



Basic Curriculum for Body Psychotherapy

(as approved by the general meeting of the German Association of Body Psychotherapy on 22nd September 2011).

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1) Body psychotherapy

Body psychotherapy is a psychotherapeutic procedure, in which various body-related approaches, which have developed separately over the years, have come together in one integrative branch of psychotherapy.

The foundations for body psychotherapy are: a holistic concept of human nature; a biopsychosocial model of disease; consideration of developmental psychology, attachment theory, cognition theory (embodied mind) and neuroscientific theories; and a theory and praxis of psychotherapy, which, in addition to conscious and unconscious cognitive and emotional processes, consistently encompasses processes of body experience, body expression and body communication and methodically includes the body in treatment in a variety of ways. Body psychotherapy is characterised by this fundamental orientation towards the body. It has developed historically from working with the body in a character analytical, affect-, perception- and movement-oriented manner.

The basic assumption of body psychotherapy is that body experience is the foundation of subjective experience. Body-self experience constitutes the core of the sense of identity. Object relations are based on the early configuration of relationships, which take place through the body and result in the development of motor affective schemata or somatopsychic character structures. Life experience influences the structure of the body as well as that of the psyche.

In the case of defence mechanisms against unconscious psychological material, mental and bodily processes are functionally identical. Not only emotional and cognitive, but also sensorimotor and vegetative processes can be at the root of psychological pain.

Body psychotherapy treats the psychological, the mental and the physical levels simultaneously and deploys methods of working with and on the body in addition to verbal work. It presupposes that psychotherapeutic work can be used on the disturbed regulation of disorders on the cognitive, the emotional, the motoric and the vegetative level alike. It is

therefore especially concerned with working with body perception, body tension, body expression, body communication and breathing. These aspects are also important for a holistic diagnosis. The therapeutic relationship in body psychotherapy is regarded both as an existential contact and as a process of somatic transference, counter transference and body resonance. Therapy encompasses touch as an aspect of treatment.

Today body psychotherapy is solidly grounded in the relevant scientific discourse and a component part of textbook knowledge in psychotherapy, also increasingly of research. Numerous empirical studies demonstrate the effectiveness of body psychotherapy in the treatment of delusional, mood, neurotic and somatoform disorders as well as personality disorders. On an international level body psychotherapy is organised in two professional associations – the United States Association for Body Psychotherapy (USABP) and the European Association for Body Psychotherapy (EABP).

Training in body psychotherapy qualifies the graduate for psychotherapeutic work with outpatients and inpatients and in private practice.

2) Formal requirements for training in body psychotherapy

Training in body psychotherapy is part time over a minimum period of 3 years.

It includes:

- 1) at least 600 hours of training, of which at least 400 hours must be at an institute recognised by the EABP/DGK – or the equivalent.
- 2) at least 150 hours in continuous individual or group therapy must be completed as a training therapy. Where applicable 3 hours of group therapy can be taken as the equivalent of 1 hour of individual therapy. These individual therapy sessions should be with a body psychotherapist outside the training framework. At least 100 hours should be individual sessions – or the equivalent.
- 3) a minimum of 100 hours of professional supervision by a body psychotherapist outside the training framework, either as individual or group supervision – or the equivalent. The number of hours of group supervision is counted double and divided by the number of participants in the group.
- 4) at least 600 hours of professional, paid praxis as a body psychotherapist over a period of 3 years, either in groups or individual sessions – or the equivalent.

3) Training content

3.1.) General Body Psychotherapy

- history of body psychotherapy as part of the history of psychotherapy;
- theory and praxis of BP;
- philosophical foundations of BP;
- concept of human nature;
- pathology;
- clinical treatment;
- knowledge of the various modalities of body psychotherapy;
- self-regulation, affective cycle, sexuality;
- functional aspects: breathing, anatomy, grounding, centring;
- the significance of emotions and working with them in body psychotherapy;
- indication and contraindication;
- diagnosis, especially body diagnosis; differential diagnosis;
- theories of personality including the character structure model, patterns of embodiment of the personality and the character structure; motor affective schemata

3.2.) Specific content

3.2.1.) Body orientated developmental psychology:

- fundamentals of developmental psychology on the basis of pre- peri- and postnatal research, infant research and attachment-theory and –research.
- holistic perspective of the psychological and psychomotoric;
- psychosomatic interaction processes between the infant and the primary caregiver
- possibility of disordered development,
- attachment theory and attachment research: inborn need of and striving for attachment, interaction model of affective modulation, attachment types, retarded development on the basis of attachment disorder.
- neuropsychological and neurophysiological aspects of early infant development; correlation between attachment and brain development, neurophysiological processes of affective and emotional self regulation and interaction.
- infant developmental phases from the psychodynamic, humanistic, systemic and organismic perspectives. Sexual development. Developmental psychology up to adulthood: oedipal phase, latent period, puberty, early adulthood, adulthood, old age, death.

3.2.2.) Psychotherapeutic relationship

- psychotherapeutic working alliance;

- different levels of the psychotherapeutic relationship
 - a) somatic and vegetative resonance
 - b) the level of the existential relationship
 - c) the level of transference and countertransference
- biographically determined attachment and interaction styles or patterns of the patient;
- affective modulation between patient and therapist;
- corrective emotional experiences and emotional nurturing;
- interaction and communication styles of the body psychotherapist: empathy, understanding, mirroring, accompanying, supporting, comforting, confronting etc.;
- ethical stance, patient-centred approach, respectful treatment etc.

3.2.3.) Body psychotherapeutic process

- framework of body psychotherapy, financing, frequency, length of sessions, therapeutic contract, use of questionnaires, evaluation, rules for breaking off and for ending therapy;
- therapy goals;
- resource orientation, self regulation, relationship with society and with nature (ecology), transformation of psychological pain into wellbeing and self-acceptance, growth, self-actualisation, autonomy etc.;
- growth, self-actualisation, self-regulation, regression, dealing with defence and resistance phenomena on the psychological and bodily levels;
- stimulation of the downregulation of affects, emotions and feelings as the basis for changing patterns and schemata;
- encouraging affective and emotional self-regulation processes;
- working with structural weakness, conflict dynamics, attachment and relationship disorders, which manifest as motor affective schemata, congruence and authenticity, repossessing authentic parts of the self;
- emotional re-nurturing;
- corrective emotional experiences;
- containment;
- regulating closeness and distance;
- perceiving and establishing one's own boundaries;
- encouraging autonomy;
- re-enactment of key biographical scenes;
- body oriented role playing;
- working with the resistances;

- begin, middle and end of the therapeutic process.

3.2.4.) Body psychotherapy techniques

- body oriented techniques, which activate and stimulate affects, emotions and feelings;
- body oriented techniques which downregulate over stimulated affects, emotions and feelings;
- body exercises without the use of touch: grounding, centring, mindfulness, body self perception, working with the breathing, with muscular tension and release, expressive work;
- body exercises or interventions with the use of touch: touching, holding, containing, systematic touch, releasing muscular and vegetative blocks etc.;
- expressive, emotional work; working with body expression, body language, body posture, voice, facial and body gesture etc.;
- perceiving, differentiating and changing motor affective schemata and micropractices;
- developing appropriate forms of interaction;
- working through traumata and micro-traumata on the psychological and physical levels;
- re-enactment of key biographical scenes, dramatic work;
- systemic aspects, considering the relationship of the individual with the group, society, nature;
- group dynamic aspects.

3.2.5.) Body psychotherapy in specific cases: body psychotherapy for the main disorders listed in ICD 10

Body psychotherapeutic approach with special consideration of the relevant disorder:

- depression;
- anxiety and compulsive disorders;
- psychosomatic disorders;
- eating disorders;
- personality disorders;
- schizophrenia, psychosis;
- traumatic and post-traumatic disorders,