

A DESCRIPTIVE STUDY ON THE DIFFERENCES BETWEEN BODY  
PSYCHOTHERAPISTS AND TRADITIONAL COUNSELORS

by

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## ABSTRACT

STEPHANIE LAURA RAUCH. A Descriptive Study of Differences between Body Psychotherapists and Traditional Counselors. (Under the direction of DR. PHYLLIS POST)

This was the first empirical study to compare traditional counselors, members of the American Counseling Association, body psychotherapists and members of body psychotherapy organizations. In an online survey with 287 respondents significant differences were found with self care, resistances to touch and therapeutic use of touch ( $p < .01$ ). Findings indicated that body psychotherapists take better care of themselves through body work received and movement for awareness than traditional counselors.

Implications of the research are: (1) traditional counselor education programs might consider introducing students to body psychotherapy theories and direct them to valid to body psychotherapy training both to extend their education and to help students around self care, (2) bringing the ethical code of body psychotherapy to traditional counseling programs could provide ethical support to counselors in dealing with fears of sexual misconduct, (3) results from the data indicate that there was not a clean distinction to support the assumption that a counselor belonged to either traditional counseling or body psychotherapy. Thus the category types could be misleading, (4) given that some traditional counselors have interest in body psychotherapy training, counselors in ACA might benefit by organizing a special interest group within ACA, (5) because there is a group of traditional counselors who have been trained in body psychotherapy body psychotherapy organizations may need to market more effectively to keep the counselors they train involved in their organizations.

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## CHAPTER 1: INTRODUCTION

### Overview

Traditional counselors typically work with clients verbally through what is commonly known as “talk therapy.” Such counselors may, as a consequence of the emphasis of their training, overlook the fact clients consist of both mind and body. Other counselors, who also seek training in bodywork, often work with clients in two distinctive yet complimentary, ways: talk therapy and bodywork. These therapists are known as body psychotherapists. “Body Psychotherapy today is widely understood as a form of humanistic psychotherapy or, for the traditionalists, ‘growth work,’” (Totton, 2002, p. 7).

Traditional and body psychotherapy enhance and deepen the clients’ experience. Body psychotherapy, however, utilizes touch to bring about change. For example,

smell can rapidly re-awaken a deep bodily sense of oneself and a set of feelings and memories. In a similar way touch has the capacity to ground an individual in their body, deepen self awareness, and evoke a whole range of associations (Carroll, 2002, p. 78).

Additionally, body psychotherapy allows for a “full re-connection to hidden but troublesome aspects of ourselves. This full reconnection is through contact at a physical, emotional, mental and energetic level in order to release the traumatic material we all carry in our bodies” (Vick, 2002, p. 146).

Kepner says “that most of us do not identify or experience our body as “‘self,’ ... (and that)... we feel ourselves often to be living *in* our body, or out of touch with

our physical being altogether” (Kepner, 1999, p.12). Conditions such as a “conflict between the need for survival and the qualities of self” (Kepner, 1999, p.12) cause us to alienate ourselves to our minds and ignore our bodies. Consistent and continuous mixed messages to a child can also cause a separation between mind and body (Kepner, 1999), as well as acute trauma for adults (Pettinati, 2002).

Carroll (2002) indicates that the results of mind and body separation can result in chronic pain. (Kepner (1999, p. 29) states:

The separation of body from self, and by extension the separation of body and mind, is an adaptation to distressing life events that are experienced physically...Dis-ease is the result of this splitting of the self into parts and the misidentification of a part as the whole. It can only be cured by a therapy that views the person as a whole and does not itself identify the problem as occurring in a part. The therapeutic method must integrate the client’s experience into a whole by the recovery and reownership of the disowned aspects of the self, particularly the bodily aspects of self.

The characteristics of counselors who practiced body psychotherapy had not been researched in depth until this study. The present study was the first research regarding the use of body psychotherapy in counselors’ practice and the frequency and types of touch techniques body psychotherapists’ use. The purpose of this study was to identify and understand the differences between professional counselors who were trained to use touch in counseling and those professional counselors who were not trained to use touch with regard to demographic variables and touch techniques used in counseling sessions were assessed and compared.

## Background

Body psychotherapy is a broad term that encompasses various counselors who pay attention to the body in their counseling work (Kepner, 1999; Macnaughton, 1998; Totton, 2003). Attention to the body ranges on a spectrum from the utilization of body language to the use of intentional touch techniques.

When the profession of psychotherapy was developing, touching clients was not unusual. At that time, it was not out of the ordinary for an analyst to use touch to help patients express their feelings (Kertay & Reviere, 1993). Wilson (1982, p. 66) writes, “in his early work on hysteria, Freud was impressed by the apparent power of touching and massaging patients who were distraught.” He even went as far as stroking “the patients head or neck for simulative effect (and)...allowed patients to touch him” (Wilson, 1982, p.66).

Freud was not alone in his use of touch with his early work. Ferenczi (Zausner, 2003) and Reich (1972) were two theorists who advocated touch and have influence today in the field of body psychotherapy. Ferenczi (Zausner, 2003) advocated that touch with clients, theorizing that non-erotic touch, such as hugging and holding, was useful to support clients in finding resolution to trauma in their early experiences (Keith-Spiegel & Koocher, 1985; Raubolt, 1985). Freud initially supported Ferenczi’s experiments with these (physical/active) techniques but withdrew his support of Ferenczi and others who were experimenting with touching clients because he was afraid of the erotic interpretation associated with touch. “Those few early analysts who continued to use touch were quickly expelled from the orthodox psychoanalysis, as were Ferenczi and later Reich,” (Kertay & Reviere, 1993, p. 55).

Reich, like Ferenczi, advocated touching clients and utilized the body to support understanding character structure (Reich, 1972). Reich's analysis of muscular armor and its influence on psychological patterns is still one of the most respected and useful breakdowns for understanding how the body integrates psychological patterns (Boadella, 1977; Goodrich-Dunn, 2004; Reich, 1972).

Freud's interest in transference was the catalyst for the pendulum to swing against the use of touch in counseling (Kertay & Reviere, 1993). His theories and techniques for transference advocated that the therapist do less touching and, instead, become more and more a "blank slate." As Freud became increasingly interested in transference, he was afraid that touching clients interfered with his new theory (Keith-Spiegel & Koocher, 1985; Raubolt, 1985). Specifically, Freud was afraid that touch spoiled the client's development of "transference neurosis" (Kupfermann & Smaldino, 1987). Although touch was gratifying to his patients, Freud maintained that the patient's energy was reduced, leading to a plateau in the therapist's work (Kupfermann & Smaldino, 1987).

Today's body psychotherapists are operating from a platform created by the early analysts including Freud, but credits are given mainly to Reich (Goodrich-Dunn, 2004). Many of the first generation body work theorists studied with Reich (Boadella, 1977; Lowen, 1958; Pierrokos, 1990). These theorists were either the founders of body psychotherapies used today (Boadella, 1977; Lowen, 1958) or taught the second generation of founders of body psychotherapies (Boadella, 1977; Rubenfeld, 2000a) used today.

Contemporary counselors who are interested in working with both body and psyche seek out body work training from a variety of sources. Since there is not one single type of body psychotherapy, the frequency of use and the types of body work

behaviors that body psychotherapists are doing are unknown at this time. C. Young (personal communication, May 19, 2004), however, states that over the last 20 years in the United States and Europe at least 12,000 people have been trained in body psychotherapy. This number is small compared to the currently registered 44,000 members of the American Counseling Association (ACA) (J. DiBaco, personal communication, Aug 10, 2004).

Body psychotherapy is clearly on the periphery of counseling. At this time, it is not seen as a core theory in counseling (Kertay & Reviere, 1993; Schmidt, 1999; Smaby & D'Andrea, 1995; Totton, 2002). In addition, the ACA's ethical code of conduct refers to "touching" only in reference to unethical behavior relating to sexual misconduct (ACA, 1996). As a result, traditional counselors interested in using touch may be fearful of being perceived as behaving unethically.

However, within the field of body psychotherapy, a counselor's use of touch after following extensive professional training is one of the stated components of ethical counseling (Hunter & Struve 1998; Rubenfeld, 2000a; United States Association of Body Psychotherapy [USABP], 2001). In fact, the United States Association of Body Psychotherapy (USABP) has an Ethical Code, Section VIII 1-8 "Ethics of Touch," that directly addresses touch and the ethics surrounding its use (USABP, 2001). These guidelines clearly address the specific parameters for practitioners to follow when engaging in physical contact with their clients.

Counselors familiar with body psychotherapy believe it to be highly effective, and it is from this perspective that people all over the world have an interest in the connection between mind and body (Boadella, 1977). Practitioners who are interested in body psychotherapy come from many disciplines, such as Gestalt therapy (Kepner, 1999), psychodynamic approaches (Lowen, 1958), and even client centered

approaches (Fernald, 2003). Often, tension exists for many individuals who have had a traditional background in counseling when first exposed to body psychotherapy.

The literature base relating to body psychotherapy has been limiting and relatively new (Frank, 2000; Kupfermann & Smaldino, 1987). Adding to the limitations is that there are at least 60 independent body psychotherapy organizations. On occasion, the literature includes all of body psychotherapy theory, and other times the literature is concerned with one or more of the specific types of body psychotherapy. This inconsistency creates confusion with the term body psychotherapy. Additionally, the independent entities have many commonalities. All of these theoretical orientations stress a mind and body connection while putting its own unique slant on certain types of physical or psychological experiences. Argument could be given that many of the independent theoretical organizations could come together, which is the value of having one umbrella organization such as the USABP.

Listing all known body psychotherapy organizations was not necessary in order to grasp the complexity or scope of body psychotherapy. Although, providing a structure in which to refer to these independent entities is helpful. Hence, all types of body psychotherapy have been organized into six categories. These categories are (1) the theories and theorists directly influenced by Reich, also called Neo Reichian Organizations (Baker, 1977; Keleman, 1985; Lowen, 1958; Mockeridge, 2003; Pierrokos, 1990), (2) theories that are highly influenced by the Gestalt tradition (Kepner, 2001; Rubenfeld, 2000b), (3) theories influenced by ideas about early development (Aposhyan, 1999; Cohen, 2003; Grodzki, 2003; Macnaughton, 1998), (4) theories based on dance therapy (Crandell & Pessa, 1990; Payne, 1993), (5) theories specializing in work with trauma (Levine & Frederick, 1997; Ogden &

Minton, 2000) and (6) theories known for integrating many approaches (Boadella, 1977; Brown, 1989; Gendlin, 1998; Kurtz, 1990; Latimer, 1993; Pope, 1997).

Examples of research that supported body psychotherapy included touch or movement studies. They helped clients cope with problems relating to anxiety, depression, chronic pain, and many other difficulties (Lake, 1985; Shapiro, 1989; Stephens, 2000). However, few studies regarding touch were found in traditional journal articles (Holder, 2000; Kupfermann & Smaldino, 1987; Levitan & Johnson, 1986), and even fewer studies were found on body psychotherapy (Ablack, 2000; Baker, 2000; Kepner, 2001; Frank, 2000; Kertay & Reviere, 1993; Smith & Fitzpatrick, 1995). Prior to this study, there was no examining how body psychotherapy used intentional touch. Until this study, no investigation had examined licensed counselors who were interested in training in body work.

#### Variables in the Study

Until now, no literature existed that quantitatively described characteristics of either body psychotherapists or any possible differences between body psychotherapists and traditional counselors. Case studies and biographical reports for the theorists of body psychotherapy were the closest descriptions used to illustrate characteristics of body psychotherapists (Boadella, 1977; Rubenfeld, 2000).

It was unknown if age, gender, ethnicity, or educational level of body psychotherapists differed from traditional counselors. It was also unknown how much influence exposure to body work or body psychotherapy training impacted a counselor's use of body psychotherapy.

The quality of physical experiences encountered by body psychotherapists in their own personal lives was a descriptive characteristic differentiating them from traditional counselors. The training programs that teach body psychotherapy and

somatics teach individuals how to use their bodies as tools for awareness (Feldenkrais Educational Foundation of North America [FEFNA], 2004; Gestalt Institute Cleveland [GIC] 2001; 2004; Trager, 1987). This is a qualitatively different experience of exercise for many people. Commonplace experiences of exercise are for fitness or competition can result in an injury. The injuries are usually with a focus on performance of the task rather than awareness of self.

The quality of body work received (e.g. massages) by body psychotherapists in their own lives was another descriptive characteristic that differentiated them from traditional counselors. Body psychotherapy and somatic training programs taught individuals the use of gentle touch. Through learning the work, individuals received the benefits, and learned the value of this type of massage (Gestalt Institute [GIC], 2001; Trager, 1987).

The extent and location of touch that body psychotherapists utilized in session was not known and the research for touch in terms of types of touch or frequency of touch was virtually non-existent in the literature. The types of touch techniques counselors incorporated had been researched by only one study and that study was limited to one type of body psychotherapy (West, 1994). Prior to this study, the only research on types of techniques used was with one orientation. There were no studies that researched techniques about the orientation from which touch originated. No literature existed that encompassed all the body psychotherapies for types of techniques used in session or the frequency of use with these techniques.

#### Need and Purpose of the Study

This research informs the literature about how counselors who seek training to work with the mind and body in therapy are different from those who do not. The limited empirical literature on body psychotherapy suggests that some traditionally

licensed counselors seek additional methods to work with their clients (Ablack, 2000; Frank, 2000; Kubota, 2001; Kupfermann & Smaldino, 1987; May, 1998; Pettinati, 2002; Sella, 2003; Ventling, 2002). The purpose of this study was to understand the way in which professional counselors who were trained to use touch in counseling were different from those professional counselors who were not trained to use touch with regard to demographic variables and touch techniques used in counseling sessions were explored.

### Research Questions

This study addressed the following research questions.

1. Are there differences in the demographics between traditional counselors and body psychotherapists?
2. Are there differences in how traditional counselors and body psychotherapists go about caring for themselves with the type and frequency of physical experiences?
  - a. Is there a difference in frequency with which they receive body work?
  - b. Is there a difference in frequency with which they participate in physical activity for physical fitness?
  - c. Is there a difference in frequency with which they participate in physical activity for awareness of self?
3. What is the theoretical orientation for those counselors who use touch in counseling?
4. Among counselors who touch clients, what is the frequency of touching body parts?

5. Is there a difference between traditional counselors and body psychotherapists with regard to their level of training in:
  - a. In Body psychotherapy?
  - b. In Somatic training?
6. Is there a difference between traditional counselors and body psychotherapists in their frequency of touch in counseling sessions:
  - a. For social greetings?
  - b. Therapeutic intervention?
7. Is there a difference between traditional counselors and body psychotherapists in their resistance to using body work for therapeutic intervention with regard to:
  - a. No resistance, body work is used for therapeutic intervention.
  - b. Resistance because of lack of lack of training.
  - c. Resistance because of a fear of doing something unethical.
  - d. Resistance because no value is found in therapeutic intervention.

#### Research Design

This research was a descriptive study using a survey design with volunteer participants. It compared licensed counselors with and without body work training certifications. These counselors were compared on the variables listed above.

#### Delimitations

This study declares the following delimitations:

1. An internet based survey was utilized for data collection in this study
2. Participants of this study came from 11 different mental health organizations. These consisted of a convenient sample of members from 10 different body psychotherapy organizations for the body psychotherapy

sample (United States Association of Body Psychotherapy [USABP], Somatic Experiencing [SE], International Institute for Bioenergetics Analysis [IIBA], Gestalt Therapy in Cleveland [GIC], National Association of the Rubenfeld Synergy Method [NARS], Pessio Boyden System Psychomotor [PBSP], Hakomi Institute, Focusing Institute, Radix Institute, Body Mind Centering [BMC] and the American Dance Therapy Association [ADTA]). One traditional counseling organization was used which were members of the American Counseling Association (ACA) who were licensed by their state board for participants representing traditional counselors.

3. A random selection of 1000 members of ACA who had email was invited to participate.
4. The total number of body psychotherapists from the 10 different organizations totaled 3421. All were invited to participate.
5. All qualifying group members had at least an MA in counseling or a related field during the time of the survey.
6. Participants in this study resided in the United States.

#### Limitations

This study was subject to the following limitations:

1. The sample size from the group of traditional counselors and body psychotherapists was limited to those members who used email, had access to the internet, and had given accurate email addresses to their professional organizations.
2. The sample was limited to respondents who had at least a master's degree in counseling or a related field. Not everyone on the list had a master's

degree in counseling or a related field. These members were eliminated based on the survey question that asks the highest level of education achieved.

3. School counselors who did not show membership in a body psychotherapy organization were eliminated since they were less likely to touch their client's for therapeutic intervention than clinical counselors.

#### Assumptions

This study assumed that in the self report instrument, all participants responded as honestly as possible.

#### Operational Definitions

Body Psychotherapist was defined as a licensed counselor who had a master's or doctoral level degree in counseling or a related field and had at least 150 hours of training in body psychotherapy and or somatics.

Traditional Counselor was identified for the purposes of this study as a licensed counselor with at least a master's degree in counseling or a related field who did not have a membership in a body psychotherapy organization and was a member of ACA.

Demographics included age, race, gender, ethnic origin, but also included exposure and frequency to body psychotherapy training, exposure to body work training, frequency of body work training, frequency of receiving body work, type of participation in physical activity, and frequency of participation in physical activity.

Theoretical orientation from which touch originated refers to the type of training program from which the therapist learned body work or body psychotherapy techniques. Their theoretical orientation was (a) Neo Reichian techniques, (b) Psychosomatic theories originating from the Gestalt Tradition, (c) Developmental

approaches to body psychotherapy, (d) Techniques based on Dance Therapy, (e) Theories specializing in trauma work, (f) Theories known for integrating many approaches, or (g) No theoretical orientation in mind.

Touch techniques refers to non-erotic touch, intentional behaviors, and manipulations used in counseling sessions which were grounded in hours of training, supervision, and certifications. These techniques were based on written and or verbal agreement between both parties at the time of intentional touch.

#### Organization of the Study

This chapter stated the overview of the problem, background to the problem, variables in the study, need and purpose of the study, research questions, and research design. It described the delimitations, limitations, assumptions, operational definitions and organization of the study.

Chapter two will present a review of the relevant literature on body psychotherapy and counselor education. Chapter three will include a description of participants, the methodology, the research design, instruments and methods of data analysis. Chapter four will consist of a description of participants, research design, results of analysis and summary. Chapter five will present a brief literature review, methodology, research questions, findings, limitations of the study, conclusions, implications, future research and concluding remarks.

## CHAPTER 2: REVIEW OF RELATED LITERATURE

### Introduction

Body psychotherapy has been demonstrated to be an important and effective means of counseling (May, 1998; Mueller-Braunschweig, 1998; Pallaro & Fischelin-Rupp, 2002; Pettinati, 2002). Today, it is not embraced by traditional counseling (Totton, 2003) but, counselors should know of it to make the best choices of therapeutic interventions. People who completed general counseling training were made aware of the relevance of body psychotherapy. They then decided whether or not they wanted to pursue this line of counseling in conjunction with conventional counseling. Body psychotherapy encompasses techniques that range from talk about the body to intentional touch techniques. One example of talk surrounding the body comes from the Gestalt method and its use of “embodying language.” An example of intentional touch is the work from the Rubenfeld Method where gentle and specific touch is integrated with talk therapy. This research was focused on non-erotic intentional touch techniques and the licensed counselors who pursued this type of counseling.

Beginning with an introduction, this chapter gives an historical overview of (a) history of body psychotherapy, (b) present day body psychotherapists, (c) body psychotherapy organizations, (d) somatic organizations, (e) touch and counseling, (f) somatic experiencing, (g) research on touch, (h) not in traditional counseling, (i) summary. These ten topic areas are covered within a review of relevant literature. This chapter concludes with the importance of the proposed study and a brief summary.

## History of Body Psychotherapy

Body psychotherapy has a deep and rich history that originated before Freud. In 1872, Darwin (1965) wrote that in animals, motor movements, body postures and attitudes match up to emotions. The most obvious correspondence were postures and actions related to fear, pain, and joy. Additionally, Darwin's ideas were studied by William James who published a book on psychotherapy, *Principles of Psychology* in 1890.

The origin of the word "psychotherapy" stems from a mind and body connection in which the relationship between body and mind, as found in hypnotic conditions and in hysterical conversion symptoms, was first seriously accepted by the scientific community which had rejected similar insights discovered by Franz Anton Mesmer over 100 years earlier (Boadella, 1997, p. 46).

The word psychotherapy was first used by Hippolyte Bernheim in 1891. Bernheim was the founder of a method of suggestion, arising out of an earlier hypnotic tradition. He studied a process called ideo-dynamism, the tendency of an idea to materialize into an act (Boadella, 1997 p. 45). "Psyche" refers to "soul" (Meine, et al. (Ed.). 1955, p. 579-580) and psychotherapy refers to the "branch of psychiatry which describes and administers methods of treatment to eliminate maladjustments and to correct mental disorders" (Meine, et al. (Ed.). 1955, p. 580).

In 1885, Charcot founded a laboratory for research in physiological psychology and appointed Pierre Janet as the director. "Janet inspired many key concepts in individual psychology and in analytical psychology, as both Adler and Jung have acknowledged..." additionally, "Janet worked with massage and re-education of movement" (Boadella, 1997, p. 45). In 1885 Janet presented a paper to the first French conference on psychology and physiology (body psychotherapy).

The paper was a result of his work with the “ideo-dynamic principle of Bernheim and the ideo-motor insights of William James in the case of a woman called Leonie, whom he treated in the psychiatric hospital at Le Havre” (Boadella, 1997, p. 45). Janet was interested in hysteria as well as body psychotherapy, and he gathered data on the behaviors related to hysteria from 5000 participants for his work with hysteria, also known as “L’automatisme psychologique.” This was the subject of his thesis for his PhD at the Sorbonne. In the same year that Freud went to study with Charcot, he also worked in a laboratory that Janet directed. The implications were that Freud’s time with Charcot influenced Freud’s work and his interest in body psychotherapy (Boadella, 1997). Four years later, in 1889, Freud studied with Bernheim (who, as stated earlier, is the originator of the word “psychotherapy,” the origins of which are in a mind-body connection). Bernheim’s interest in a mind body connection influenced Freud in the area of body psychotherapy (Boadella, 1997).

In 1882, Jean–Paul Charcot presented a paper to the French Academie des Sciences. In 1886, Janet presented his second paper on the use of body psychotherapy with Lucie, which was the first example of what was later to become the basis for psychoanalysis. She was portrayed as cured by “catharsis, (defined) as a means of relieving neurotic symptoms” (Boadella, 1977, p.46). Hysteria was defined as the repression of ideas which caused excitation in a physical manner (Breuer & Freud, 1955). It was said to be the root of vegetotherapy and is described as excitation that took a “wrong path” (Breuer & Freud, 1955). Vegetotherapy was also known as the study of somatics and character armor (Reich, 1972). This method “was later to be taken up by the early psychoanalysts, subsequently dropped, and again revived to become a key principle in the vegetotherapy developed half a century later by

Wilhelm Reich” (Boadella, 1997, p. 46), who was later credited as the father of body psychotherapy.

In his early work, Freud was a proponent of body psychotherapy. He had spent time with and was influenced by, two well-known body psychotherapists, Janet and Bernheim (Boadella, 1997). Freud used hypnosis and massage in his practice before he began his work using transference (Forer, 1969; Levitan & Johnson, 1986; Wilson, 1982). It was Freud’s work in transference that pulled him away from advocating touching clients (Forer, 1969; Levitan & Johnson, 1986; Wilson, 1982). Transference was a concept Freud developed and which Fenichel described as a “repetition of previously acquired attitudes toward the analyst” (Fenichel, 1945, p. 29). Freud viewed transference as a significant contributor to a client’s resistance to therapy and thus, pursued the “blank slate” stance of psychoanalysis, which did not include touching clients (Forer, 1969; Levitan & Johnson, 1986; Wilson, 1982).

In addition to transference, Freud's main tenets centered on sexual and instinctual repression, and his main method of treatment was through verbal techniques (Fenichel, 1945). Reich carried the theory of sexual and instinctual repression further and saw these repressions as a phenomenological character formation that occurred during oral, anal and genital development (Reich, 1972).

He situated bodily experience within a frame that coordinated physiology, mental representation, unconscious communication (including transference) and the impact of society on an individual. In particular, he focused on muscular armor in its function of inhibiting impulses, numbing sensation and binding excitation (Carroll, 2002, p. 82; Reich, 1972).

Reich viewed this character formation as originating in physical contraction patterns called “armoring” in the body (Reich, 1972). Some of the basic tools were empathetic

touch and emotional contact. Still other tools included understanding subtle nuances of physical tension and relaxation, as well as the rhythm of tissue that led to physical conditions such as blood pressure changes, blushing or trembling (Boadella, 1977). Reich actively treated the body in conjunction with verbal processing (Boadella, 1977; Carroll, 2002; Reich, 1972). Reich's original treatments were based on his psychoanalytic training, and his therapy was another form of depth treatment (Lowen, 1958; Reich, 1972; West, 1994).

Reich developed four major character types which were: the hysterical character, the compulsive character, the phallic narcissistic character, and the masochistic character (Reich 1972). These character types were based on the "assumption that every character form, in terms of its basic function, represents an armoring against the stimuli of the outer world and the repressed inner drives" (Reich 1972, p. 204): The hysterical character was sexually seductive yet has "exceptionally strong ungratified genital impulses that are inhibited by genital anxiety" (Reich 1972, p.206) which are "fixated at the libido phase" (Kaplan & Sadock, 1994, p. 258; Reich 1972).

Additional descriptors of the hysteric character included nervousness, fear based (view of the world) and erratic ness (Reich 1972). The compulsive character's most general function was "to ward off stimuli and to secure psychic balance" (Reich 1972, p. 209). The compulsive character was "controlled, distrustful, indecisive and fixated at the anal phase" (Kaplan & Sadock, 1994, p. 258; Reich 1972). The compulsive character was "predominantly inhibited, reserved (and) depressive" (Reich 1972, p. 217). The phallic narcissistic character was "fixated at the phallic stage of development; such a man has a contempt for women" (Kaplan & Sadock, 1994, p. 258-259; Reich 1972). In addition they wrote, "The typical phallic

narcissistic character...is self assured, sometimes arrogant, elastic, energetic (and often impressive in his bearing” (Reich 1972; p. 217). The masochistic character typically had

a chronic, subjective feeling of suffering which is manifested objectively and especially stands out as a *tendency to complain*. Additional traits of the masochistic character are chronic tendencies to *inflict pain upon and to debase oneself*...and an intense passion for tormenting others, from which the masochist suffers no less than his object (Reich 1972, p. 237-238).

Reich’s work with character armor, also known as body armor, was the foundation for what is now considered body psychotherapy (Boadella 1985).

#### Present Day Body Psychotherapists

##### *The Big Picture*

Most of the body psychotherapists today had been influenced by the work of Reich (Kepner, 1999; Lowen, 1958; Rubenfeld, 2000a; Rubenfeld 2000b). Body psychotherapists integrated verbal and physical techniques within a psychotherapeutic framework (May, 2002). Many different forms of body psychotherapies were formed over the years. The first conference presented by the United States Association of Body Psychotherapists advertised presentations on 60 modalities of body oriented psychotherapy (May, 1998, 2002; USABP, 1998).

Present day body psychotherapists parallel the activities of traditional present day counselors. Just like traditional counselors, body psychotherapists published articles in traditional journals (Baker, 2000; Kepner, 2001; Kertay & Reviere, 1993; May, 1998; Rubenfeld, 2000b; Smith & Fitzpatrick, 1995; West, 1994; Willison, & Masson, 1986), performed empirical research in their field of interest (body psychotherapy) (Ablack, 2000; Baker, 2000; Kubota, 2001; May, 2002; Pettinati,

2002; Phillips, 2002; Sella, 2003; West, 1992) and were members of The American Counseling Association or an appropriate traditional mental health professional organization. Additionally, body psychotherapists formed an umbrella professional organization for likeminded counselors to support each other in their pursuit of body psychotherapy (United States Association of Body Psychotherapy [USABP], 2004).

*USABP and ACA*

Similarities between the ACA and USABP were important. In many ways the USABP functioned just like the traditional ACA. For example, both had a peer reviewed journal (USABP, 2004). Additionally, USABP, like the ACA, had stand alone ethical codes. ACA and USABP both recognized the serious problem of inappropriate touch leading to sexual misconduct. However, they differed in how they attempted to avoid this behavior. The only type of touch that ACA addressed was in regard to inappropriate sexual touch. ACA explicitly stated that no sexual conduct with clients was appropriate in on-going therapy (ACA, 1996), but did not address any other type of touch. In contrast, the USABP attempted to avoid this difficulty by giving specific parameters in their ethical code on how to contract with the client for touch and other services (USABP, 2001). The following is an extract from section VIII of the USABP ethical code:

The use of touch has a legitimate and valuable role as a body-oriented mode of intervention when used skillfully and with clear boundaries, sensitive application and good clinical judgment. Because use of touch may make clients especially vulnerable, body oriented therapists pay particular attention to potential for dependent, infantile or erotic transference and seek healthy containment rather than therapeutically inappropriate accentuation of these

States. Genital or other sexual touching by a therapist or client is always inappropriate; never appropriate (USABP, 2001, p.8).

Section VIII of the USABP code had eight subsections which provided specific guidelines regarding what constitutes appropriate touch, such as: (1) considering capacity and appropriateness of each client to work with touch, (2) informed consent in writing for touch, (3) an on-going basis for consent to touch, (4) looking for spoken and unspoken cues for informed consent to touch with client, (5) continuous monitoring of consent and periodic documentation in writing of consent, (6) touch therapy can be terminated at any time and respect for client is of crucial importance and the client should be informed of this right, (7) touch is only used when reasonable expectations of usefulness to the client are expected, (8) preparation for therapist to give touch requires on going supervision, training, and therapy with touch before treating clients with touch, and no sexual or genital touching is ever appropriate and this is conveyed clearly to the client (USABP, 2001).

### Body Psychotherapy Organizations

There were many different theories of body psychotherapy and consequently many different organizations existed that valued and utilized a mind-body connection. Attempts were made to have one governing umbrella in the United States, which is the USABP, but their membership fluctuated in non-conference years, so the exact number of body psychotherapists in the United States was hard to estimate (USABP, 2004). The USABP appeared to parallel the European Association of Body Psychotherapy (EABP) and the Australian Association of Somatic Psychotherapists (AASP) in that each country had one organization that housed members from various psychosomatic backgrounds (USABP, 2004; European Association of Body

Psychotherapy [EABP], 2004; Australian Association of Somatic Psychotherapy [AASP], 2004).

The membership list of individual psychotherapy organizations in the USABP and other umbrella organizations was exhaustive and at the last count there were at least 60 organizations (USABP, 2004; EABP, 2004; AASP, 2004). In a review of the most well known body psychotherapies, six overlapping categories presented themselves and were the basis for the explanation and examples of body psychotherapies below (Goodrich- Dunn, 2004). The following will give some insight into the types of psychosomatic and somatic organizations available for training in body psychotherapy and for treatment with body psychotherapy.

#### *Reich's Followers*

Medical Orgonomy was one of the first organizations of body psychotherapies and was formed in 1948 by Reich and his students (Baker, 1977). Orgonomists were medical doctors who worked with seven sets of involuntary muscle-tension patterns and the corresponding emotional content in order to release “bionergy” (Baker, 1977). With a goal of releasing tightly held emotions, particularly anxiety and anger, they used strong forms of touch, breathing exercises and movement (Goodrich-Dunn, 2004).

Similar to Medical Orgonomy in that it was influenced by Reich was the Radix discipline. Radix Work in Feeling and Purpose (Mockeridge, 2003) was founded by Charles Kelley who was a student of Reich's. This third-generation neo-Reichian discipline was a body-oriented personal growth practice which stressed unblocking emotions by working with the body (Mockeridge, 2003). Radix used common themes which triggered the work such as mind/body integration, grounding, centering, boundaries, and containment of feelings, ego strengthening, pulsation,

charging, discharging, intimacy, pleasure, choice, and awareness. With an emotional focus, Radix Practitioners typically worked with the client's head and eyes first and worked down the body paying attention to different segments while keeping an emotional focus (Mockeridge, 2003).

Perhaps the most well known of the Reichian offspring disciplines was Bioenergetics (Goodrich-Dunn, 2004). Bioenergetic Analysis was originated by Alexander Lowen and John Pierrokos, both medical doctors who studied with Reich (Lowen, 1958; Pierrokos, 1990). It utilized exercises, and new body positions such as "the bow" to extract buried emotions. It often involved strong physical and emotional expressions such as hitting, kicking, reaching, crying and yelling in order to educate the mind and body to work together to process emotions (Goodrich-Dunn, 2004).

John Pierrokos, founder of Bioenergetics, also founded Core Energetics (Pierrokos, 1990). The theory of Core Energetics was based on the works of Freud, Jung, and Reich with theoretical foundations in human development and object relations. This theory was also influenced by Eva Pierrokos, John Pierrokos wife. Pierrokos separated from Lowen in order to develop more of "a spiritually" oriented body psychotherapy (Goodrich-Dunn, 2004).

A colleague of Lowen and Pierrokos, and a student of Reich, Stanley Keleman, was the founder of Formative Psychology (Keleman, 1985). This discipline focused on the shape, form, and organization of the body. Practitioners used accordion like movements which were similar to the basic movements of life digestion and excretion to bring awareness of the details of emotions and cognitions while an organism defended itself and coped with overwhelming life stressors (Keleman, 1985).

### *In the Gestalt Tradition*

Gestalt Therapy (Kepner, 1999) was founded by Fritz Perls, who studied with Reich and was influenced by his teachings. Gestalt therapy was a main stream theory that was well-known for its techniques and experiments including those that pay attention to the body such as the use of the “empty chair” technique, where the client physically moved back and forth between chairs. Another body psychotherapy experience from Gestalt therapy was the use of embodying language. Perls was known to have said “Get out of your mind and into your senses.” Additionally, the Gestalt Institute in Cleveland had its own workshops and advanced training program for body psychotherapists. This training taught the broad theoretical context of Gestalt therapy and stressed the possibility of physical experience “experiments,” included, but not limited to, work with intentional touch.

Another body psychotherapy discipline influenced heavily by Gestalt therapy was the Rubenfeld Synergy Method (Rubenfeld, 2000b). The Rubenfeld Synergy method was founded by Ilana Rubenfeld who studied with two founding theorists in their fields. Rubenfeld studied Gestalt Therapy with Fritz Perls, the founder of Gestalt Therapy and Feldenkrais Movement with Moshe Feldenkrais, the founder of the Feldenkrais Movement. Its theory utilized gentle touch and movement with dialogue and humor (Goodrich-Dunn, 2004; Rubenfeld, 2000b).

### *Developmental Approaches*

Bodynamics (Macnaughton, 1998) was a Danish based body psychotherapy based on the research of Lisbeth Marcher and her colleagues. They had years of experience studying the developmental stages of children and studying body work before they formed Bodynamics. This method emphasized body awareness as a key tool in strengthening ego function (Bernhardt, 1998). One tool of Bodynamics was the

body map which linked specific muscles to specific psychological functions. A Bodydynamic therapist used the map to determine which muscles/resources were underdeveloped or held back. This therapy was well known for its work with victims of torture and trauma (Goodrich-Dunn, 2004).

Similar to Bodydynamics in its interest in the developmental stages was Body Mind Psychotherapy (Aposhyan, 1999). This method was developed by Susan Aposhyan and it featured movement and embodiment to enable clients in the development of more spontaneousness and stronger relationships to their bodies. Like other approaches, it used questions that addressed the body with a voice, such as “what is happening in this body?”, “what is happening to this body in this moment?”, “How does this part of my body respond to this event or even this emotion?” Bodydynamics identified which developmental step was inherent in the movement of these internal States and responses (Aposhyan, 1999).

Another body psychotherapy theory that stressed child development in its approach was Body Mind Centering (Cohen, 2003). This was a somatic and developmental approach created by Bonnie Bainbridge Cohen, which utilized movement patterns. The approach was guided by developmental principles that included theories from embodiment, anatomical, physiological and developmental approaches. These developmental principles were used in conjunction with physical experiences including movement, touch, and voice which led to an understanding of body patterns that correlated with patterns in the mind. Through these physical experiences, the client explored thoughts, feelings, energy, soul and spirit (Cohen, 2003).

Unique to these developmental approaches was Bonding Psychotherapy (formerly called the New Identity Process) in that it emphasized group work and

couples work. This therapy helped those individuals who became more securely attached to themselves and consequently more securely attached to others. The work was based on attachment needs stemming from neurobiological and psychosocial functions (Grodzki, 2003). Bonding Psychotherapy took place in a group setting with experiences that focused on corrective attachment and emotional releases (Grodzki, 2003).

#### *Theories Based on Dance Therapy*

Perhaps the most dynamic type of body psychotherapies was Dance Movement Therapy. It was virtually a marriage between psychology and dance, and it was originally developed by Maran Chace in the 1940's (Payne, 1993). It consisted of choreographed or improvised movements which were used to further the development of emotional, cognitive, social, and physical integration in a psychotherapeutic group setting (Payne, 1993). Dance Movement Therapy had its own association which originated in 1966 and there were an estimated 1200 members in 46 States of the United States and 20 countries around the world (Association of Dance Movement Therapy, 2004).

Similar to Chace's dance therapy, because of the type of movement used, was the Pessó Boyden System of Psychomotor Therapy, originally developed by Albert Pessó and Diane Boyden –Pessó (Crandell & Pessó, 1990). This was a structured psychotherapy theory that used body movement. In psychodrama format, clients were encouraged to utilize other group members so that the client was the center of the forming psychodrama and symbolically ameliorated old wounds and in turn created new experiences which countered past traumatic histories (Crandell & Pessó, 1990).

### *Help for Trauma*

Body psychotherapy was well suited to work with trauma victims. The following types of body psychotherapy were aimed at helping trauma victims.

Sensorimotor Psychotherapy (Ogden & Minton, 2000), developed by Pat Ogden, was noted for differentiation between treatment for trauma and treatment for developmental issues. Based on movement and sensory awareness, cognitive and emotional processing techniques were used to develop personal awareness (Ogden & Minton, 2000). Practitioners who used this method mindfully tracked unassimilated physical movements and sensations such as trembling, posture, breath, and micro movements associated with a trauma. This was in order to digest the experience and dissolve the energetic blocks that kept the client immobilized (Ogden & Minton, 2000).

Similar to Sensorimotor Psychotherapy in that it was well known for its work with trauma victims was Somatic Experiencing, developed by Peter Levine. This discipline included techniques based on dealing with trauma in animals (Levine & Frederick, 1997). Somatic experiencing utilized the knowledge learned from wild prey animals that regularly had their lives threatened, but were rarely traumatized. Wild animals were able to regulate and discharge high levels of energy connected to survival. This regulation provided animals with a built-in "immunity" to trauma that enabled them to return to a low arousal state after highly "charged" life-threatening experiences. Although people were born with the same abilities, the regulatory function of this instinctive system was overridden or inhibited by the conscious or "rational" portion of the brain. Practitioners of somatic experiencing taught these concepts to their trauma victims. Through awareness of body sensations clients

learned how to safely complete survival techniques similar to animals by renegotiating their trauma rather than reliving it (Levine & Frederick, 1997).

### *Integrative Approaches*

Integrative approaches were not unlike trauma approaches in that both types addressed issues associated with trauma. Noteworthy of the integrative approaches was that they combined pieces of well known psychological movements and body psychotherapy in unique ways. The following were a few examples of integrative approaches:

Biosynthesis, originated by David Boadella, was influenced by the energetic theories of Reich. He integrated the discoveries in prenatal and perinatal processes made by Francis Mott and Frank Lake. It was also strongly influenced by Stanley Keleman's research with formative processes and emotional anatomy (Boadella, 1977). This theory/approach placed strong emphasis on "centering," "grounding" and "facing" techniques, which were body techniques that affected psychological experiences. The objection of this approach was to form a link between body existence, psychological experience and spiritual essence (Boadella, 1977).

Similar to Biosynthesis, in that it was an integrative approach, was Organismic Psychotherapy ([bodypsychotherapy.com](http://bodypsychotherapy.com)) (Brown, 1989). It was developed by Malcolm Brown and influenced by Reich, Jung, Maslow, Rogers and Lowen's Bioenergetics. The method highlighted yin and yang energies within a body psychotherapy framework. Its primary techniques were body movement and nurturing touch. These techniques were used to elicit deep internal emotional release through active emotional expression (Brown, 1989).

Like other integrative approaches, Hakomi combined various well known techniques such as theories from Reich and was influenced by Bioenergetics, Gestalt

Therapy, the Feldenkrais Movement, Structural Bodywork, Erickson Hypnosis, Focusing and Neurolinguistic Programming (Kurtz, 1990). The theory was developed by Ron Kurtz and had also been influenced by Buddhism and Taoism, especially the concept of gentleness. This body psychotherapy method utilized “experiments” that were designed to heighten the client’s awareness of core somatic, emotional and cognitive patterns. These experiments were based on listening to verbal statements, affecting postures and/or utilizing gestures (Kurtz, 1990).

Integrative Body Psychotherapy (Latimer, 1993), like Biosynthesis and Hakomi, was an integration of various methods. With a strong emphasis on breath work, it was based on the belief that individual problems occurred because of interruptions to psychological, emotional, and relational patterns formed at the preverbal stage of development. These patterns of interruption were self-fulfilling prophecies until the individual had enough support to connect to the interruption and complete the cycle. The approach attempted to connect the interruptions by physical experiences. Practitioners tracked body-mind interruptions to the somatic core through breath work, body movement, and awareness of boundaries, groundedness and personal presence to bring about change. The approach was developed by Jack Lee Rosenberg and Marjorie Rand.

Focusing (Gendlin, 1998) was another integrative approach in that it emphasized tracking. It was a mode of inward bodily attention that occurred exactly at the boundary of body-mind. It was a step by step method for acquiring a bodily sense of specific life situations that allowed for openings of words and images which led to a physically felt body shift. It provided an opportunity for the emotional and physical pattern to shift within the body and consequently a deep shift emerged within the soul

(Gendlin, 1998). The approach was founded by Eugene Gendlin, who also founded the Focusing Institute (Gendlin, 1998).

The Lomi Counseling Clinic (Pope, 1997) was a unique experience in body psychotherapy because it was a chain of clinics in the United States, mostly in California, which utilized the body psychotherapy approach. It was founded in 1987 by Thomas Pope. It was a chain of psychotherapy clinics in California that emphasized the innate intelligence of the body. This approach was a synthesis of ancient practices and modern techniques that focused attention on the entire spectrum of being alive. It helped those people who became centered and gained personal awareness by utilizing somatic and cognitive techniques. This work created the opportunity for the client to have feelings that were experienced and expressed skillfully. Other results were that the client felt a deep relationship to self and others. This approach addressed developmental and relational issues as well as traumas.

#### Somatic Organizations

Listed below were some examples of other body psychotherapy organizations. They also included a brief description of their approaches and techniques. Each organization had a unique method of blending techniques, methods and theories for integrating the mind and body. The integration of the mind and body was one area they all had in common.

Body psychotherapists often sought out training in somatics that specialized in one type of physical experience. These somatic trainings were in addition to body psychotherapy training. The somatic trainings typically had little or no cognitive slant toward psychotherapy. However, understanding at least one type of body work helped the body psychotherapist develop competency in psychotherapy and body work. This depth of knowledge of body work and psychotherapy took years of study. Some body

psychotherapists sought out multiple somatic trainings for an even deeper understanding of working with the body. The following described some examples of the somatic therapies that body psychotherapists pursued.

#### *Touch and Movement*

The American Massage Therapy Association (AMTA) included at least 50,000 massage therapists in 27 countries. Its core value established massage therapy as an important component of good health and as part of a multi-modality approach to other therapeutic processes (AMTA, 2004). Massage was a well established discipline of body work and was easily accessible to most people. Many of the examples listed below were massage techniques that a massage therapist or body psychotherapist learned in order to deepen their knowledge.

Rolfing or Structural Integration was created by Ida Rolf in the 1950's. The approach was intended to be a holistic approach to health. It involved a system of soft tissue manipulation combined with movement re-education. The technique involved a "ten-hour cycle of deep manual intervention in the elastic soft tissue structure (myofascia) of the body" (Rolf, 1989, p. 11). The goal of the treatment was to acquire a more efficient use of the body in gravity with the principal that "if tissues (body) is restrained, and balanced movement demanded at a nearby joint, tissue and joint will relocate in a more appropriate equilibrium" (p. 11). In other words, the body functioned and if one part of the body was not available to perform because of its inefficient use of gravity, another part of the body performed at a high cost to the joint/tissue. Rolfing forced certain body parts to let go and allowed other parts to participate.

Reflexology, like many other types of massage, utilized special techniques. This particular massage specialized in working with the hands and feet. It was

introduced to the United States in 1913 by William Fitzgerald and Eunice Ingham (Ingham & Byers, 1984). Reflexology theorized that the body was divided into longitudinal zones and each body part was represented on the hands and feet. Pressing on different parts of the hands or feet had therapeutic effects for correlating parts of the body (Ingham & Byers, 1984). Reflexology was a well known and widely accepted type of massage.

A less established somatic discipline was the Feldenkrais Movement. This was founded by Moshe Feldenkrais and was a form of somatic education that used gentle touch and movement that increased awareness of self in order to improve function (Feldenkrais, 1949). This method showed a result in improved overall functioning (Feldenkrais, 1949), reduction of pain, (Berman & Shafarman, 1998), improved quality of life (Stephens, Call, Evans, Glass, Gould, & Lowe, 1999) and improved psychological functioning (Bennet, Brown, Finney, & Sarantakis, 1998). Ilana Rubinfeld, founder of the Rubinfeld Synergy Method was a Feldenkrais practitioner and integrated Feldenkrais into her methodology (Rubinfeld, 2000a).

Rubinfeld also had acquired training in the Alexander Technique. It was another well recognized somatic discipline for body psychotherapists and they integrated it into their clinical practice. This discipline was similar in many ways to the Feldenkrais movement in the slow, deliberate and gentle attention clients received. Feldenkrais movement provided experiences for the entire body while the Alexander technique focused primarily on the upper body (Alexander, 1985). It was founded by Frederick Matthias Alexander. He was an actor who developed laryngitis and sought to restore his voice. He did so using what is now known as the Alexander Technique. The foundation of the theory was that the head and neck muscles must not be overworked. Much attention was given to the role gravity had on the relationship

between the head, neck and spine. Alexander discovered that the efficiency of tension between the neck and head affected the compression of the spine. Once the spine was not compressed and moved freely it lengthened. The relationship of the head, neck and spine affected the rest of the body. Conversely, the rest of the body affected the head, neck and spine (Alexander, 1985). The Alexander Technique worked to make this relationship efficient (Alexander, 1985). This technique, similar to Feldenkrais, attracted body psychotherapists because of the fundamental aspects of body movement. However, Alexander Technique specifically taught body movement as it related to the neck, head and spine and the relationship of these parts to each other, especially as it related to awareness of self.

Similar to Feldenkrais and the Alexander technique, Trager was another gentle somatic discipline and was developed by Milton Trager. It was similar to Feldenkrais and Alexander Technique in that it utilized slow, gentle movements. Techniques unique to Trager were compressions, elongations, light bounces, and rocking motions all of which helped re-educate the client's body. As with the other techniques described above, extreme pressure and pain were avoided and body psychotherapists utilized these techniques to de-armor the character structure (Trager, 1987).

### *Energy Work*

Energy was one of the five ways in which our physical processes interacted (Clemmons & Tuervo, 1999). These five processes were energy, touch, structure, movement, and breath (Clemmons & Tuervo, 1999). "Movement" and "touch" have already been acknowledged.

Energy work was an important discipline that body psychotherapists learned in order to enhance their competence in their clinical work. One energy training method was Reiki. Reiki was a fairly well known and ancient form of natural healing which

used Chi force. Chi was a term used by Chinese mystics when they referred to the underlying force of the Universe (Chia & Chia, 1993; Stein, 1995). Reiki utilized a light touch method of hands on energy work, which strengthened the recipients' energy system. Reiki was easily learned and simple to use. Other forms of energy work that used Chi energy forces were Balancing Chakras (Brennan, 1993; Bruyere, 1994; Chia & Chia, 1993), Chi Gong (Chia & Chia, 1993), Pranic Healing (Brennan, 1993; Bruyere, 1994), Chelation (Brennan, 1993; Bruyere, 1994), and Polarity Balancing (Sills, 1989). These modalities of energy work used the same force but used different variations in techniques and differed in the use of vibration. Seemingly, Chi, Prana, and Orgone, were all essentially the same technique but with different names (Brennan, 1993; Bruyere, 1994; Chia & Chia, 1993; Reich, 1972; Sills, 1989; Stein, 1995). Body psychotherapists were drawn to energy training in order to gain awareness of self as well as they used these techniques with clients for character de-armor. Body psychotherapists typically learned energy work and all the other somatic methods for the specific purpose of helping clients de-armor their character structure as a support to counseling.

### Touch and Counseling

Body psychotherapy took into account all forms of the counselor's and clients' physical experience which supported the client's growth (Boadella, 1977). The focus, techniques and use of client and/or counselor's body varied according to the counselor's training, skill and awareness. This proposed research was primarily interested in the specific type of body psychotherapy that utilized intentional touch. As stated earlier, touch was not a part of traditional counseling although it, "is a critical and pervasive form of communication between humans... the use of touch in psychotherapy is often debated on theoretical grounds, these discussions frequently

centered on all or none propositions related to the ‘taboo against touch’” (Kertay & Reviere, 1993; p. 53). This taboo against any physical contact between client and therapist had evolved from the early psychoanalytic era although data existed to support the use of this therapeutic adjunct (May, 1998; Mueller-Braunschweig, 1998; Pallaro & Fischelin-Rupp, 2002; Willison & Masson, 1986).

The argument against touch and counseling had merit (Vasquez & Kitchener, 1988). Early in the development of psychology, Freud led the fight against using touch in psychology despite having used it earlier in his career. Given that the taboo against touch began with Freud (Kertay & Reviere, 1993), today there are empirical data (Avery & Gressard, 2000; Holroyd & Brodsky, 1980; Pope, Keith-Spiegel & Tabachnick, 1986; Taylor & Wagner, 1976) which mitigate against using touch in counseling.

Perhaps the greatest fear critics had was that touch led to sexual misconduct (Holroyd & Brodsky, 1977, 1980). Erotic touch in counseling constitutes sexual misconduct. Advocates of touch professed to use it in a non-erotic fashion but critics of touch said that non-erotic touch” does not exist (Alyn, 1988). They argued that it did not exist because the same physical act can be erotic for one person and non-erotic for the next (Alyn, 1988).

Intimacy and power were also problem areas for critics of touch therapy (Alyn, 1988). Even proponents of touch therapy warned that touch could affect the balance of power and intimacy in counseling (Taylor & Wagner, 1976; Willison & Masson, 1986). Taylor and Wagner (1976) found patterns of power that were reflected in the typical sex of the touch giver and the typical sex of the touch receiver. The giver was most often male and most often in power, while the receiver was most often female and most often without power. Once touch occurred the power differential was

magnified and led to sexual misconduct (Taylor & Wagner, 1976; Willison & Masson, 1986).

While critics of touch in counseling were fearful of behaving unethically (Alyn, 1988; Holroyd & Brodsky, 1977, 1980; Taylor & Wagner, 1976; Willison & Masson, 1986) proponents of touch feared that it may be unethical not to touch clients in counseling (Hunter & Struve, 1998). They felt it was unethical not to touch because touching clients de-armored them and it supported the counseling process by deepening the experience (Carroll, 2002; Keleman, 1985; Kepner, 1999; 1969; Reich, 1972).

They believed that touch was an effective means of working with some clients when traditional counseling was not effective (Carroll, 2002; Keleman, 1985; Kepner, 1999; Reich, 1972). For example, touch was useful for clients who experienced conditions that prevented them from describing their emotions in words, a condition known as alexithymia (Muller-Braunschweig, 1998). These clients were often unaware of their feelings and touch was an effective means of connecting bodily experience to feelings (Kepner, 1999; Muller-Braunschweig, 1998; Reich, 1972; Rubenfeld, 2000a).

Clients who immersed themselves in intellectual pursuits, and were not in touch with the rest of their bodies were known to experience alexithymia. Body psychotherapy helped them reconnect to their emotional selves (Carroll, 2002). This statement did not necessarily mean that all people who were intellectual were disconnected from their emotions. It implied that these particular clients were singularly focused and disconnected from other parts of themselves and pursued a narrow experience of cognitive functioning which ultimately left out their emotions. These clients were able to dissociate in such a way that led to success but it also kept

them from experiencing their inner world. Intellect was a useful means to meet the world but it was used also as a defense against it (Keleman, 1985; Kepner, 1999; Perls, 1969; Reich, 1972). Touch was a useful tool to support these clients in connecting with the rest of themselves and feeling more whole, because touch techniques penetrated the client through sensations and not just intellectual processes (Carroll, 2002; Keleman, 1985; Kepner, 1999; 1969; Reich, 1972).

#### Research on Touch

Research indicated that when dissociation or alienation between mind and body occurred, it affected individuals in various ways (Kepner, 1999; Pettinati, 2002, Ventling, 2002). Double binds, continuous rejection and even acute singular events caused dissociation. One such double bind was the parent who “punishes a child’s natural sexual play (describing it) as ‘dirty and disgusting’ while surreptitiously acting coquettish and seductive towards the child” (Kepner, 1999, p.13). Another cause for a child to alienate himself from his body was “a frequently and repeated response, such as constant and regular criticism and discouragement from others” (Kepner, 1999, p.13). Kepner cited, as one example, a child who reached out to the world for nurturance and was more often met with rejection than acceptance; the child tended to protect him or herself by disengaging or splitting from the experience. A singular event such as that which occurred when “a child’s natural impulses are met with a major threat of withdrawal of nurturance, can also have a profound effect, such as when an infant’s cries for hunger evoke a look of hatred from an overburdened parent” (Kepner, 1999, p.13). This disengagement from a painful experience soon became a pattern and these patterns of protection were not only psychological, but physical. Body psychotherapy sought to integrate these mind/body splits through psychological and physical experiences. One way to work with these deficits was

through intentional touch (Burton & Heller, 1964; Feldenkrais, 1949; Muller-Braunschweig, 1998). For example, supporting the client to connect to his or her breath with one's hand on their chest or back allowed the client to become conscious of him or herself and removed the "split experience."

Touch had a direct connection to memory (Crandell & Pessa, 1990; Kepner, 1999; Levine & Frederick, 1997; Macnaughton, 1998; Ogden & Minton, 2000 1998; Reich, 1972; Rubinfeld, 2000a). Counseling was sometimes viewed as the client remembering a trauma, but with more support and resources available to make the trauma less dramatic (Kepner, 1999). Support was given through touch and other physical experiences which led to an understanding of body patterns that correlated with patterns in the mind. Touch unlocked many memories that the body held and were otherwise difficult or impossible to reach (Dychtwald, 1977; Keleman, 1985; Kepner, 1999; Rubinfeld, 2000).

Body psychotherapy allowed the body to remember how to release holding patterns (Kepner, 1999). Body psychotherapy helped individuals unleash traumatic events that were stored in the body. Chronic pain was a prime example of trauma stored in the body (Pettinati, 2002). Trauma, however, was viewed in various ways; for example, Boyeson identified trauma by specifically focusing "on the way that the quality of the connective tissue - it's color, degree of sensitivity, elasticity, density or looseness, and chemostasis (toxicity)- is an immediate indicator of both chronic and acute emotional States (of trauma)" (Carroll, 2002 p.83).

There were two different types of ethical non-erotic touch in counseling; non-trained touch, also known as 'touch for communication' (Holder, 2000), and therapeutic intentional touch (Carroll, 2002; Hunter & Struve, 1998). Touch for communication, for example, was based on culture, societal norms and human

spontaneity (Holder, 2000; Hunter & Struve, 1998). Licensed counselors who identified themselves as body psychotherapists and those who did not used this form of therapy (Wilson, 1982; Kupfermann & Smaldino, 1987). Yet, counselors who were not extensively trained in intentional touch still touched clients with a handshake or hug for hello or goodbye (Aquino & Lee, 2000; Brodsky, 1985; Forer, 1969; Kupfermann & Smaldino, 1987; Levitan & Johnson, 1986; Pope, Tabachnick & Keith-Spiegel, 1987).

Non-erotic intentional touch required specific training, extensive experience and on-going supervision (Bernhardt, 1998; Crandell & Pessa, 1990; Macnaughton, 1998; May, 1998; Staunton, 2002; USABP, 2001). At least 60 organizations existed that taught their own theories and techniques, a few of which had been listed formerly such as Rubenfeld Synergy Method (Rubenfeld, 2000a; Rubenfeld, 2000b); Bioenergetics (Lowen, 1958); Hakomi (Kurtz, 1990), and Radix (May, 1998; May, 2000). Other organizations which existed taught somatic/body work. Some of these were Feldenkrais (Feldenkrais, 1949; Feldenkrais Educational Foundation of North America [FEFNA], 2004), Trager (Trager, 1987; United States Trager Association [USTA], 2004), and Energy work (Brennan, 1993; Bruyere, 1994; Chia & Chia, 1993). Body psychotherapists sought specific somatic training for greater detail in perfecting their craft while reaching their clients in counseling through the body.

Intentional touch became therapeutic when repressed emotions and energy emerged (Lowen, 1958; Kepner, 1999; Reich, 1972; Rubenfeld, 2000a). As these repressed emotions surfaced, clients began to realize that these patterns inhibited their capacity for spontaneity and creativity in self-expression. They understood that as these defenses became chronic, the muscular patterns in their body followed suit. These somatic defenses affected their emotional well-being by decreasing energy

levels and restricting the capacity for genuine self-expression in relationships. They were not free in their bodies and did not feel emotions such as joy, happiness, love, sadness, fear, sensuality and anger. As clients progressed in bioenergetic psychotherapy, old, ineffective patterns which blocked connection, pleasure, spontaneity and joy slowly dissolved. By using a safe and supportive connection with the bioenergetic therapist, the client moved through emotional and physical releases which allowed the client to relate to him or herself in new and more satisfying ways (Lowen, 1958).

#### Research on Intentional Touch

Although intentional touch had been used in counseling since before Freud (Boadella, 1997), the research in this area was sparse with only nine studies to date (Ablack, 2000; Baker, 2000; Frank, 2000; May, 2002; Mueller-Braunschweig, 1998; Pettinati, 2002; Sella, 2003; Ventling, 2002; West, 1992). Of these nine studies, five were individual case studies (Ablack, 2000; Baker, 2000; Frank, 2000, Sella, 2003; Mueller-Braunschweig, 1998); four of the remaining studies were outcome studies that found significant positive effects (Pettinati, 2002; Sella, 2003; Ventling, 2002; West, 1992). One of the studies had such a small sample size that statistical significance of the data could not be calculated (May, 2002). These studies are discussed below.

Most of the research on touch in counseling was comprised of case studies which were informative but not necessarily objective (Ablack, 2000; Frank, 2000; 2000, Sella, 2003; Mueller-Braunschweig, 1998; Rubenfeld, 2000a; Ventling, 2002).

In a case study between an African American female client and an African American female therapist, Ablack (2000) explored the meeting point between culture and trauma in body psychotherapy. The author explored the somatic trauma of the

client and her personal somatic resonance, especially as it related to rage. Ablack suggested that in the all African American therapeutic relationships, this was the first time the client was allowed to “express strong, hate-filled negative feelings towards another African American woman/person” (Ablack, 2000, p. 147). In describing her experience as an African American woman and part of the “Black people” who early on suffered from a “lack of physical, mental and spiritual safety because of what they see happening to African American people in the streets, schools, their neighborhoods, then everything can feel unsafe/unreal or an actual threat to the person’s well-being” (Ablack, 2000, p. 146). Using this description of feeling unsafe as natural for African American people, Ablack suggested in the “Black to Black” relationship, the client did not have to teach the therapist her cultural experience.

Muller-Braunschweig (1998) examined the effect that body psychotherapy had on psychosomatic illness as it related to three different approaches through case studies involving: 1) concentrative kinetotherapy, a body-related movement widespread in Germany, 2) analytical body therapy, one form of which is bioenergetics and, 3) functional relaxation, a method that places special emphasis on certain body parts as the client exhales. In these three examples, the reader learned specifics about the techniques and is provided data about the positive changes in the clients’ lives from improved blood pressure to a reduction in chronic headaches. Although each method demonstrated positive results, no relationship existed between the case studies except that each method utilizes a body psychotherapy approach.

In another case study Baker (2000) demonstrated an integration of talk therapy, touch, energy work, and imagery for a cancer patient in an attempt to strengthen the patient’s sense of well being through the process of chemotherapy. These techniques were also applicable to anxiety states (Kepner, 1999; 1999;

Rubinfeld, 2000a; Weber, 1996). The therapeutic task was for the counselor to support the client to stay present. She gave specific accounts of how she facilitated her client to “get out of her head” and into her body. In a case study, Baker described Mary as feeling empty and hollow which matched Mary’s report of feeling disconnected. The work for the counselor was to comfort, nurture and sooth Mary. She became aware of her body and brought her awareness back into herself. Through Mary’s ability to stay present, she was stronger and more present to take on her challenge of cancer and chemotherapy.

In her book, *The Listening Hand*, Rubinfeld (2000a) gave countless examples that described her methodology. The book gave overall hope that body psychotherapy can be a rewarding experience for the reader. For example, Rubinfeld gave an example of the first time she touched one of her clients, Jonathan. Rubinfeld described how she touched him gently all over his extremities while her hands moved down to his feet. In doing so, Rubinfeld pointed out that the feet were an extension of the first chakra, which was the energy that connected us to the earth. In paying attention to his feet, Rubinfeld noticed if they were soft or callused, tense, or relaxed. Questions that came to her during this experience were: is he a frequent runner? Does he walk on his tiptoes or heels? And does he pitch forward or lean back? She noted that “‘Tiptoeing around’ and ‘walking on eggshells’ are two idioms that express the way people live their lives” (p. 59). Rubinfeld surmised that he was on his feet often, and walked much, but was still timid and unused to “striding with confidence” (p. 61). She also pointed out that the patterns in the feet related to patterns in how individuals “take a stand.” Throughout the book, Rubinfeld presented many case studies that displayed her connection of the physical experience of touch with psychological

patterns. Rubenfeld's work was not necessarily Reflexology, but both the Rubenfeld Synergy Method and Reflexology examined feet in a holistic manner.

In a survey West (1992) explored the frequency and location of touch that Energy Stream psychotherapists used in session. Energy Stream Therapy was a Reichian approach to psychotherapy that originated in Britain. West attempted to contact clients of Energy Stream psychotherapists over a 2 year period. Beginning with 150 participants, 68 participants (33%) returned completed surveys. The survey included Energy Stream body psychotherapists and their clients. Data were gathered concerning demographic information, previous experience with psychotherapy, duration of the Energy Stream interventions, format of Energy Stream therapy, client satisfaction, therapeutic techniques used and the presence of 15 of Carl Rogers's core psychotherapeutic conditions. Results of the study indicated that the most commonly used techniques were not touch techniques, but could be generalized to any psychotherapy. In order of frequently used responses, based on the survey questions used these techniques were (1) "listening to you with", with 99% usage; (2) "helping you identify feelings", with 96% usage; (3) "helping you express feelings", with 96% usage; (4) "helping you gain insight into yourself", with 90% usage. Additionally, the techniques that could be generalized to any psychotherapy were also rated most helpful by the clients. The body psychotherapy techniques such as using breath work or massage, physical contact with therapist and encouraging awareness of energy in one's body were rated in the middle of the chart. These percentages and the frequency of use as stated in West's survey were (8) "using breathing work or massage" with 82% usage; (9) "making you aware of energy in your body" with 78% usage and (10) physical contact with your therapist with only 67% usage. It was interesting to note

that the least used technique, (14) was “giving advice” which was used with a frequency of 37%.

Ventling (2002) used a retrospective investigation with 16 certified Bioenergetic Therapists who were all members of the Swiss Society of Bioenergetic Therapists (SGBAT). With 319 former patients of the 16 therapists, contact was made with 290, and 149 returned a completed questionnaire (49%). Participants were limited to those who had ended their therapy session between 6 months and 6 years previously. The questions centered on psychic and physical condition, interpersonal and psychosomatic problems, the effect of body work on physical consciousness, cognitive insights and changes in quality of life. Through statistical analysis, positive changes were found in all areas. This gave added support to the efficacy of this method. The questionnaire measured points before therapy, at the end of therapy and at the time of the questionnaire. Seventy five percent of participants who returned the survey demonstrated stable or improved conditions from treatment.

Pettinati (2002) conducted a single-blind, randomized, and clinically controlled study that assessed the effects of five treatments for chronic pain in elderly women living in a religious institution in Massachusetts. One of the treatments was a body psychotherapy technique using intentional touch, the Rubenfeld synergy method. Three other treatments (Focusing, Reiki, Zero Balancing) were body work with no talking, and the control group received only didactic instruction. Participants (N=100) had been suffering with chronic pain for more than 2 years. Utilizing standardized instruments and interviews, all groups showed some improvements, but the Rubenfeld synergy method was the only treatment to use intentional touch and counseling and it demonstrated the most improvements across all measurements (Pettinati, 2002).

## Not in Traditional Counseling

Despite all of the activities that body psychotherapists carry out which are traditional counseling strategies body psychotherapy is not yet a part of traditional counseling. Lack of endorsement in counseling programs (Kertay, & Reviere, 1998; Schmidt, 1999; Smaby & D'Andrea, 1995) is a significant factor in precluding touch from becoming a traditional adjunct treatment for counseling. The only research on the therapists that performed body psychotherapy had been in case studies as cited above. In a book chronicling body psychotherapy and chronic pain, Ventling (2002) pulled together a number of descriptive accounts of body psychotherapy which gave special attention to the experience of the therapist.

### Summary

This chapter has reviewed the literature on body psychotherapy and the research on intentional touch in body psychotherapy. No empirical studies of the frequency or type of therapeutic techniques used existed. There were no quantitative studies describing counselors who pursued touch. Of the research that had been completed, no replications were found, and much of the empirical evidence was in the form of case studies (Ablack, 2000; Frank, 2000; Rubenfeld, 2000a).

Body psychotherapy had been in existence for more than 100 years before Freud introduced his theories. Licensed counselors sought out training in body psychotherapy and there were more than 60 body psychotherapy organizations that trained counselors in this type of therapy (USABP, 2004).

This study examined the differences between licensed professional counselors who did and did not pursue intentional touch in counseling. Differences between the two groups in terms of demographics, theoretical orientation, the extent and location of touch used in session were explored.

## CHAPTER 3: METHODOLOGY

### Introduction

Prior to the present research, no studies have been published that compare traditional counselors to body psychotherapists in terms of demographics, exposure to body psychotherapy training, methods of caring for themselves (the type and frequency of body work received), frequency and type of physical activity. Research had not been conducted that explored the theoretical orientation and location of touch that body psychotherapists and sometimes traditional counselors used. This study addressed this gap in the literature by examining differences in the characteristics between body psychotherapists and traditional counselors. A survey instrument was developed and administered following Dillman's (2000) Tailored Design model. This chapter will describe the participants, methodology, research design and data analysis.

### Participants

Two hundred eighty seven respondents from 11 organizations participated in this study. All sources were members of professional associations. The list of traditional counselors came from a random sample of 1000 members of ACA who were in good standing, possessed up-to-date state licenses and had accurate email at the time the list was requested. In Table 1 is shown the comprehensive list of participants in body psychotherapy organizations.

The participants' distribution of demographics was as follows: 34.5% ( $n=99$ ) were traditional counselors and 65.5% ( $n=185$ ) were body psychotherapists. Thirty one percent ( $n = 89$ ) were male, and 68.3% ( $n= 196$ ) were female; .7% ( $n=2$ ) participants were missing from this data. The participants varied in ethnicity based as

follows: 89.9% ( $n=258$ ) participants were white; 2.8% percent ( $n=8$ ) were African American; 1.4% ( $n=4$ ) were Asian or Pacific Islander; 2.1% ( $n=6$ ) were Hispanic/Latino; 1.0% ( $n=3$ ) were Native American/American Indian or Alaskan Native; and .7% ( $n=4$ ) was other; 2.1% ( $n=6$ ) participants were missing from this data. Most participants (63.1%,  $n=181$ ) held a master's degree and 36.9% ( $n=10$ ) held a doctoral degree. The participant's distribution based on place of work was as follows: 14.3% ( $n=41$ ) worked in an agency; 70.0% ( $n=201$ ) worked in private practice; 13.9% ( $n=40$ ) worked in other work place; .3% ( $n=1$ ) worked as a school counselor; 1.4% ( $n=4$ ) were missing from the data.

This sample was chosen because of availability and diversity. Specifically, the sample from the American Counseling Association (ACA) was chosen because it is the primary organization for traditional counselors. The list from the United States Association of Body Psychotherapists (USABP) was chosen because it is the umbrella organization for all types of body psychotherapists in the United States. The other nine organizations of body psychotherapy were chosen from independent body psychotherapy organizations willing to participate. Body psychotherapists were defined as licensed counselors who had at least a master's degree in counseling or a related field and also had a license or certification in body psychotherapy or somatics (USABP, 2003).

### Methodology

There are four sources of error when using a survey: sampling error, coverage error, measurement error and nonresponse error (Dillman, 2000). Dillman (2000) defines sampling error as the result of surveying only some portion of the population and not all of the population. Efforts to control for this type of error were to have a large and representative sample size. This study limited the sampling error by

employing the full membership available from USABP members. The participants from Radix Organization and Body Mind Centering (BMC) had been given a prior email stating that they would be contacted for the survey. The participants from BMC were asked to confirm if they were interested in receiving an email containing the homepage for the survey. The participants from the other six body psychotherapy organizations were selected from the full membership from the organization. Finally, a random sample of 1000 members of the ACA was selected. Because not everyone on the lists had current email addresses this caused a certain amount of coverage error.

Dillman (2000) defines measurement error as the result of the wording of the questions presented in the survey as inaccurate or uninterpretable. Attempts were made to eliminate this error by including an item by item analysis of each question by two experienced researchers. Additionally, a pilot study was used to check for clarity and understanding of each item in the study. It was performed by eight traditional counselors, one body psychotherapist, one statistician and two lay people. It is important to note that none of them were included in the sample.

The final type of error was a non-response error. Dillman (2000) defines this error as the result of people who respond to a survey as being different than the people who did not respond to a survey. Three intended reminders were sent to respondents in an attempt to reduce this error because empirical data shows that at least three reminders will reduce a non-response error (Dillman, 2000). This error still occurred because many respondents only received one email.

Dillman (2000) suggested that a good response rate is dependent on efficient survey design and that individuals respond to visual presentation (Rockwood, Sangster, Dillman, 1997), simplicity, symmetry, regularity and consistent formatting. This survey utilized these assertions. Details such as numbering questions in a

sequential manner, identifying starting points, placement of instructions, symbols, font size and alignment had been taken into consideration in the preparation of this survey. The survey questions were brief, realistic, clear and one-dimensional.

An internet based survey was used to collect and compare data about body psychotherapists and traditional counselors on, use of touch, the way in which they took care of themselves, and training as it related to body work. The procedures used in this study are outlined in the Tailored Design model as noted in Dillman (2000). This research is designed to describe and compare these two types of counselors. All participants were volunteers and were able to respond to the survey at the computer of their choice.

Because response rates are higher for studies sponsored by research institutions (Dillman, 2000), the University of North Carolina at Charlotte College of Education, Department of Counseling letterhead was used in the cover letter. The cover letter and introduction to the survey also included the purpose of the study, selection criteria, usefulness of the survey information, and the researcher's as well as the university's contact information (e.g., name, phone number, email address). This insured that any questions from the participants were sent to the proper source (Dillman, 2000). A signed informed consent was not necessary because a return of the survey indicated consent. Psychological risk was minimized because participants chose to return the survey or not. Furthermore, the participants remained anonymous.

Utilizing the internet to receive the survey limited participation. Some of the respondents' internet servers were not compatible with the homepage. Thus, these participants were unable to complete the survey. There were times when the server for the homepage was inoperable and some respondents may not have attempted to complete the survey a second time. In addition, the sample would likely have been

larger if all the respondents had received their intended three email reminders. It was unknown to the researcher until the third email was sent that the email server began blocking sent emails after 767 were sent on the first email and after 662 were sent on the second email. Only the third and final email was proven to reach 1832 respondents by direct email. Additionally, when the emails were sent, some of the respondent's email addresses were no longer valid. In Table 2 is shown the schedule of emails and the frequency with which respondents received their email reminders.

A pilot study, consisting of twelve participants, tested the time of completion, clarity of questions for the survey and ability to send from a merged email list. The survey, which was sent via email, was intended to reach 3171 respondents.

In Table 1 is shown the organizations that participated in the study. In addition, the categories consisting of organization, potential sample, method of receiving survey, frequency of contact and recordable sample size are shown. Some organizations gave their members' contact information. Others preferred to forward the information to the researcher. And still, other organizations chose for participants to learn of the survey through an electronic discussion group.

Table 1

*Participating Organizations and Members to Draw on, Frequency and How They Received Survey and Actual Respondents*

<u>Organization</u>	<u>Potential sample</u>	<u>Method of receiving survey</u>	<u>Frequency of contact</u>	<u>n</u>
ACA	1000	Random list sent directly from researcher	Most were contacted once with 5 days left	133
USABP	242	Full list of emails sent from researcher	Unknown	91
Somatic Experiencing Bioenergetics	198	Researcher copied and pasted from website and sent directly	Unknown	5
Bioenergetics	300	Full list was sent directly from researcher.	Unknown	56
Gestalt	23	List came from researchers own trainings and sent directly	Three times	9
Rubinfeld	125	They forwarded	Once	8
Pesso Boyden	500	They forwarded	Unknown	2
Hakomi	100	They forwarded	Unknown	15
Radix	100	They forwarded	Unknown	6
ADTA	1200	List serve	No confirmed contact	5
Focusing Group	500	List serve	Once with 3 days left	3
Body Mind Centering	125	They forwarded	Unknown	6
Total	3171			287

Motivation for participation in the survey was enhanced when the results of the survey were offered to all participants who indicated an interest. These results were sent to participants through email.

A specific timetable consisting of one week intervals, as shown in Table 2, was created to make contact with each respondent on three different occasions through email. This scheduling was planned because it had been established that reminding respondents to complete the survey increased response rates (Dillman, 2000).

Table 2

*Schedule of Emailings*

<u>Date</u>	<u>Activity</u>
Initial contact	First email with link to informed consent and survey was sent to 767 body psychotherapist participants. The Focusing group received their first email 2 days late.
One week later	The second email and thank you was sent to 662 body psychotherapist participants including the Focusing group at this time.
One week later	The third and final email and reminder was sent to 1830 participants. This was the first request for traditional counselors and the third request for many body psychotherapists.

*Limitations*

All qualifying participants resided in the United States. The sample size from both traditional counselors and body psychotherapists was limited to those members

who used email, had access to the internet and had given accurate and current email addresses to their professional organizations. Not everyone on the lists for the various body psychotherapy organizations qualified as a body psychotherapist. Some members of body psychotherapy organizations were enlisted from the various disciplines such as body work (massage) and other non-psychotherapy disciplines. Those members did not have a master's degree in counseling or a related field. Therefore, they were eliminated based on the survey question that asks the highest level of education achieved. School counselors who did not show membership in a body psychotherapy organization were eliminated since they were less likely to touch their client's for therapeutic intervention than clinical counselors.

#### *Controls for Threats to Internal and External Validity*

A test is valid when it measures what it intends to measure (Patten, 2000). Mistakes can happen internally and externally that threaten validity. A threat to internal validity was the danger of attributing the factors researched to anything other than the research variables (Patten, 2000). This research took place at one point in time through a survey. Therefore, there was no pre-test or post-test, and no historical or maturation threat. Participants were selected based on membership in a group and not on scores. There was an internal threat to validity in this research, and it was established in the way in which participants were selected. This type of threat was known as "selection," and occurred because the two groups were not selected at random (Patten, 2000). In order to reduce this threat many participants were enlisted. In Table 1 is shown the 11 organizations that had participating members, the sample of members who were invited to participate, and how the membership list was acquired and sent to participants.

External threats to validity threaten the generalizability of the research to the general population (Patten, 2000). The threat to this research was related to how the participants were selected, known as “selection bias” (Patten, 2000). This means that the sample selected was not representative of the population that it says it was representing. Two precautions were taken to reduce the threat to external validity. The first precaution was for body psychotherapists. It consisted of nine independent body psychotherapy organizations and the national umbrella organization (USABP) for all body psychotherapy. The second precaution was for the traditional therapists. It involved the random selection of 1000 names from the American Counseling Association (ACA). All members in each group who possessed email accounts and displayed an interest in having their contact information shared were used. All of these groups are shown in Table 1.

#### Instrumentation

The instruments designed consisted of a cover letter and the survey. The questionnaire was designed specifically for this study. The one page cover letter conveyed the request for participation, purpose and importance of the study, and the researchers’ appreciation for participation (See Appendix A). The letter stressed the importance of their responses in that it would add to the research base for body psychotherapy and touch in counseling. Implications for the research were provided that included the potential for body psychotherapy to be included in traditional counseling programs. Appreciation for their participation was shown by sharing the results of the survey by email when this project was completed.

The cover letter also conveyed required information from the Institutional Review Board (IRB). This information included voluntary participation, contact information, and anonymity of responses. Consent to use the data set resulted from

the respondents' completion and return of the survey. This consent guideline was illuminated in the cover letter. Also, the letter stated that participation in the survey was completely voluntary. The principal researcher and dissertation chair's contact information were provided in the letter in order for the respondents to communicate if they had questions or concerns. The data set was sent directly to a data base at UNCC. Consequently, the respondents' data sets were indistinguishable and guaranteed anonymity. This arrangement was stressed to minimize psychological risk.

A demographic questionnaire was used to address all of the above research questions (See Appendix B). The questionnaire was brief, with clarity of questions designed for quick completion time. The intended goal for completion of the survey was less than 10 minutes. The survey questionnaire was comprised of 17 items predominately offered in a 'fill in the blank' form or 'check off' format. This form was selected for ease of response. Details such as numbering questions in a sequential manner, identifying starting points, placement of instructions, symbols, font size and alignment were taken into consideration in the preparation of this survey. Dillman (2000) suggested that surveys were more likely to be answered if they were designed in a straightforward format.

Alignments of items were presented based on logical questions in the survey. They were not based on the order of research questions. This added to the reliability of the survey. The content validity included the relevance of the questions in the survey compared to the research questions for this study. The construct validity stemmed from the research questions. Each question corresponded to one of the research questions posed in this study. A pilot study was used to test if the results of the survey were transmitted accurately to the database and if questions were understandable to the respondents.

### Research Design

The one independent variable for this study was counseling method/style (i.e. traditional versus body psychotherapy). The 12 dependent variables were characteristics of body psychotherapists and traditional counselors.

### Research Questions

The purpose of this study was to compare the two groups of counselors' i.e. traditional counselors vs. body psychotherapists and to address the location and theoretical orientation of the body psychotherapy techniques counselors' use in session. This study proposed to address the following research questions.

8. Are there differences in the demographics between traditional counselors and body psychotherapists?
9. Are there differences in how traditional counselors and body psychotherapists go about caring for themselves with the type and frequency of physical experiences?
  - a. Is there a difference in frequency with which they receive body work?
  - b. Is there a difference in frequency with which they participate in physical activity for physical fitness?
  - c. Is there a difference in frequency with which they participate in physical activity for awareness of self?
10. What is the theoretical orientation for those counselors who use touch in counseling?
11. Among counselors who touch clients, what is the frequency of touching body parts?

12. Is there a difference between traditional counselors and body psychotherapists with regard to their level of training in:
  1. In Body psychotherapy?
  2. In Somatic training?
13. Is there a difference between traditional counselors and body psychotherapists in their frequency of touch in counseling sessions:
  1. For social greetings?
  2. Therapeutic intervention?
14. Is there a difference between traditional counselors and body psychotherapists in their resistance to using body work for therapeutic intervention with regard to:
  - e. No resistance, body work is used for therapeutic intervention.
  - f. Resistance because of lack of lack of training.
  - g. Resistance because of a fear of doing something unethical.
  - h. Resistance because no value is found in therapeutic intervention.

## Data Analysis

As the researcher received each survey, it was coded so that the data were loaded directly onto the “Statistical Package for Social Sciences” (SPSS, 2003) software. The SPSS program was used to collect and analyze the data from the on-line survey.

Data gathered from both groups (traditional counselors and body psychotherapists) were analyzed with respect to each of the 11 dependent variables. These dependent variables were: (a) gender, (b) ethnicity, (c) educational level, and (d) age (e) self care through frequency of receiving body work, (f) self care for themselves through frequency of participation in performance oriented exercise, (g) modeling how counselors care for themselves through frequency of participation in movement activity for awareness of self, (h) theoretical orientation for touch (i) frequency of touch (j) frequency of participation in body psychotherapy training and (k) frequency of participation in body work or somatic training. Descriptive statistics, T-tests, chi squares and Mann-Whitney U were used to analyze the data. Descriptive statistics were also used to explore the frequency of touch to the (a) the head, (b) shoulders/arms (c) back (d) chest, (e) abdomen, (f) pelvis, (g) legs/feet, (h) hands.

## Summary

This chapter described the participants, methodology, instrumentation, research design, research questions, and data analysis of the study. The participants were comprised of the American Counseling Association which represented traditional counselors and the lists of body psychotherapists was derived from one national umbrella organization of body psychotherapists and nine other independent body psychotherapy organizations. All of the participants were listed in Table 1. The methodology described the procedures and the instrumentation. This research used a

survey design. The data analysis utilized comprised: descriptive statistics, T-tests, Mann-Whitney U and chi square analysis.

## CHAPTER 4: RESULTS

### Introduction

The purpose of this study was to describe the differences between traditional counselors and body psychotherapists. Traditional counselors were compared to body psychotherapists in terms of demographics, methods of caring for themselves, exposure to body psychotherapy training, and use of touch in the counseling setting. This chapter includes description of participants' results of analysis and summary.

### Description of Participants

A total of 402 people completed the survey; however, 115 were eliminated for the four following reasons: (1) 42 respondents were eliminated because they had less than a master's degree in counseling or a related field; (2) 25 were eliminated because they did not live in the United States; (3) 30 school counselors were eliminated because it was assumed that school counselors did not touch their students as a part of therapeutic interventions; (4) an additional 18 respondents were eliminated because of the extreme scores on many of their responses. A total of 287 respondents were included in all the analyses. The organization, potential sample size, and number of respondents are reported in Table 1 in chapter 3.

### Results of Analysis

The results of all the analyses tested at a significance level of .01 to reduce the chance of a Type I error due to multiple tests. The analyses for each research question are presented as follows.

#### Research Question One

Are there differences in the demographics between traditional counselors and body psychotherapists?

- a. Is there a gender difference?
- b. Is there an ethnicity difference?
- c. Is there an educational level difference?

There was no significant difference in the percentage of female respondent of traditional counselors (66.7%) and body psychotherapists (69.9%),  $\chi^2=.313$ ,  $df=1$ ,  $p=.58$ ). A chi-square analysis was not performed because of the small number of participants in all cells except for white participants. There was no significant difference in the percentage of traditional counselors and body psychotherapists by educational level ( $\chi^2= 2.853$ ;  $df= 1$ ;  $p=.091$ ). The demographic characteristics of respondents are reported in Table 3. There were no statistical differences between counselor types with regard to demographics.

Table 3

*Frequency and Percentage of Gender, Ethnicity, and Educational Level for Body Psychotherapists and Traditional Counselors*

		<u>Body</u>		<u>Traditional</u>	
		<u>Psychotherapists</u>		<u>Counselors</u>	
		<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>
Gender	Male	56	30.1	33	33.3
	Female	130	69.9	66	66.7
Ethnicity	African American	1	0.5	7	7.1
	Asian	2	1.1	2	2.0
	Native American	0	.00	3	3.1
	Latin/Hispanic	2	1.1	4	4.1
	White	176	96.2	82	83.7
	Other	2	1.1	0	.00
Ed level	Masters	112	59.6	69	69.7
	Doctorate	76	40.4	30	30.3

#### Research Question Two

Are there differences in how traditional counselors and body psychotherapists go about caring for themselves with the type and frequency of physical experiences?

- a. Is there a difference in frequency with which they receive body work?
- b. Is there a difference in frequency with which they participate in physical activity for physical fitness?

- c. Is there a difference in frequency with which they participate in physical activity for awareness of self?

In Table 4 is shown a summary of the means and standard deviations for body work received, hours of fitness and hours of movement for awareness. Because some of the distributions were highly skewed, both the means and medians were reported. Both parametric and nonparametric statistics were calculated, but because both analyses gave the same results, only the parametric results are reported.

There was a significant difference ( $t=-6.15$ ;  $p<.01$ ) in the hours of body work received per year between the traditional counselors ( $M=7.44$ ) and body psychotherapists ( $M=29.73$ ). The effect size was medium ( $g=.86$ ).

There was no difference ( $t= -1.291$ ;  $p>=.198$ ) in the physical activity for fitness per month with which traditional counselors ( $M=13.6$ ) and body psychotherapists ( $M= 15.58$ ) participated in.

There was a significant difference ( $t= -5.594$ ;  $p<.01$ ) in the in physical activity for awareness of self per month between traditional counselors ( $M=3.26$ ) and body psychotherapists ( $M=9.33$ ). The effect size was medium ( $g=.73$ ).

Table 4

*Frequency, Means, Medians and Standard Deviations for Body Psychotherapists and Traditional Counselors to Receive Body Work, Frequency of Movement for Fitness and Frequency of Movement for Awareness*

		<u>Type of Counselor</u>			
<u>Type of self care</u>		<u>n</u>	<u>M</u>	<u>Mdn</u>	<u>SD</u>
Hours of body work received/year	Traditional	93	7.44	78.39	15.62
	Body Psychotherapist	180	29.73	167.28	33.09
Fitness hours/month	Traditional	92	13.6	122.57	11.11
	Body psychotherapist	168	15.58	134.84	12.24
Movement for Awareness/month	Traditional	90	3.26	84.09	7.94
	Body psychotherapist	175	9.33	158.15	8.59

*Note.* Sample sizes varied because of missing data.

### Research Question Three

What is the theoretical orientation for those counselors who use touch in counseling?

In the questionnaire, two questions addressed whether the counselors touched their clients. Question #13 addressed touching clients for social greetings. Question #14 addressed touching clients for therapeutic intervention. The participants who touched clients identified themselves as such on the questionnaire. In Table 5 is shown two frequency distributions of theoretical orientation of counselors who used touch for social greetings and therapeutic interventions.

In examining the distribution of counselors' theoretical orientation to touch for social greetings, respondents who used no theory 27.7% ( $n=77$ ) had the highest number of respondents. Counselors who used Neo Reichian theory 27.3% ( $n=76$ )

had the next highest number. Among counselors who touched for therapeutic interventions, 16% ( $n= 36$ ) used no theory and 32% ( $n=73$ ) used Neo Reichian theoretical orientation.

Table 5

*Frequency and Percentages of Counselors Who Use Touch for Social Greetings and for Therapeutic Intervention*

<u>Theoretical Orientation</u>	<u>Social Greetings</u>		<u>Therapeutic Intervention</u>	
	<u><i>n</i></u>	<u>%</u>	<u><i>n</i></u>	<u>%</u>
No Theory	77	27.7	36	15.9
Neo Reichian	76	27.3	73	32.2
Gestalt and Psychosomatic	26	9.4	25	11.0
Developmental approaches	11	4.0	11	4.8
Dance Therapy	4	1.4	3	1.3
Trauma	44	15.8	42	18.5
Integrative	39	14.0	36	15.9
Total	277	99.6	226	99.6

#### Research Question Four

Among counselors who touch clients, what is the frequency of touching body parts?

In Table 6 is shown a summary of the frequency and percentage of times that counselors touch body parts. Of the respondents who reported that they touched, 85.7% reported that they touched hands the most often followed by 82.2% who reported they touched arms and shoulders and 79.4% touched the back. Forty three and two tenths percent touched the pelvis while 50.1% touched the abdomen and 54.7% touched the chest.

Table 6

*Frequency and Percentage of Times of Touching Different Body Parts*

<u>Body part</u>	<u>Never</u>		<u>Some-</u> <u>times</u>		<u>Occas-</u> <u>ionally</u>		<u>Most of the</u> <u>time</u>		<u>Every</u> <u>Time</u>		<u>Does not</u> <u>apply</u>	
	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>
Hands	41	14.3	67	23.3	83	28.9	58	20.2	15	5.2	11	3.8
Arms and Shoulders	51	17.8	76	26.5	86	30.0	49	17.1	8	2.8	11	3.8
Back	59	20.6	81	28.2	77	26.8	40	13.9	9	3.1	11	3.8
Head	97	33.0	71	24.7	56	19.5	35	12.2	8	2.8	14	4.9
Chest	130	45.3	56	19.5	50	17.4	23	8.0	3	1.0	13	4.5
Abdomen	141	49.1	63	22.0	40	13.9	15	5.2	4	1.4	13	4.5
Hips and Pelvis	163	56.8	54	18.8	27	9.4	12	4.2	5	1.7	13	4.5

## Research Question Five

Is there a difference between traditional counselors and body psychotherapists with regard to their level of training in:

- a. In Body psychotherapy?
- b. In Somatic training?

A summary of the frequency, means and standard deviations by type of counselor, body psychotherapy training and somatic training is shown in Table 7.

Because some of the distributions were highly skewed, both the means and medians were reported. Parametric and nonparametric statistics were calculated, but because both analyses gave the same results, only the parametric results were reported.

There was a significant difference ( $t=-4.197$ ;  $p<.01$ ) in the body psychotherapy training between traditional counselors ( $M=52.49$ ) and body psychotherapists ( $M=147.21$ ). The effect size was large ( $g=.85$ ).

Similarly, there was a significant difference ( $t= -4.197$ ;  $p<.01$ ) in the somatic training between traditional counselors ( $M=13.33$ ) and body psychotherapists ( $M=134.86$ ). The effect size was small ( $g=.96$ ).

Table 7

*Frequency, Means, Medians and Standard Deviations of Hours of Training in Body Psychotherapy and Somatics for Traditional Counselors and Body Psychotherapists*

<u>Type of training</u>	<u>Type of counselor</u>	<u>n</u>	<u>M</u>	<u>Mdn</u>	<u>SD</u>
Body Psychotherapy Training	Traditional counselor	89	42.98	52.49	321.03
	Body psychotherapist	126	384.25	147.21	462.23
Somatic training	Traditional counselor	90	13.33	59.98	54.32
	Body psychotherapist	112	319.46	134.86	449.75

#### Research Question Six

Is there a difference between traditional counselors and body psychotherapists in their frequency of touch in counseling sessions?

- a. For social greetings?
- b. Therapeutic intervention?

These results were summarized in Table 8 which gave the frequency of touch by type of counselor and type of touch. There was no difference ( $\chi^2=9.845$ ;  $df=4$ ;

$p=.04$ ) in the percentage of traditional counselors and body psychotherapists in their frequency to use touch for social greetings. A chi-square analysis was not performed because two cells had expected frequencies less than 5. The analysis is too unstable when 20% of the cells have expected frequencies less than 5.

There was a significant difference ( $\chi^2=9.845$ ;  $df=4$ ;  $p<.01$ ) in the percentage of traditional counselors and body psychotherapists in their frequency to use touch for therapeutic intervention such that body psychotherapists touched clients more than traditional counselors. A chi-square analysis was not conducted because four cells had expected frequencies less than 5. The analysis was too unstable because 33.3% of the cells had expected frequencies less than 5

Table 8

*Frequency of Touch for Social Greetings and Therapeutic Intervention for Body Psychotherapists and Traditional Counselors*

<u>Type of touch</u>	<u>Frequency</u>	<u>Traditional counselor</u>		<u>Body psychotherapist</u>	
		<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>
Social greetings	Never	3	3	1	1
	Sometimes	26	27	33	18
	Occasionally	21	21	52	28
	Most of the time	37	38	87	47
	Every time	11	11	11	6
Therapeutic intervention	Never	39	40	8	4
	Sometimes	33	34	39	21
	Occasionally	16	16	67	36
	Most of the time	5	5	60	32
	Every time	5	5	2	1

#### Research Question Seven

Is there a difference between traditional counselors and body psychotherapists in their resistance to using body work for therapeutic intervention with regard to:

- a. No resistance, body work is used for therapeutic intervention.
- b. Resistance because of lack of lack of training.
- c. Resistance because of a fear of doing something unethical.

d. Resistance because no value is found in therapeutic intervention.

The summary of analyses for reasons to resist touch for therapeutic intervention and type of counselor are shown in Table 9. There was a significant difference in the percentage of traditional counselors and body psychotherapists in their frequency to use body work ( $\chi^2= 70.866$ ;  $df=1$ ;  $p<.01$ ) such that body psychotherapists 56% ( $n=104$ ) used body work 11 times more often than traditional counselors used body work 5% ( $n=5$ ). Because it appeared abnormal for five traditional counselors to use body work, the data was reviewed again but the identifications for traditional counselor and body psychotherapist were correct based on the criteria of membership in a body psychotherapy organization.

There was a significant difference in the percentage of traditional counselors and body psychotherapists in their frequency to use body work ( $\chi^2= 94.186$ ;  $df=1$ ;  $p<.01$ ) such that 63% ( $n=63$ ) of traditional counselors compared to 9% ( $n=17$ ) of body psychotherapists identified not using body work because of lack of training.

There was a significant difference in the percentage of traditional counselors and body psychotherapists in their frequency to resist using body work ( $\chi^2= 39.1331$ ;  $df=1$ ;  $p<.01$ ) for ethical reasons, such that 68% ( $n=68$ ) of traditional counselors identified the conflict as a fear of doing something unethical compared to 5% ( $n=9$ ) of body psychotherapists.

In examining differences between counselor types with respect to their resistance to use body psychotherapy because they found no value in it, a chi-square

analysis was not performed because too many cells had expected frequencies less than

5. The analysis was too unstable because 50% of the cells had expected frequencies

less than 5.

Table 9

*Resistances to Touch for Social Greetings and for Therapeutic Intervention for Body Psychotherapist and Traditional Counselors*

Type of resistance to touch	Traditional counselor		Body psychotherapist	
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
Nothing, I use body work	5	5.0	104	56.0
Lack of training	63	63.0	17	9.0
Fear of doing something unethical	32	32.0	9	5.0
Find no value in it	5	5.0	1	0.5

### Summary

Question one focused on the demographic differences between body psychotherapists and traditional counselors. Most of the participants in both the traditional counselors and body psychotherapists were white and most of both groups were female.

Question two focuses on differences between body psychotherapists and traditional counselors in terms of self care. Significant differences were found such that body psychotherapists engaged in more hours of body work received per year and hours of movement for awareness per month.

Question three compares counselors' on their theoretical orientation to touch for social greetings and for therapeutic intervention. The highest frequency in theoretical orientation to touch was for counselors who touched in counseling with no roots in a theoretical orientation. The highest frequency of counselors with formal training came from counselors who trained in Neo Reichian theories. The lowest frequency in theoretical orientation was body psychotherapists who were trained in dance therapies.

Question four describes the frequency and location of body parts touched. The hands had the highest frequency of body parts touched followed by the shoulders and arms and then the back.

Question five examines the relationship between type of counselor, hours of body psychotherapy and hours of somatic training. A significant relationship was found between body psychotherapists and both types of training such that body psychotherapists had more training in body psychotherapy and in somatic training.

Question six examined the differences between body psychotherapists and traditional counselors for touch with social greetings and with therapeutic touch. A chi square analysis was not performed because too few cells had frequencies less than 5.

Question seven examines the differences between body psychotherapists and traditional counselors in resistances to touch for therapeutic intervention. Differences indicated that traditional counselors showed greater resistance because of lack of

training and for fear of doing something unethical. No significant differences were found in counselors' resistance to use body work because chi square analysis was not performed in that too few cells had frequencies less than 5.

## CHAPTER 5: DISCUSSION

### Introduction

The purpose of the current study was to describe the differences between body psychotherapists and traditional counselors. This research compared traditional counselors and body psychotherapists in terms of demographics, methods of caring for themselves, exposure to body psychotherapy training, and use of touch in the counseling setting. A dearth of research existed in the area of these differences. Previous literature on body psychotherapy had described in qualitative (Mueller-Braunschweig, 1998; Pettinati, 2002; Willison & Masson, 1986) and quantitative (Frank 2000; Kepner 1999; May 1998, 2002; Pallaro & Fischelin-Rupp, 2002) terms the way in which body psychotherapy was effective. The only literature concerning the characteristics of body psychotherapists had been case studies that chronicled body psychotherapists and their means for coping with pain (Ventling, 2002). This chapter includes a brief literature review, methodology, research questions, findings, limitations of the study, conclusions, implications, future research and concluding remarks.

### Literature Review

Body psychotherapy has been in the background of traditional counseling since the time of Freud (Reich 1972). Today, over 60 different body psychotherapy organizations exist which teach, train, and/or manage body psychotherapists (Totton, 2003).

Body psychotherapy differs from traditional counseling in that counselors are taught to pay attention to the body and to sometimes use touch to change

psychological patterns and body armoring (Kepner, Lowen, 1958; 1999; Reich, 1972; USABP, 2004). Body psychotherapists have a code of ethics which supports them in working with clients (USAB, 2001). Body psychotherapists also sought out training in somatic organizations in order to use touch and understand the body more effectively (USABP, 2004).

Using touch in counseling is not a required component in counselor education programs. However, graduates from counselor education programs, many of which were accredited by CACREP, were still seeking training in touch (Schmidt, 1999). Therefore, research is needed to better understand differences between traditional counselors and body psychotherapists in their use of touch.

Past research indicated that dissociation or alienation between the mind and body affected individuals in various ways (Kepner, 1999; Pettinati, 2002, Ventling, 2002). Touch had been shown to be an effective means of bridging the gap between mind and body because it has been shown to have a direct connection to memory (Crandell & Pessa, 1990; Kepner, 1999; Levine & Frederick, 1997; Macnaughton, 1998; Ogden & Minton, 2000 1998; Reich, 1972; Rubinfeld, 2000a). Therapeutic touch in counseling facilitates the merging of the mind and body by supporting clients in releasing the holding patterns (Kepner, 1999).

There are two different types of ethical non-erotic touch in counseling; touch for social greetings, which does not necessitate training (Holder, 2000), and touch for therapeutic intervention which is a learned skill (Carroll, 2002; Hunter & Struve, 1998). One of the concerns of this study was with intentional touch. De-armoring the body allows repressed emotions and energy to emerge (Lowen, 1958; Kepner, 1999; Reich, 1972; Rubinfeld, 2000a). Most of the research on therapeutic touch in counseling was comprised of case studies which were informative, but subjective

(Ablack, 2000; Frank, 2000; 2000, Sella, 2003; Mueller-Braunschweig, 1998; Rubenfeld, 2000a; Ventling, 2002). Yet, there were studies which had demonstrated significant positive effects of therapeutic intentional touch in counseling (Pettinati, 2002; Sella, 2003; Ventling, 2002; West, 1992). The purpose of this study was to identify and understand the differences between professional counselors who were trained to use touch in counseling and those professional counselors who were not trained to use touch. With regard to demographic variables and touch techniques used in counseling sessions.

### Methodology

Two hundred eighty seven participants responded to online email surveys. All respondents remained anonymous. The survey was developed to address the research questions (See Appendix B).

### Research Questions

This study used quantitative research methods to compare body psychotherapists with traditional counselors. The research questions of this study were:

1. Are there differences in the demographics between traditional counselors and body psychotherapists?
2. Are there differences in how traditional counselors and body psychotherapists go about caring for themselves with the type and frequency of physical experiences?
  - a. Is there a difference in frequency with which they receive body work?
  - b. Is there a difference in frequency with which they participate in physical activity for physical fitness?

- c. Is there a difference in frequency with which they participate in physical activity for awareness of self?
3. What is the theoretical orientation for those counselors who use touch in counseling?
4. Among counselors who touch clients, what is the frequency of touching body parts?
5. Is there a difference between traditional counselors and body psychotherapists with regard to their level of training in:
  - a. In Body psychotherapy?
  - b. In Somatic training?
6. Is there a difference between traditional counselors and body psychotherapists in their frequency of touch in counseling sessions:
  - a. For social greetings?
  - b. Therapeutic intervention?
7. Is there a difference between traditional counselors and body psychotherapists in their resistance to using body work for therapeutic intervention with regard to:
  - a. No resistance, body work is used for therapeutic intervention.
  - b. Resistance because of lack of lack of training.
  - c. Resistance because of a fear of doing something unethical.
  - d. Resistance because no value is found in therapeutic intervention.

## Findings

### Summary of Findings

This was the first time a quantitative study was conducted that compared the differences between body psychotherapists and traditional counselors. This added to

the body of knowledge because it included only credentialed counselors who had been trained in body psychotherapy and who had not that lived within the US and two types of professional counselors.

The research questions for this study focused on describing the differences between traditional counselors and body psychotherapists in the realm of touch and counseling. Results indicated that: (a) there was a significant difference between type of counselor and self care as it related to body work received and movement for awareness of self, (b) counselors were touching their clients, and they most frequently touched the hands, shoulders and arms, and back, (c) there was a significant difference between type of counselor and hours of training in body psychotherapy and somatics, (d) there was a significant difference in type of counselor and use of bodywork for counseling, (e) there was a significant difference in type of counselor and in resistance to use body work because of lack of training and (f) there was a significant difference in type of counselor and resistance to use body work because of fear of doing something unethical. Findings also established no significant differences between the two groups in terms of fitness level.

#### Research Question One

Are there differences in the demographics between traditional counselors and body psychotherapists?

- a. Is there a gender difference?
- b. Is there an ethnicity difference?
- c. Is there an educational level difference?

No significant differences between body psychotherapists and traditional counselors were found for gender or educational level. In examining all the respondents, 31.2% ( $n=89$ ) were male and 68.8% ( $n=196$ ) were female. The only

other study that examined body psychotherapists and gender was West (1992), who examined the relationship between counselor's gender and client's gender for client satisfaction and found no significant results between genders on satisfaction scores. It should be noted that West's (1992) scores were limited because they utilized a small sample.

Differences in educational level were not statistically significant, but 40% ( $n=76$ ) of body psychotherapists reached doctoral status compared to 30% ( $n=30$ ) of traditional counselors. Prior to this research, no study of educational differences between body psychotherapists and traditional counselors existed.

Most of the respondents from this sample were white. There were more African Americans in the traditional counselor group than in the body psychotherapy group.

#### Research Question Two

Are there differences in how traditional counselors and body psychotherapists go about caring for themselves with the type and frequency of physical experiences?

- a. Is there a difference in frequency with which they receive body work?
- b. Is there a difference in frequency with which they participate in physical activity for physical fitness?
- c. Is there a difference in frequency with which they participate in physical activity for awareness of self?

No significant differences were found in hours of movement for physical fitness but there were significant differences found in frequency of bodywork received and hours of movement for awareness. This suggests that all respondents were interested in some form of self care. However, body psychotherapists used additional methods of caring for themselves through a higher frequency of body work

received and movement for awareness of self. Body psychotherapy programs (GIC 2001) and somatic training programs (FEFNA 2004; Trager, 1987) educate counselors on the value of connecting to oneself through the body. Traditional counseling programs do not place a high priority on the physical experience of self care. The body is a major source of information (Boadella, 1977; Kepner, 1999; Lowen, 1958; Reich, 1972) that has been overlooked in main stream counseling programs because of their fear of behaving unethically (Alyn, 1988; Holroyd & Brodsky, 1977, 1980). No prior studies had investigated the differences between body psychotherapists and traditional counselors on self care.

### Research Question Three

What is the theoretical orientation for those counselors who use touch in counseling?

In examining the frequency and percentage of frequency for theoretical orientation to touch for social greetings, respondents using no theory 27.7% ( $n=77$ ) had the highest frequency of touch for social greetings. The literature suggests that counselors using touch need to have extensive training, supervision, training, and experience with touch (Macnaughton, 1998; USABP, 2001). If they do not have training, they are not supported by the literature. Additionally, this finding was important because counselors who were touching clients might value an ethical code of conduct that is addressing touch more specifically than the ACA (1996) code of ethics which only addressed touch by talking about sexual misconduct. This was the first research to question theoretical orientation to touch.

Some of the body psychotherapy and somatic organizations had their own code of ethics (Rubinfeld, 2000a; Trager, 1987). The USABP, which is the umbrella organization for body psychotherapists, has its own code of ethics and section VIII specifically addresses touch with the following subsections providing eight specific

guidelines regarding appropriate touch: (1) considering capacity and appropriateness of each client to work with touch, (2) informed consent in writing for touch, (3) an on-going basis for consent to touch; (4) looking for spoken and unspoken cues for informed consent to touch with client, (5) continuous monitoring of consent and periodic documentation in writing of consent, (6) touch therapy can be terminated at any time and respect for client is of crucial importance and the client should be informed of this right, (7) touch is only used when there is a reasonable expectation of usefulness to the client, (8) preparation for therapist to give touch requires on going supervision, training, and therapy with touch before treating clients this way; no sexual or genital touching is ever appropriate and this is conveyed clearly to the client (USABP, 2001).

The highest frequencies of touch within the different orientations was the Neo Reichian group who touched 27.3% ( $n=76$ ) of the time and the lowest frequency of touch was the counselors from the orientation for dance 1.4% ( $n=4$ ). This study indicated that counselors in different body psychotherapy organizations did not touch at similar frequencies. The findings in this study suggest that body psychotherapies differ dramatically in touch and it is unknown how they are different in other areas of behavior.

#### Research Question Four

Among counselors who touch clients, what is the frequency of touching body parts?

Examining the frequency and location of body parts touched was important because touch, specifically intentional touch, was the critical experience of de-arming the body (Lowen, 1958; Reich, 1972; Rubenfeld, 2000a). Additionally, location of touch was directly related to specific patterns of de-arming the body

(Macnaughton, 1998). This investigation found that more counselors were using touch for social greetings than they were for therapeutic intervention.

The survey contains two questions which addressed the issue of counselors utilizing touch. One question was for touch with social greetings and the other was for touch with therapeutic intervention. Findings for both types of touch indicated that the hands were the most frequently touched body part followed by the shoulders and arms, and then the back. These findings were not surprising because these body parts are typically engaged for social greetings and are common means of communicating outside of counseling.

#### Research Question Five

Is there a difference between the training level to use body psychotherapy and those counselors who use touch in counseling?

- a. In Body psychotherapy
- b. In Somatic training.

There were significant differences between counselor types in body psychotherapy and somatic training. Body psychotherapists were trained in body psychotherapy close to three times more often as traditional counselors. Similarly, body psychotherapists were trained in somatic training twice as often as traditional counselors. The effect size for the differences between counselor types on training for body psychotherapy was small ( $g=.18$ ). This small effect size indicates that traditional counselors are touching for therapeutic intervention without training, which is an unethical practice, or traditional counselors had trained in body psychotherapy organizations and have dropped their membership. Perhaps both behaviors are occurring.

The level of training was consistent with the literature's suggestion for counselors who were body psychotherapists (Bernhardt, 1998; Crandell & Pessa, 1990; Macnaughton, 1998; May, 1998; Staunton, 2002; USABP, 2001). This was not surprising because these body psychotherapists were members of body psychotherapy organizations and received training through them. However, this was also important because no study had ever been conducted on the training level of body psychotherapists who were using touch.

#### Research Question Six

Is there a difference between traditional counselors and body psychotherapists in their frequency of touch in counseling sessions?

- a. For social greetings?
- b. Therapeutic intervention

There were no significant differences between body psychotherapists and traditional counselors on touch for social greetings indicating that traditional counselors touched their clients for social greetings.

However, there was a significant difference in touch for therapeutic intervention between body psychotherapists and traditional counselors. This was not surprising since the sample was composed of counselors who were members of body psychotherapy organizations. Body psychotherapy training stressed the importance of supervision, experience, and training before touching clients (Bernhardt, 1998; Crandell & Pessa, 1990; Macnaughton, 1998; May, 1998; Staunton, 2002; USABP, 2001).

#### Research Question Seven

Is there a difference between traditional counselors and body psychotherapists in their resistance to using body work for therapeutic intervention?

- a. No resistance, body work is used for therapeutic intervention
- b. Resistance because of lack of lack of training
- c. Resistance because of a fear of doing something unethical.
- d. Resistance because no value is found in therapeutic intervention.

There were significant differences in three of the four aspects of counselors' resistance to use body work. The one exception was the counselors' resistance to touch because of finding no value in it. Perhaps, traditional counselors did not use body work because they were afraid of doing something unethical and they did not want to use it without appropriate training.

These findings indicated that there were no differences in desire to be ethical. Body psychotherapists were getting trained and exposed to ethical codes which taught them safe boundaries around touch. It is well documented that non-erotic intentional touch requires specific training, extensive experience and on-going supervision (Bernhardt, 1998; Crandell & Pessa, 1990; Macnaughton, 1998; May, 1998; Staunton, 2002; USABP, 2001). The USABP (2001) has eight ethical codes that specify what, how and when to touch.

#### Limitations of the Study

This was the first time a quantitative study had been conducted comparing the differences between body psychotherapists and traditional counselors. There were three limitations to the generalizability of the findings. First, the limitation was that the sample was self selected. Secondly, generalizability was limited to counselors who had at least a master's degree, counselors lived in the United States, and were employed in a clinical practice. Thirdly, the survey was generated on the internet and thus produced limited responses.

The sample was self selected on two criteria. First, all respondents had to have internet access. Secondly, respondents likely participated in the survey if they had an interest in touch and counseling. Both these factors limited the generalizability of the study. Not all respondents qualified because some resided outside the United States and this study was limited to respondents that lived in this country.

This study was also limited to counselors who had at least obtained a master's degree in counseling or a related field. Not all body psychotherapists qualified because some and did not have a master's degree. This study was limited in terms of generalizability to counselors who worked in a clinical setting, private practice, or an agency.

Using the internet to transmit the survey was limiting. Some of the respondents had internet servers that were not compatible with the server's homepage and thus, these respondents were not equipped to complete the survey. There were times when the server's homepage was inoperable and some respondents may not have attempted to complete the survey a second time.

Another way the internet was limiting was in the way the survey was sent. It was unknown to the researcher until the third email was sent that the email server began blocking sent emails after 767 were sent on the first email. Transmission was blocked after 662 were sent on the second email attempt. Only the third and final email was proven to reach 1832 respondents by direct email. Additionally, when the emails were transmitted, some of the respondent's email addresses were no longer valid. Therefore, the surveys never reached them. The sample would likely have been larger if all the respondents had received their intended three email reminders.

## Conclusions

Significant differences between body psychotherapists and traditional counselors were found on the following dependent variables (a) amount of body work received, (b) amount of movement for awareness, (c) hours of body psychotherapy training, (d) hours of somatic training, (e) frequency of therapeutic touch, (f) use of body work, (g) resistance to using body work because of lack of training and (h) resistance to using body work because of a fear of doing something unethical. There were no significant differences found in counselor types on (a) gender, (b) educational level and (c) fitness level. An analysis could not be performed because cell sizes were too small and chi square analyses proved to be unstable with (a) race and (b) lack of training. Through descriptive analysis, this study revealed that the most touched body part was the hands followed by the arms and shoulders, and then the back.

## Implications

Implications of the research are: (1) traditional counselor education programs might consider introducing students to body psychotherapy theories and direct them to valid to body psychotherapy training both to extend their education and to help students around self care, (2) bringing the ethical code of body psychotherapy to traditional counseling programs could provide ethical support to counselors in dealing with fears of sexual misconduct, (3) results from the data indicate that there was not a clean distinction to support the assumption that a counselor belonged to either traditional counseling or body psychotherapy. Thus the category types could be misleading, (4) given that some traditional counselors have interest in body psychotherapy training, counselors in ACA might benefit by organizing a special interest group within ACA, (5) because there is a group of traditional counselors who have been trained in body psychotherapy body psychotherapy organizations may need

to market more effectively to keep the counselors they train involved in their organizations.

Self care skills are an important value that body psychotherapy theory emphasizes. It seems that traditional counselors are just as interested in self care as body psychotherapists. This is due to the fact that there were no significant differences between types of counselors in frequency for physical fitness. However, there were significant differences between amounts of hours of body work received and hours of movement for awareness. If body psychotherapy were taught in traditional counseling programs all counselors would be exposed to the self care skills that body psychotherapy emphasizes.

Traditional counselors have a significantly higher frequency in the resistance of not touching because of their fear of being accused of doing something unethical. Counselors often discuss all or nothing thinking regarding touch (Kertay & Reviere, 1993; Vasquez & Kitchener, 1988) which stems from the taboo against any physical contact between client and counselor. This taboo has evolved from the early psychoanalytic era and theories on transference (Keith-Spiegel & Koocher, 1985; Raubolt, 1985), fears of sexual misconduct (Holroyd & Brodsky, 1977, 1980), improper use of power (Taylor & Wagner, 1976; Willison & Masson, 1986) and fear of lawsuits. Counselors need to be made aware of body psychotherapy as a viable theory which teaches body psychotherapists not to touch their clients without supervision and training (Rubinfeld, 2000a; United States Association of Body Psychotherapy [USABP], 2001). The implication is that body psychotherapists are less likely to do something unethical related to touch because of their training.

Traditional counselors are distinguished from body psychotherapists in two ways. First, they possess membership in the American Counseling Association (ACA)

and secondly, they are not members of body psychotherapy organizations. However, there are still traditional counselors who behave as if they are members in a body psychotherapy organization. One example, when analyzing resistance to touch for therapeutic intervention is that five percent ( $n=5$ ) of traditional counselors identified using body work for therapeutic intervention. It is conceivable that these traditional counselors have received training in body psychotherapy but are not members of body psychotherapy organizations. However, if they have not had training, their actions could be unethical because using touch for therapeutic intervention requires training (Macnaughton, 1998). This finding suggests a need for a subdivision of body psychotherapy in ACA. This may be more useful for some counselors than joining a separate body psychotherapy organization. Another implication is that body psychotherapy organizations need to add value or marketing to retain their trained counselors.

Body psychotherapists need to lobby within conventional counseling organizations, such as ACA, to educate those members about body psychotherapy in addition, they need to remain active members of their established organizations so that they can bring body psychotherapy to traditional counselor education programs. Journal articles need to be published in traditional counseling journals so that body psychotherapy can be explained and become more familiar to traditional counselors.

#### Future Research

This study was the first quantitative research that explored the differences between body psychotherapists and traditional counselors. Further research on the differences between body psychotherapists and traditional counselors is needed to build upon the conclusions of this study. The following examples contain several suggested future research topics.

It has been shown in this study that counselor types demonstrated significant differences in behaviors with self care. It would be interesting to expand these findings and compare the differences in stress level between counselor types. This study discovered that body psychotherapists had more frequent body work and more frequent movement for self awareness. Future research should examine if there is a relationship between stress levels and self care as it relates to movement for awareness and body work. It could be hypothesized that body psychotherapists will have lower stress levels. This would be important because it is assumed that counselors who alleviate stress in their own lives will provide efficacy in their clinical practices.

Future research will provide a closer examination into the differences in body psychotherapy orientations. It has been documented in this study that counselors from different body psychotherapy organizations differed in their frequency of touching clients. Future research should examine this variable with a test for significant differences between body psychotherapy organizations. Pettinati (2002) found differences in body psychotherapies when addressing the relative efficacy of treatments for patients living with chronic pain. These were just two studies which examined the differences between body psychotherapies that used touch. More research is needed because counselors have little or no reference to differentiate between the various types of body psychotherapies. Determining these differences will assist counselors in making selections of body psychotherapy training.

Body psychotherapists touched for therapeutic intervention. These findings suggest that body psychotherapists were using touch and they had more training in body psychotherapy and somatics than traditional counselors. Future research is

needed to compare levels of training between body psychotherapies for counselors who are using touch.

Future research should compare the frequency of incidences of sexual misconduct between counselor types. Many body psychotherapy programs stress the importance of ethical touch. It is not known if these programs are making a significant difference in teaching these counselors about ethical behavior in relationship to sexual conduct. This research could provide a rationale for body psychotherapy to be taught in traditional counseling programs.

A small but significant relationship ( $g=.18$ ) was found between body psychotherapists and training in body psychotherapy. Additionally, five percent ( $n=5$ ) of the total sample were traditional counselors who had training in body psychotherapy. This indicates that traditional counselors are trained in body psychotherapy but were not members of body psychotherapy organizations. Future research is needed to determine the reasons some counselors either do or do not retain their membership in body psychotherapy organizations.

#### Concluding Remarks

While body psychotherapy may seem to be a new trend it has been around since before Freud (Reich, 1972). It is an effective approach to treating the whole person. This research informs the literature about how counselors who seek training to work with the mind and body in therapy are different from those who do not. The profiles of the respondents in this research were white, fit, educated females who were touching their clients. More counselors need to be exposed to body psychotherapy.

These findings show that body psychotherapists engage in self care more frequently than traditional counselors. More importantly, these findings showed traditional counselors touched their clients whether trained or not. Given that

counselors touch their clients, and body psychotherapists take better care of themselves, traditional counseling programs have a responsibility to include information about body psychotherapy theories and competent professional body psychotherapy organizations. Adding this training to traditional counseling programs will enhance the overall competence of counselors. Clearly, continued research in the area of body psychotherapy is needed so that it finds a place in traditional counseling programs.

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## APPENDIX A



The University of North Carolina at Charlotte  
9201 University City Boulevard  
Charlotte, NC 28223-0001

College of Education  
Department of Counseling, Special Education  
and Child Development  
Phone: 704-687-2531  
Fax: 704-687-2916

**Informed Consent for  
A Descriptive Study on the Differences between  
Body Psychotherapists and Mainstream Counselors.**

Hi, my name is Stephanie Rauch and I am a PhD student at the University of North Carolina at Charlotte (UNCC). I am conducting this study as a requirement for my doctoral dissertation with Phyllis Post, Ph.D. in the Department of Counseling and Special Education at UNCC.

You have been selected to participate in a research study designed to describe the differences between body psychotherapists and other professional counselors. Case studies and anecdotal evidence exist regarding the theorists of body psychotherapy, but no quantitative research exists that describe the therapists who use intentional touch in counseling. This purpose of this study is to describe these therapists.

You will be one of nearly 5000 participants who, like you are licensed psychotherapists, with at least a master's or doctoral level degree in counseling (or a similar field).

You are asked to complete a questionnaire which will take less than 10 minutes. Questions will include your experience using intentional touch. There will be a total of 17 questions you will be asked to complete.

If you would like to be notified of the results, please send an email to [slr123@carolina.rr.com](mailto:slr123@carolina.rr.com) requesting information from the survey and I will be happy to send you the results of the survey. Requesting information of the survey still allows your responses to the survey to remain anonymous.

The level of risk anticipated in this project is minimal. Your responses will be anonymous. The survey has nothing to do with economic factors or legal disclosures. Potential benefits include gaining some insight into how much effort is put into how one cares for him or herself through physical activity and receiving body work.

You are a volunteer. The decision to participate in this study is completely up to you. If you decide to be in the study, you may stop at any time. You will not be treated any differently if you decide not to participate in the study or if you stop once you have started.

No data collected by the investigator will contain any information that will link the data back to you or your participation in this study. The following steps will be taken to ensure this: The data will be sent to a data bank at UNCC and the information will then be configured directly into SPSS, a statistical program.

UNCC wants to make sure that you are treated in a fair and respectful manner. Contact the university's Research Compliance Office (704-687-3299) if you have questions about how you are treated as a study participant. If you have any questions about the actual project or study, please contact Stephanie Rauch, the primary investigator at 704-609-8425 or [slr123@carolina.rr.com](mailto:slr123@carolina.rr.com) or Dr. Phyllis Post, the responsible faculty person at (704-687-2026 or email is [ppost@uncc.edu](mailto:ppost@uncc.edu)).

This form was approved for use on January 12, 2005 for one year.

Responding to the survey indicates consent for participation in this study. The study results will be emailed to you April, 2005.

Sincerely,

Stephanie Rauch  
[slr123@carolina.rr.com](mailto:slr123@carolina.rr.com)  
704-609-8425

### **[Proceed to Survey]**

I have read the information in this consent form. I know that if I have had questions I can contact the researcher at 704-609-8425 or [slr123@carolina.rr.com](mailto:slr123@carolina.rr.com) and those questions have been answered to my satisfaction. I am at least 18 years of age, and I agree to participate in this research project. I understand that I may keep a copy of this form for my records.

## All Email Contacts

First email

Hi «First\_Name»,

I am a PhD student at UNCC. I need your help with my dissertation. It will take less than 10 minutes to complete the online survey regarding counseling and touch. Please go to the following address:

<http://education.uncc.edu/survey/rauch/>

Thank you for your time.

Stephanie Rauch

PhD student at University of North Carolina at Charlotte (UNCC)

---

2<sup>nd</sup> email

Hi «First\_Name»,

I am a PhD student at UNCC. I need you to help me with my dissertation. It will take you less than 10 minutes to complete the online survey regarding counseling and touch. Please go to the following address:

<http://education.uncc.edu/survey/rauch/>

If you have already completed this survey thank you.

Stephanie Rauch

PhD student at University of North Carolina at Charlotte (UNCC)

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3<sup>rd</sup> email

Hi «First\_Name»,

This is my final request asking for your help in my dissertation which is an important study looking at counselors who use bodywork and those who do not use bodywork. If you have already completed the survey, thank you. If you have not completed the survey, I would appreciate you taking a few minutes to complete it. The deadline to complete the survey is Sunday, February 13, 2005. Please go to the following address:

<http://education.uncc.edu/survey/rauch/>

This is my last time to contacting you. And, thanks again for your time—your efforts will make a significant contribution to the field of counseling.

Stephanie Rauch

PhD student at University of North Carolina at Charlotte (UNCC)

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## APPENDIX B

## Touch in Counseling

**Demographic Information**

1. Gender:
  - Male
  - Female
  
2. Race/ethnicity:
  - African American/Black (not Hispanic/Latino in origin)
  - Asian or Pacific Islander
  - Hispanic/Latino
  - Native American (American Indian/Alaskan Native)
  - White/Caucasian (not Hispanic/Latino in origin)
  - Other \_\_\_\_\_(specify)
  
3. Highest educational degree earned:
  - Less than Master's degree
  - Master's degree
  - Doctoral Degree
  
4. Primary work setting
  - Agency
  - Private Practice
  - School Counseling
  - Other (please specify): \_\_\_\_\_
  
5. Do you live in the United States?
  - Yes
  - No
  
6. In which of the professional organizations below do you have membership (check all that apply)?
  - American Counseling Association
  - National Association of Social Workers
  - American Psychological Association
  - American Medical Association
  - American Massage Therapy Association
  - United States Association of Body Psychotherapists
  - International Institute for Bioenergetic Analysis
  - Gestalt Institute of Cleveland
  - Rubenfeld Synergy Method
  - Hakomi
  - Body Mind Centering
  - American Dance Therapy Association
  - Pesso Boyden System Psychomotor

- Focusing Institute
- Somatic Experiencing
- Radix
- Sensorimotor Psychotherapy Institute
- Other (please specify) \_\_\_\_\_

**Use of Body Work for Yourself** (Please fill in the blank in the statements below)

7. I have received bodywork (e.g. massage, Feldenkrais, Alexander, Trager, Rolfing) \_\_\_\_\_ number of times **in the last year.**
8. I have participated in physical activity for physical fitness \_\_\_\_\_ number of times **in the last month.**
9. I have participated in physical activity for awareness of self (e.g., slow and meditative yoga, Tai Chi, Feldenkrais classes) \_\_\_\_\_ number of times **in the last month.**

**Training in Body Psychotherapy**

10. Which of the following most closely describes your theoretical orientation for body psychotherapy? Please check one.

No theory for body psychotherapy (e.g. Shake hands hello or good-bye, hug hello or good-bye.)

Neo Reichian (e.g. Bioenergetics, Core Energetics, Formative Psychology)  
Other Reichian (please specify) \_\_\_\_\_

- Psychosomatic theories originating from the Gestalt Traditions (e.g. Physical Process training at the Gestalt Institute, Rubenfeld Synergy Method)  
Other psychosomatic approach (please specify)
- 

- Developmental approaches to body psychotherapy (e.g. Bodydynamics, Aposhyan's Body Mind Psychotherapy, Bonnie Bainbridge Cohen's Body Mind Centering, Bonding Psychotherapy)  
Other developmental approach (please specify)
- 

- Theories or techniques based on Dance Therapy (e.g. Dance Movement Therapy by Marian Chace, Pessio Boyden System of Psychomotor Therapy)  
Other dance approach (please specify) \_\_\_\_\_

- Theories specializing in trauma (e.g. Sensorimotor Psychotherapy, Somatic Experiencing)  
Other trauma approach (please specify) \_\_\_\_\_

- Integrative Approaches Therapies (e.g. Organismic Psychotherapy, Hakomi, Integrative Body Psychotherapy, Focusing, Lomi Counseling Clinic)  
Other integrative approach (please specify) \_\_\_\_\_

11. How many hours of supervised body psychotherapy training have you received?  
\_\_\_\_\_
12. How many hours of supervised body work or somatic training have you received? \_\_\_\_\_

### Use of Touch in the Counseling Setting

- 13 How often do you touch your clients as a social greeting for hello or good bye (e.g. handshake, hug)?

Never Sometimes Occasionally Most of the time Every time  
Does not apply

14. How often do you touch your clients for a therapeutic intervention (e.g. de-armoring touch or somatic approach)?

Never Sometimes Occasionally Most of the time Every time  
Does not apply

15. Circle below the response that indicates how often you touched your clients **in the last month** on that part of the body.

<b>Head</b>	Never	Sometimes	Occasionally	Most of the time	Every time	Does not apply
<b>Shoulders/arms</b>	Never	Sometimes	Occasionally	Most of the time	Every time	Does not apply
<b>Back</b>	Never	Sometimes	Occasionally	Most of the time	Every time	Does not apply
<b>Chest</b>	Never	Sometimes	Occasionally	Most of the time	Every time	Does not apply
<b>Abdomen</b>	Never	Sometimes	Occasionally	Most of the time	Every time	Does not apply
<b>Pelvis/hips</b>	Never	Sometimes	Occasionally	Most of the time	Every time	Does not apply
<b>Hands</b>	Never	Sometimes	Occasionally	Most of the time	Every time	Does not apply

16. What would prevent you from touching your clients as a social greeting (e.g., hello or goodbye) in your practice?

- Nothing. I do touch my clients as a social greeting.
- Fear of doing something unethical.
- Find no value in it.
- Other (please specify) \_\_\_\_\_

17. What would stop you from using body work in your practice?

- Nothing. I use body work.
- Lack of training.
- Fear of doing something unethical.
- Find no value in it.
- Other (please specify) \_\_\_\_\_