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## 14th European and 10th International Scientific Congress of Body Psychotherapy: 'The Body in Relationship: Self – Other – Society'

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## CONFERENCE REPORT

### **14th European and 10th International Scientific Congress of Body Psychotherapy: ‘The Body in Relationship: Self – Other – Society’**

#### **Reflections on the Second EABP Science and Research Symposium**

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The second annual European Association for Body Psychotherapy (EABP) Science and Research Symposium, organised and facilitated by their Science and Research Committee, addressed the divide between research and clinical practice in the field of body psychotherapy. The symposium comprised three segments: current research on isolation, loneliness and chronic depression; creative approaches to writing clinical case studies and updates in the field. Participants had the potential to leave the symposium with information to join a collaborative practice research network, access a template on the EABP website for writing academic case studies, explore critical thinking skills to consider quality research and establish new contacts for networking providing initiatives for research and publication.

**Keywords:** EABP Science and Research Symposium; body psychotherapy research; research networking; clinical case studies

Imagine a homeless man living in a collection of boxes, housed on a centre island between two roadways for over 20 years. How might you work with a client living in extreme social isolation? How would you initiate contact if he came willingly for treatment? How would you present the results of your work?

Sheila Butler (United Kingdom) began her presentation during the Second Annual Science and Research Symposium with these questions to explore the myths, strengths and limitations of case studies. When asked to respond to her opening questions, audience members offered: ‘I would assume it would be difficult to reach him through interactions,’ ‘I would enter relationally and watch his behaviours,’ ‘I wouldn’t assume our work would take place in my

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office. I would join him some place under a tree, meet him on his ground.’ She noted he was a poet; in my opinion this was the perfect medium to embody emotion and create connection.

Butler shared photos of her 57-year-old client – whom she called Hymundo – and claimed therapy physically and socially transformed him. I appreciated her request to ‘zoom in’ to understand his life story and process, and then ‘zoom out’ to look at the cultural and social context as well as consider our own world view, beliefs, attitudes, perceptions and assumptions. Our natural biases can and do influence results presented in research studies.

Yet, what if Hymundo’s transformation matched her definition of fitting in, his brother’s need to reclaim his lost sibling and mold him into a more societal-accepted way of being? What came to mind was the absence of the man presented. Butler shared his name, pictures of him and his story – she must have had permission. In this, as in all case studies, I offer that we also consider technological advances to address possible biases in reporting. What if clinical case studies included first-person conversations and recorded interviews (visual and auditory), available online (linked with the published article)? The aliveness of the person (people) being studied offers the potential for insights that might not be revealed in data analysis, that might be interpreted differently by different viewers, that might offer room for discussion.

### **The symposium**

Because the reach of this review cannot offer an in-depth look at the entire symposium, I present an encapsulated picture of what resonated with me during the day and my reflections on the experience.

The presenters who stood out for me included Frank Röhricht MD, FRCPsych (United Kingdom), Maurizio Stupiggia (Italy) and Butler. To create a sense of cohesion, their presentations addressed the divide between research and clinical practice in the field of body psychotherapy. My understanding is that this gap is considered important today due to the exponential growth of psychotherapists who understand and engage in the necessary and critical exchange of clinical advances mediated by research in our field as well as their willingness to share research from their clinical practice.

Röhricht began with the statement that research in body psychotherapy is now being written and published in mainstream scientific journals. The audience applauded his remark. He followed by saying that ‘we’ – body psychotherapists – are making good ground with acceptance in medical journals. Another round of applause erupted only to be extinguished as he entered into a rather contested discussion involving his exploratory research (patients with chronic major depressive disorders and dysthymia) that was published in the *Journal of Affective Disorders* (2013), and *Body, Movement and Dance in Psychotherapy* (2015).

Röhrich shared results from his clinical trial in which a manualised body psychotherapy model was used in a group therapy setting (details available in articles linked above). The protocol included four main elements:

- Movement exercises to address lack of drive.
- Body awareness techniques to work with body image.
- Affect regulation to work with suppressed negative and aggressive impulses.
- An embodied psychotherapy approach to process unmet needs, emotional nourishment and trauma.

Numerous participants questioned the actual ‘body psychotherapy’ component of his manualised programme. They felt it was unclear which ‘body oriented psychological theory’ was applied. In response, Röhrich stated that the epistemological basis of the study was sufficiently oriented to body psychotherapy, and he pointed out the utility that being manualised offered – it could be done by anyone. Tension stirred through the audience.

Stupiggia offered an example of how research can inform clinical practice and discussed clients living with Hikikomori, a Japanese term for people who seek extreme degrees of isolation and withdrawal from social life. He explained that extreme loneliness was defined as a distressing feeling associated with the perception that the quality of one’s social relationships is seriously lacking. According to Stupiggia, this is a modern phenomenon with 15 to 30% of people living in the United States of America experiencing it. Widespread health-related correlations included heart disease, depression, anger, alcohol abuse and increased mortality rate. Diminished optimism and self-esteem were also noted. People living with extreme loneliness were said to perceive the world as threatening; hypervigilance results in increased cortisol levels and inflammatory disease.

Stupiggia noted that treatment approaches should enhance social skills and provide social support and social opportunity. He shared one treatment approach that involves a ‘rental sister’, someone who sits outside the client’s door and talks while the client also watches a video of a young girl looking directly at the camera making potential eye contact with whomever views the screen. The young girl’s facial expression on the video was one of neutrality.

I felt an intense sense of loneliness in young girl’s eyes in the video, combined with a sense of reaching out to connect. The video was haunting, and the concept of a rental sister sitting outside the client’s door talking in sympathy with the video felt disconnected. I wondered about our social engagement system and its basis for affirming safe connections. If we truly detect safe and/or trustworthy features from the face (features and gestures), voice (tonality) and movement (gestures), and if the cues we receive from other people (and how our system interprets them) triggers our sense of safety and

our ability to socially engage, then how is this managed in this therapeutic process?

Stuppiggia reported that people living with extreme loneliness have lost their connection to their body. Therapists must use the body in a special way, i.e. offer gentle, simple perceptions of body positions such as looking into the eyes. This made sense as the sympathetic nervous system must down regulate so we can socially interact. From what I understand, the process starts with our ears – when we hear words with melodic intonations the muscles in our ears relax. From there, the muscles in our eyes and our face release tension. Our breath deepens. Our heart beat slows. However, I did not see the connection between a voice, a video and a wall between the two, nor did I grasp how a ‘therapist’ used his/her body to work with these people or addressed our social engagement system. Perhaps the presentation was shortened to fit within the parameters of the symposium and there are more data to be shared.

### **Closure**

After the symposium’s conclusion, panel members remained on stage engrossed in conversation, and audience members remained seated, engaged as well. Clearly, dialogue around research is of considerable interest. A third Science and Research Symposium will be held at 2016 EABP Congress in Athens, Greece.

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