conscious self reflection is part and parcel of the paradigm of Body Psychotherapy. A consistent underpinning of the various forms of the work involves regaining, reinforcing and utilising conscious contact with the body - the proprioceptive sense. Conscious self-reflection is absolutely necessary to renew and maintain this contact. This is often what attracts clients to Body Psychotherapy and is thus part of the Body Psychotherapist's task and therefore exists as a pragmatic priority in the client-therapist relationship.

This conscious self reflection is mirrored in the theoretical development of Body Psychotherapy. The growing body of literature in the field, some included in the EABP Bibliography and much found in the several rigorous journals (mentioned in detail elsewhere) attests to the longevity, breadth and depth of such conscious self reflection that has been the foundation of Body Psychotherapy theory.

One of the editors of these journals, David Boadella (Energy & Character), developed his neo-Reichian work in exactly this manner. As a result of his being influenced from so many other sources over the years, he built-up his own way of working into a reputable body of knowledge that he now calls "Biosynthesis". This form of Body Psychotherapy has already been accepted by the EAP as being scientifically valid, and it has also been accepted by the Swiss Psychotherapy Charta; and as a Weiterbildung in Austria and as a form of depth-psychological psychotherapy in Germany.

As regards the "critical reflection" aspect of the Question, Jerome Liss looks in depth at Systemic Interactional Theory as opposed to theories of linear thinking and has applied this very significantly to Body Psychotherapy. He uses Carl Hempel's scientific model as support for this ([Appendix 21](#)). There are also many other similar examples mentioned in this submission.

As previously mentioned, the immense literature published by Body Psychotherapists allows critical discussions of our work by other branches of psychotherapy as well as from those within the field. The frequent, lively discussions, arguments and presentations at the Body Psychotherapy congresses further allows for critical evaluation and reflection within the field. These congresses have become international talking place in Americas as well as in Europe. There are presentations from leading research Body psychotherapists and scientists as well as theoreticians and practitioners. One such Congress is the EABP Congress in Travemünde, Germany in September 1999 ([Appendix 37](#)).

In November 1997 there was a meeting of 600 experts on psychotherapy in Bern, organised by the OFAS, representing the Swiss government on health matters. Dr Mattanza wrote a report for the OFAS named (translated): "Criteria which could allow to evaluate the efficiency, relevance, and the economical caricature of methods of psychotherapy".

In his speech Dr. Mattanza stressed that such an evaluation could not be based on experimental research only. In his conclusion, he also stressed the following points:

1. We should already take into account the existing literature, which shows that at least some psychotherapies are efficient.
2. That one needs further evaluation before one can find methods to validate the range of psychotherapeutic methods.

A commission of 8 main experts also spoke. Three of these (Prof. Grawe, D. Orlinski and H. Strupp) were very severe with Dr. Mattanza's position on the difficulty of evaluating psychotherapy through research. The other 5 experts were more moderate, for different reasons. Although they all stressed the need for empirical experimental research, they however clearly showed the limits of this procedure in terms of truth and use (1).

References:

- (1) This is based on an article of professor Nicolas Duruz (Evaluation des Psychothérapies), published in the journal of the Swiss Federation of Psychologists (Psychoscope, n. 5, vol. 19, 1998, pp 19 - 21).
- (2) Boadella D.: In the Wake of Reich. London: Coventure, 1976.
- (3) Caldwell C.: Getting in Touch. Wheaton: Quest Books, 1997.
- (4) De Ajuriaguerra J.: Le Corps comme Relation. Revue Suisse de Psychologie, vol. 21, 1962. pp.137-157.
- (5) Downing G.: Körper und Wort in der Psychotherapie. München: Küsel, 1996.
- (6) Geissler, P.: Neue Entwicklungen in der Bioenergetischen Analyse. Berlin: Peter Lang, 1997.
- (7) Heller M., 1989: Deflux et Contre-Transfert. Adire n.4, pp 99 - 132
- (8) Heller M.: The jellyfish, part I. Energy and Character, vol 24, n.2, 1993. pp 1 -27.
- (9) Heller M.: Pour une Ethique de la Connaissance en Psychothérapie. Adire n.4, 1993 pp 29 - 62
- (10) Hunter M., Struve J.: The Ethical Use of Touch in Psychotherapy. Thousand Oaks: Sage, 1997.
- (11) Jacobs T.J.: Nonverbal Communications. Journal of the American Psychoanalytic Association, vol. 42, n.3, 1994. pp 741 - 762.
- (12) Mann E.W.: Orgone, Reich, & Eros. New York: Simon and Schuster, 1973.
- (13) Rispoli L.: Psychologia funzionale del SE. Roma: Astrolabio, 1993.
- (14) Roux M.-L., Déchaud-Ferbus M.: Le Corps dans la Psyché. Paris: L'Harmattan, 1993.
- (15) Déchaud-Ferbus M., Roux M.-L., Sacco F.: Les Destins du Corps. Toulouse: Erös, 1994.
- (16) Stupiggia M.: Introduction. In Liss J., Stupiggia M. (ed.), 1996: La thérapie biosystémique. Paris, 1996: Hommes et Perspective, pp 11 - 27.

11. Please provide evidence that your approach offers new knowledge, which is differentiated and distinctive, in the domain of psychotherapy.

The knowledge that we offer the domain of psychotherapy is (as has been described) differentiated and distinctive in that we, more than any other branch of psychotherapy, deal with the direct link with and the interactions between the mind and the body. Most other psychotherapies (mainstreams or modalities) do not have this as a major feature of their work. There are studies within cognitive-behavioural psychotherapy and within the field of psychology about various aspects of psychosomatics, physical reactions to certain stimuli, etc. but these tend to be

peripheral to their main body of work. Even in the work of Rossi which stems from Ericksonian hypnotherapy and takes into account the effect of hypnotic phenomena on somatic symptoms, the focus is primarily on cognitive processes and little attention appears to be paid to the body except as it is affected by mental activity.

In contrast, work from Bioenergetics (some of which has already been mentioned) that is particularly different, separate and distinctive, has been Alexander Lowen's development of neurotic character structures and methods of dealing with it in "Language of the Body" and other books; and his preventative exercises in "A Way to Vibrant Health". Lowen also worked a lot on the importance of bodily posture and stance. Some of this field has been added to more recently in areas of Body Psychotherapy like Postural Integration.

In Biodynamic Psychology, the central aspect of Gerda Boyesen's early work was the relationship between the autonomic nervous system, emotions, and the activity of the intestine as a digester of emotions and a regulator of emotional health. Her psychotherapeutic massage and physical work led directly to new insights in psychotherapy and a gentler application of other psychotherapeutic techniques. David Boadella has developed some of this detailed physiological work and has written about the effect of working on different embryonic layers; muscle tone and resting potentials. Boadella also echoed some of Lowen's work on posture and developed concepts of Grounding, Centering and Facing that are new developments in the field of Body Psychotherapy and are not to be found in other disciplines that do not work with the body.

Many Body Psychotherapists work significantly with client's breathing patterns. There is a high correlation between client's emotional states and their breathing patterns, and one significant way of working in Body Psychotherapy is to focus on this and explore different ways of breathing. This is not specifically new knowledge (viz: Yoga exercises) but it is refined and applied in Body Psychotherapy in ways that are different and distinctive particularly in that verbal dialogue and processing of emerging emotional material is used. Much has been written about this last point (Appendix 9).

A more contentious area is that of touch. Body Psychotherapists do touch their clients - and they acknowledge it. Other psychotherapists might do, or might not do, and often it is unacknowledged or theoretically restricted. As a result of this acknowledgement much has been written about the affects, the ethics, and the constraints of touch (Appendix 10). As touch becomes more and more restricted through reactions to ethical cases and litigation in the courts, (as is happening in America) Body Psychotherapists will have an increasingly important voice on the side of being able to retain permission to touch clients. They have a critical role in introducing society to the varieties of touch, the subtleties and complexities, positive and negative, indications and contraindications of it's use.

One specific area that has been developing a lot through the last decade is the area of PTSD - Post Traumatic Stress Disorder. Body Psychotherapists have contributed especially concerning the treatment of PTSD, by pointing out the importance of including bodily oriented techniques providing release and reframing of PTSD. Albert Pesso's work (5) could be mentioned among others and so could the work with shock-traumas in Biodynamic Analysis (6 & 7).

We would like to refer to a list of conferences and congresses in Body-Psychotherapy that have been held in the last few years. You will see from the list of topics etc. that new knowledge is constantly being offered in the domain of psychotherapy ([Appendix 11](#)). These Congresses are

typically attended by 300-400 people. We append also, as a sample, a list of Congress papers from two particular Congresses so show some of the depth and range of the information (Appendix 12).

We also append at this point a list of 25 Training Organisations, Professional Associations and European Institutes that are currently members of The FORUM of Body-Psychotherapy Organisations ([Appendix 13](#)). There are potentially 45 that we know of and are in contact with, though all are not currently ready or willing to join The FORUM at this present moment. (There are also a great number of other European Body-Psychotherapy trainings (particularly in Biodynamic Psychology & Bioenergetics) and in the UK that are not listed here Our database had addresses for 135 at one point.). It can be seen from these numbers that there are at least about 5000 people already trained or in training in these organisations alone. We feel that this is indicative of the interest and of the new knowledge which is different and distinctive to other psychotherapies, given also the discrimination against Body-Psychotherapy and the current lack of uncertainty about registration and certification. Thus not only is there new distinctive and differentiated knowledge within Body Psychotherapy , but it is increasingly recognised by the public.

12. Please provide evidence that your approach 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.

As indicated there have been many overlaps and integrations and also developments from various different psychotherapies throughout the history of Body Psychotherapy. According to Heward Wilkinson (1), the editor of the International Journal of Psychotherapy - the official journal of the EAP - "body-based psychotherapy" is the fourth major direction helping to integrate aspects of psychodynamic, humanistic-existential, and behavioural-cognitive psychotherapy whilst also presenting challenges and this approach "straddles the divisions between humanistic, psychoanalytical and cognitive-behavioural approaches. Many Body Psychotherapists ... would claim plausibly to be both/and in respect of all of these."

We would agree. Further, in the same issue, David Boadella's paper "invites us fully to assimilate and integrate Body Psychotherapy into the perspectives which are (more) familiar - linking it with all the three major psychotherapeutic perspectives addressed in the first issue (of the International Journal)..." The main part of this paper by David Boadella (2) was a Keynote Address presented at the First World Congress of Psychotherapy (in Vienna in July 1996) which suggested that Pierre Janet's work "pioneered body-psychotherapy, together with much that has been rediscovered in , for example, object relations and integrative theory. Body-psychotherapy, accordingly, like hypnosis, is older than psychoanalysis..." Heward Wilkinson later states "David Boadella's two-part paper really sets the cat among the pigeons in a quite straightforward yet massive and scholarly fashion. His claim is that the integrative process implicit in all the major psychotherapies can only be realised through a spirituality expressed through a full realisational awareness of the body. He establishes links with Freud himself, Charcot, Rank, Darwin, Janet, Jung, Bowlby, Reich, Groddeck; the references come thick and fast but also incontrovertible." Thus, with this official endorsement of Body Psychotherapy by EAP, and with the public acceptance of Body-Psychotherapy as a "mainstream" part of psychotherapy at the EAP's Congress in Rome in June 1997 with addresses from the podium by David Boadella, Courtenay Young, Michel Heller and a representative of Bioenergetics, EAP clearly accepts - and this is why this evidence has been

quoted at some length in the body of this paper - that Body Psychotherapy is a valid part of the history and development of scientific psychotherapy.

Finally and interestingly, Heward Wilkinson states that: "...in the second part of his paper, he ... comprehensively transmutes the history of our field right from its modern beginnings. ... Why this history was 'avoided' (vermeidet) is a further question. Although to many this will seem a radical emphasis, the paper offers a very clear and straightforward overview of the overall perspective. What is radical about it is just what it says!" - which nicely endorses the point made in the Preamble ([Point 1](#)) above at the very start of the submission.

In the last two or three decades there have been some significant developments in integrating Body Psychotherapy with other psychotherapies. Alexander Lowen integrated Reich's work and some Analytical Psychotherapy into Bioenergetic Analysis. John Pierrakos integrated Bioenergetics, which he co-founded with Alexander Lowen, and spirituality into Core Energetics. Ilana Rubinfeld has integrated Gestalt Psychotherapy, Feldenkrais (a body therapy), and Alexander Technique into something she calls Rubinfeld Synergy. Arnold Mindel developed Jungian Psychotherapy and body-oriented dreamwork into his Process Oriented Psychotherapy. Gerda Boyesen developed Reichian psychotherapy and Bulow-Hansens's methods of physiotherapy into her Biodynamic Psychology. David Boadella developed Ola Raknes' and Wilhelm Reich's Body Psychotherapy with some of Frank Lake's perinatal work in Clinical Theology and Stanley Keleman's work into Biosynthesis (which has been accepted by EAP as a scientifically valid psychotherapy). Paul Boyesen has developed his mother's Biodynamic Psychology and Psychoanalytic Psychotherapy into Psycho-Organic Analysis (which has been accepted by EAP as a scientifically valid psychotherapy). There are many other similar examples.

Common areas of references between these Body Psychotherapies and other psychotherapies are also very varied. Many of the actual methods of reducing physiological effects refer more to systemic methods, rather than cognitive. However many of the initial awarenesses to the connections between the body and the emotions; the soma and the psyche, use cognitive changes and frameworks.

Within the framework of this question, Jerome Liss proposes new criteria for scientific research that are more relevant to clinical psychology & psychotherapy and then applies these to some Body Psychotherapy examples (see [Appendix 19](#)). He also describes the integration of various methods in relation to Body Psychotherapy and concludes that perhaps only an integration of methods is truly effective ([Appendix 20](#)).

Edward W.L. Smith (8) could be mentioned as one among many other authors who have recognised the impact of including bodily oriented techniques into psychotherapeutic work. Body Psychotherapists have without any doubt contributed over and over again to several areas of psychology and psychotherapy. Pre and Perinatal Psychology is one of the areas where Body Psychotherapists have contributed, stating ways of how to work with rebirthing techniques. Just one example of this amongst many: Lisbeth Marcher and Lennart Ollars has published a paper on this topic, in Energy and Character (3) as well as in "Nordisk Psykologi", a Scandinavian Journal of Psychology (4).

Our areas of common ground are therefore very varied. There is a common assertion that the body significantly affects the mind and the mind significantly affects the body. It is a continual two-way process. The aetiology of many physical symptoms is often found to be lying in a weakness of the body created by psychological reactions to trauma. What is also common is that the healing or

resolution of many psychological and emotional problems is unable to be completed without significant reference to the body, the physiological and the psychosomatic areas. As mentioned previously we, as Body Psychotherapists, are very interested in combining and working with all aspects of the relationship between affect, behaviour, and cognition - all fundamental aspects of scientific psychotherapy - and how this inter-relationship is manifested in and through the body. We provide a "holding environment" for our clients, we mirror and reflect, we engage in unconditional positive regard, some of us offer interpretations or reframes, all also aspects of so called scientific psychotherapy.

References:

- (1) International Journal for Psychotherapy; Vol 2, No 1, May 1997; Editorial, p5-11 - All the following quotes in this paragraph are from his editorial: New Wine and Old Wineskins.
- (2) International Journal for Psychotherapy; Vol 2, No 1, May 1997; pp 45-56
- (3) Lisbeth Marcher, Lennart Ollars: "Bodynamic Analytic Developmental Re-birth Therapy". Energy and Character Vol 22 no. 2 1991.
- (4) Lisbeth Marcher, Lennart Ollars: "Kropsdynamisk analytisk arbejde med refødselsterapi" Nordisk Psykologi Vol 41 (3) 1989.
- (5) Al Pesso: Abuse. Energy and Character vol. 19 No. 2 1989.
- (6) Lennart Ollars: Bodynamic Analytic Work with Assault and Abuse. Energy and Character.
- (7) Steen Jørgensen (ed): "Forløsning af Choktraumer". Kreatik Copenhagen, 1993.
- (8) Edward W.L.Smith: "The Body in Psychotherapy" MacFarland & Co. London, 1985.

13. Please provide evidence that your approach describes and displays a coherent strategy to understanding human problems, and an explicit relation between methods of treatment/intervention and results.

The strategies by which Body Psychotherapy understands human problems have been described elsewhere in this submission as well. In all of the major textbooks about Body Psychotherapy - Bioenergetics (1), Jay Stattman's Unitive Psychotherapy (2)&(3), Lillemor Johnsen's Integrated Respiration Theory therapy (4), Malcolm Brown's Organismic Psychotherapy (5), David Boadella's Biosynthesis (6), Gerda Boyesen's Bodynamic Psychology & Psychotherapy (7), Arnie Mindel's Process Oriented Psychology (8), Charles & Erika Kelley's Radix (9), Al Pesso's system (10), Christine Caldwell's work (11) etc. - they are described at length. [Incidentally these books also provide answers to many of these questions, both implicitly and explicitly.] In all of these writings there are references to the understanding of of the human being as a whole gestalt of body, mind, emotions and spirit, and the development of strategies and interventions to restore homeostasis in all these domains.

Dr Erica Goodstone writes:

"Although each modality of Body Psychotherapy may use a different specific strategy, there are some elements common to the field as a whole.

- * 1. Observation of the body to determine physiological underpinnings of neurotic and psychotic character structures and emotional patterns.
- * 2. Touching the body in specific ways designed to release bodily armouring, release neuromuscular tension, and promote less restricted movement.
- * 3. Eliciting verbal responses and emotional catharsis as the body lets go of habitual tension patterns connected to memories and mental blockages.

* 4. Partnership between Body Psychotherapy practitioner and Body Psychotherapy client/patient in interpreting and evaluating the meaning of verbal, emotional and imaginative responses.

These strategies are felt to lead to greater wholeness and general integration as seen by:

* 5. Body Psychotherapy clients/patients develop a more coherent, cohesive and integrated sense of self, better able to cope with life.

* 6. Body Psychotherapy clients/patients gain control over their emotions, become focused on their goals, and accomplish life tasks with renewed energy, vigour and confidence.

* 7. Body Psychotherapy clients/patients learn to confront and handle their problems as they arise, communicate authentically with peers, co-workers, friends and family, and as a result create more fulfilling and satisfying relationships, including marital and other intimate love relationships."

Jerome Liss discusses one particular aspect within Body Psychotherapy. "The Need For Touch and Holding When Frightened:" One of the reasons for touch-contact and holding-contact during Body Psychotherapy is that the absence of such holding is considered a very important factor in the generation of emotional difficulties (see [Appendix 17](#)).

These descriptions are also similar to those described in the Open University Psychotherapy Textbook: in a series edited by Windy Dryden: Innovative Therapy - A Handbook. There are also descriptions in an earlier book of the same title "Innovative Therapies" by Windy Dryden and John Rowan with chapters on Biodynamics, Bioenergetics and Biosynthesis. (11) Whilst we may disagree with the implication that Body Psychotherapy is an innovative therapy, we appreciate that various Body Psychotherapies are mentioned in a mainstream handbook about psychotherapy. This latter book is a collection of articles that includes four articles about three different types of Body Psychotherapy:

* (1) the emphasis on the perinatal experience as described in **Primal Integration** (in an article by Juliana Brown & Richard Mowbray) and

* (2) **Somatotropic Therapy**, (a Body Psychotherapy deriving out of Frank Lake and Stan Grof's work) described in an article by William Emerson and Stephan Schoor-Kon;

* (3) the emphasis on the body as described in an article on **Core Energetics** (the Body Psychotherapy founded by John Pierrakos after he split from Alexander Lowen and with the influence from his wife Eva Pierrakos and her "Pathwork" teachings) by David Cranmer;

* (4) a full description of the British form of **Post-Reichian Therapy**, evolving out of Peter Jones's work (taught by Ola Raknes) and the Energy Stream training centre in the Leeds/Sheffield/Manchester, described by William West.

Additionally there is documented, the Theory of Personality (Persönlichkeitstheorie) found in the Emotional Reintegration Institute's Self-Assessment (Appendix 38) for The FORUM of Body-Psychotherapy Organisations' Self-Assessment and Accreditation Process which is sponsored by the EABP and allows European Body-Psychotherapy Training Organisations to get accreditation by the EABP with a view to EAP accreditation. These are just a few examples of the way in which Body Psychotherapy understands human problems, and designs coherent strategies for use towards specific outcomes.

References:

(1) Bioenergetics, Alexander Lowen, (Penguin) 1975 and many other books.

(2) Unitive Body-Psychotherapy, Collected Papers, Vol 1 (AFRA Verlag) 1989

- (3) Unitive Body-Psychotherapy, Collected Papers, Vol 2, ed. Güstl Marlock, (AFRA Verlag) 1991
- (4) Integrated Respiration Theory/therapy: The breathing me. Birth & rebirth in the fullness of time, Lillemor Johnsen, 1981
- (5) The Healing Touch, An Introduction to Organismic Psychotherapy, Malcolm Brown, (LifeRhythm) 1990
- (6) Lifestreams, David Boadella (RKP) 1987
- (7) The Collected Papers of Biodynamic Psychology, Vols 1 & 2, Gerda & Mona-Lisa Boyesen et al. (Biodynamic Psychology Publications) 1981
- (8) DreamBody - the Body's role in revealing itself, Arnold Mindel, (RKP) 1982
- (9) Education in Feeling & Purpose, Charles Kelley, (Radix Inst., Ca.) 1974
- (10) Movement in Psychotherapy, Al Pessó, (NYUP) 1969 & Experience in Action, Al Pessó, (NYUP) 1973
- (11) Innovative Therapy: Dryden, Windy & Rowan, John: Routledge, 1987.

14. Please provide evidence that your approach has theories of normal and problematic human behaviour which are explicitly related to effective methods of diagnosis/assessment and treatment/intervention.

Body Psychotherapy offers several examples of theories/ models describing normal and problematic human behaviour, including methods of assessment and intervention. Most of these describe the correlation between psychological and social skills on one hand, and bodyposture/bodily energy patterns/patterns of tension and movement on the other. Some of these also correlate to developmental psychology or that is: include how different patterns of human functioning are developed through childhood. Alexander Lowen's work is one example (1), The Character Structure Development Model of Biodynamic is another example (2 & 3). Stanley Keleman's study on embodiment of tensions is also a fairly definitive work (4).

Much of this stems from Wilhelm Reich's seminal work on Character Analysis (5) in which he first postulated the concept of character armour as being the embodiment of the neurotic patterns. His theory - based on pragmatic discoveries stemming from his work in the free psycho-analytic clinic in Vienna in the mid-1920's - in simplistic terms, was that however much you can analyse the neurosis, if the person is still 'bound up' in their character armour (quite literally), they would be unable to respond to the desire to grow and change without this armour being actually dissolved. He thus started to work on the body, on the actual muscular tensions that were present and detectable and discovered that as he did this and encouraged emotional content (instead of intellectual analysis), so the defences came to the surface and the neuroses got worked with and there was a corresponding change in the physical holding patterns of the body. He presented his work to the 10th Psycho-Analytic Conference in 1927. All this and the subsequent split with psychoanalysis is well outlined in David Boadella's book: Wilhelm Reich, The Evolution of his Work (6).

Reich's main theories of the etiology of neuroses was in the sexually repressive attitudes in society. This caused him to go towards the very popular (then) Communist theories of restructuring society and caused him to set up the SexPol Clinics. These developments cemented the split with psychoanalysis, which is essentially conservative and did not wish to change the status quo in society in order to cure individual neuroses. Since then much more work has been done. Frank Lake has written another seminal work on the development of neuroses from birth and infantile traumas (7), drawing in part on Reich's work in understanding childhood patterns, but he

went much further than Reich did. Gerda Boyesen developed Reich's work in a very different way and discovered that a significant part of the neurotic holding pattern in the body is tied up in the intestinal system through the (lack of) interaction in the autonomic nervous system (8). By encouraging healthy activity in the gut (through her Biodynamic Massage), we can begin again to digest residual emotional tension and thus do not have to embody the undigested bits.

Lisbeth Marcher talks about the need for the human being to progress through certain movement patterns (also discussed in the work of Bonnie Bainbridge Cohen (9)) and the need for repatterning through either direct exercise or visualization as an intervention when there is emotional disturbance due to the lack of integration of certain patterns (10). Peter Levine also talks about the need for movement patterns in response to trauma and employs movement in order to change the neuromuscular patterning stuck in the body after trauma (11).

There is also an interesting phenomenon of the integration of therapy with movement with a systemic model by Al Pesso (12).

References:

- (1) Alexander Lowen: Bioenergetics. 1975 Penguin Books
- (2) Peter Bernhardt, Marianne Bentzen and Joel Isaacs: "Waking The Body Ego. Biodynamic Analysis: Lisbeth Marcher's Somatic Developmental Psychology. Part I: Core Concepts and Principles" Biodynamic Institute 1997
- (3) Peter Bernhardt, Marianne Bentzen and Joel Isaacs: "Waking The Body Ego. Biodynamic Analysis: Lisbeth Marcher's Somatic Developmental Psychology. Part II: Psychomotor Development and Character Structure". Biodynamic Institute 1997.
- (4) Stanley Keleman: Emotional Anatomy (Center Press) 1985
- (5) Wilhelm Reich: Character Analysis (Farrar, Strauss & Giroux) 1972 - originally published 1933.
- (6) David Boadella: Wilhelm Reich, The Evolution of his Work (Arkana) 1985
- (7) Frank Lake: Clinical Theology - A Theological and Psychiatric Basis to Clinical Pastoral Care (Darton, Longman & Todd) 1966
- (8) Gerda & Mona-Lisa Boyesen, et al: The Collected Papers of Biodynamic Psychology Vol 1 & 2 (Biodynamic Psychology Publications) 1980
- (9) Bonnie Bainbridge Cohen: Sensing, Feeling, and Action: The Experiential Anatomy of Body-Mind Centering (Contact Editions) 1993
- (10) Linda Hartley: Wisdom of the Body Moving: An Introduction to Body-Mind Centering (North Atlantic Books) 1995
- (11) Peter Levine: . A., Frederick A.: Walking the Tiger. Berkeley: North Atlantic Books, 1997.
- (12) Pesso A.: PBSP - Pesso Boyden System Psychomotor. In Caldwell C. (ed.): Getting in Touch. Wheaton: Quest Books, 1997.

15. Please provide evidence that your approach has investigative procedures which are defined well enough to indicate possibilities of research.

Again this question must be viewed in the light that we represent many different types of Body Psychotherapy. For example: there are two significant Ph.D. theses on Body Psychotherapy from the Austrian Emotional Reintegration school alone (1). Below are included three descriptions of how scientific investigative procedures are being applied to different areas of Body

Psychotherapy: in the first, John Pierrakos' Core Energetics (based in New York but with trainings in Germany and other European countries) and the second relates to Biosystemic Therapy, a Body Psychotherapy developed by Jerome Liss, based in Italy. This second description (see [Appendix 18](#)) explores three specific applications of investigative procedures (clinical description of a session; the use of video recordings of a session; and the use of designs in a text) which he puts forward as proposals for any Body Psychotherapists doing clinical research. The third description speaks for itself.

Description 1:

Dr. Mary J. Giuffra, a Professor of Research at New York University and a Body Psychotherapist (& Vice-President of USABP) writes:

"As a profession, we are in the phase of designing theory-developing research studies that are exploratory and descriptive in nature. To accomplish this, we are using qualitative and unstructured data. Our analysis includes content analysis and constant comparison, case studies, descriptive statistics, charts and graphs. As a result of our exploration, we are developing a description of processes, concepts and phenomena specific to Body Psychotherapy.

For example, Core Energetics describes love as an important component of the core and an access point for the therapist. Through a qualitative research study, we are interviewing clients and therapists to explore their lived experience of love. Through a structured interview questionnaire, we are exploring the meaning of love for each person studied. From this, we will develop patterns of responses and themes describing the experience of love on a mental, emotional, physical and spiritual level. This method of qualitative research will be employed to study concepts such as energy, sexuality, consciousness etc.

As we develop more data describing the phenomena and processes with which we work, we will further develop the theoretical underpinning for Body Psychotherapy. This in turn will lead us to the next phase in our research process. We will then begin to study the relationships between or among the variables with which we work. From our theoretical base, we will develop hypotheses. Through correlational analysis or tests of association and by testing differences between group means we will support or reject our hypothesis and more scientifically explain relationships among variables. We can examine the relationship between certain processes in Body Psychotherapy and physiologic, emotional, relational or mental expressions in clients.

With the scientific findings from the first two phases of the research process, we will move to the level of experimental research, confident that our theoretical base has been developed scientifically. In this case we will develop hypotheses from the theoretical base, assign participants to groups randomly or non randomly depending on the design of the individual study..As a result, we will test the theory on which Body Psychotherapy is based. Concurrently, outcome research on Body Psychotherapy will be conducted since insurers find this type of data invaluable in making decisions. For example, we will explore the outcomes on self-care, health status, satisfaction with relationships, career, etc., following a regimen of Body Psychotherapy. Given our plans for the scientific study of this discipline, we feel confident that the research structure we have established will insure the public and members of other health professions that the profession of Body Psychotherapy is based on a theoretical and intuitive body of knowledge that has been developed in a scientific manner."

Description 2:

Prof. Jerome Liss emphasises that 'Science Means Ideas Linked to Experience.' (2) The fundamental principle of science (he writes) is that it is a relationship between ideas and concrete experience. Prof. Hempel states, "Science is ultimately intended to systemize the data of our experience, and this is possible only if scientific principles, that is our theoretical constructions,

have a bearing upon, and thus are conceptually connected with, statements reporting what has been established by immediate experience."(3) To put it in a nutshell: when we base our ideas on concrete experiences, we have science. Without concrete experience, no science. Thus, to repeat an argument in an earlier critique: scientific books and articles in psychology, especially clinical psychology, frequently present little or no evidence, that is, little or no reference to precise concrete experiences. Thus, they are not obviously scientific. To be obviously scientific, we must link ideas to experience. To cite Prof. Carl Hempel: "A theoretical system without empirical observations is incapable of test and thus cannot constitute a theory of empirical phenomena. We shall say of its terms as well as of its concepts that they lack empirical import." (p.39)

This fundamental notion of science, linking precise empirical observations to theoretical concepts, permits a new perspective for the Body Psychotherapist. It means that the clinician can use his own case-studies, and even single sessions, in which there are unique and non-repeatable events, as the empirical basis of his scientific theorisation. But there is still a need for "rigour." This rigour is, first, in the adequacy of his registered empirical observations, then in the clear-cut connectedness of his first level ("operational") concepts, and then in his establishment of "scientific fruitfulness."

The "effort" of science in Body Psychotherapy (where we are trained to observe the client's body as well as record what they are saying) can thus change direction. At the moment of obtaining data, the "effort" of the clinical researcher (and, as can occur, the clinical therapist-researcher,) is channelled toward accurately registering all of the pertinent observations. This requires less effort over time, since it is not necessary to keep repeating the same experiment over and over as in traditional science. On the other hand, this approach requires a greater effort during the period of observing the registered data and compiling the results, which means either giving a description or else a quantitative analysis. Thus, to observe complex and non-repeatable events and then transmit the observations into a transmittable form requires new capacities on the part of the scientific psychotherapist (4). A more complete account of what is required in order to have adequate observational data and appropriate operational concepts is as follows: In order to link our ideas to observations, Prof Liss proposes:

- * 1. Reduce our general concepts to more precise ideas that almost touch reality. This means to define our operational concepts.
- * 2. Define the specific observations which we wish to make which correspond to our observational concepts.
- * 3. Register observations from the "natural reality" we wish to study, or from the laboratory reality which attempts to approximate the "natural reality." Thus, for the clinician, the registered "natural reality" that we wish to study is the therapeutic encounter.
- * 4. Create qualitative verbal descriptions and, when possible, quantitative compilations, using several observers when possible, of the reality we have registered.
- * 5. Create a written presentation that offers concrete examples of our observations and of the quantitative data, when available, all presented in conjunction with the operational concepts that we are seeking to support.
- * 6. Relate these operational concepts to higher order concepts and present the structure of the theoretical matrix (5).

His conclusion is that all psychotherapeutic orientations need more specific methods for communicating their "fields of study," meaning for registering their concrete case material in order to reveal to the scientific community their treatment approaches and Prof Liss asks what

"methods" for registering case material would be "scientifically rigorous" in the field of psychotherapy and of Body Psychotherapy in particular? (see [Appendix 18](#))

Description 3:

Experimental research on how the body participates in psychotherapy processes is therefore being carried out from both an experimental and clinical perspective in a more coordinated way. In Europe, this has been achieved by Rainer Krause for a psychoanalytic perspective, with studies on object relationship, unconscious communication, and diagnostic. Dr. Michael Heller has followed a parallel path for body psychotherapies.

Michael Heller followed a double career of experimental research on nonverbal communication, and as a psychotherapist integrating bodily dimensions in his work. For 11 years he created a method to analyze postural behavior systematically for his doctoral dissertation in the Universities of Geneva (Switzerland) and Duisburg (Germany). This study focused on the coordination of biological and social requirements made on postural dynamics. For 11 years whilst he was the director of the Laboratory Affet & Communication, in the Geneva Psychiatric Institution, he analyzed nonverbal communication between psychiatrists and suicidal or depressive patients. At the same time he trained in Biodynamic Psychology, and opened a practice as Body Psychotherapy in 1976, and between 1984 and 1990 he trained Body Psychotherapists in Austria, England, France, Germany, and Switzerland, bringing much of his research findings into his teaching.

His research on posture has translated common techniques used for postural analysis in body techniques into a detailed coding technique which yields data that can then be analyzed using statistical and computerized techniques, in collaboration with other laboratories of Europe and USA. He used his experimental work in the Geneva Psychiatric Institution to analyze certain aspects of the nonverbal communication happening between a doctor and a patient which can help to increase our understanding of suicide risk and unconscious communication. Bouhuys, Ellgring, Frey and are also checking experimentally known clinical hypotheses (Widlécher) on the rapidity of movements among depressive patients. These are only some examples where clinical and experimental research progress is helping each other. Other examples have been mentioned elsewhere and in our bibliography.

Addenda:

We have earlier mentioned a study made by Lennart Ollars in 1980: "Reliability of The Bodymap". Copenhagen 1980. (see Question 3: References and [Appendix 27](#)) This study points out a series of possible "body-mind" research projects addressing both the question of reliability and the question of validity. EABP also has its own Scientific Committee. This has started to meet regularly and has produced one major report. This is appended (see [Appendix 29](#)).

We feel that these measures, for the moment, fulfil the requirements of the question and that this completes the submission.

References:

(1) (a) Mag. Ursula Nussbaumer: Zur Persönlichkeitstheorie in der Körperorientierten Psychotherapie (Diplomarbeit an der Grund- und Integrativwissenschaftlichen Fakultät der Universität Wien), June, 1988.

(b) Mag. Irene Rautner: Veränderung psychischer und physischer Befindlichkeiten durch Behandlung mit Emotionaler Reintegration (Diplomarbeit an der Grund und Integrativwissenschaftlichen Fakultät der Universität Wien, 1994)

- (2) Liss, Jerome, "An Epistemological Protocol to Create a Scientific Psychology: The Application of Carl Hempel's Epistemological Program to Daniel Stern's Research," 1999, 39 pages. (submitted for publication, with the recommendation of Prof. Daniel Stern, to Devenir in France and to Human Evolution and Attachment in England).
- (3) Hempel, Carl, Fundamentals of Concept Formation in Empirical Science, International Encyclopedia of Unified Sciences, Vol. II, No. 7, Chicago, University of Chicago Press, 1952, p.21.
- (4) Liss, Jerome, "The Philosophy of Science and the Clinical Researcher: A Proposal for a New Scientific Psychology," published in Italian: "Filosofia della Scienza e la Ricerca Clinica: Una Proposta Per una Psicologia Scientifica Nuova," in Psicologia Clinica (ed. Prof. Mario Bertini, Université di Roma "La Sapienza"), Vol. 2, No. 2, May-August, 1983, pp. 143-163, and in La Psicoterapia del Corpo, (by Liss, Jerome and Boadella, David), Rome, Ed. Astrolabio, 1986, Chapter XIV.
- (5) Liss, Jerome, "An Epistemological Protocol...", op. cit., p. 35.

Addendum:

However this submission is necessarily incomplete. This is an on-going exercise. Many references have not been included. However it is felt strongly that sufficient information and references have been given to establish the case for the scientific validity of the field of Body Psychotherapy.

We have drawn on a number of different disciplines and a wide source of references. Many of these references could also have been used in other parts of the submission. We decided not to duplicate too much. We have also decided to include some lengthy appendices as they give, for different reasons, a distinct flavour of the work of Body Psychotherapy, which, whilst referring to one aspect of the field, have common ground with many other aspects.

This submission has been specifically helped by a number of people working over the e-mail both in Europe and world-wide. It has been put onto the EABP website and updated regularly and people have viewed it from there and then added parts and contributions - a truly collaborative and open-minded venture. Their help has been invaluable. Our heart-felt thanks are extended especially to Dr. Michael Heller, Prof. Jerome Liss, Dr. Peter Bolen, Dr. Lennart Ollars, Dr. Mary J. Giuffra, Dr. Erica Goodstone, Dr. Laura Steckler, David Boadella and many others.

Courtenay Young
EABP General Secretary

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