Submission to EAP
For scientific validation of
Unitive Psychology /
Unitive Bodyspsychotherapy

additional to the EABP scientific validation

Table of contents:

• Introduction
• Answers to the 15 questions
• Faculty Frankfurt
• Faculty Amsterdam
• Bibliography

Frankfurt, Feb. 1. 2001

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Gustl Marlock
Introduction

Unitive Psychology / Unitive Bodypsychotherapy

Unitive Psychology is an integrative approach of Bodypsychotherapy, which was founded in the early seventies by Jacob Stattman, Ph. D.. The Institute of Unitive Psychology was one of the first training Institutes in Bodypsychotherapy in Europe and has trained hundreds of Therapist in full trainig courses, as well as many professionals in part time or advanced training programms. Jacob Stattman was a founding member of the EABP. Since his death in 1988 the training in Unitive Bodypsychotherapy is carried out in Frankfurt and Amsterdam by his ex-students and colleagues.

Unitive Psychology integrates in a non-eclectic but systematic way four main traditions of psychotherapy into its aproach: Psychoanalysis, various streams of Bodypsychotherapy, Gestalttherapy and Existential Therapy. It has developped a distinct body of knowledge available in many books, articles and audio-and video cassettes and has made major contributions to the field of bodypsychotherapy.

Although Unitive Psychology incorporates theoretical concepts and methodolocical deductions of the traditions mentioned above, all the literature used for this submission is specific literature, coming out of the school of Unitive Psychology (look attached bibliography). For other literature we refer to the list of basic literature in Bodypsychotherapy attached to the general submission of EABP, as well as to the theoretical foundation of Psychoanalysis, Gestalt- and Existential Therapy.
QUESTION 1

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

A.

Within the basic context, as it was given by the definition of body psychotherapy by the EABP, Unitive Psychology (U.P.) represents a specific approach based on depth psychology. This approach investigates psychodynamic, somatic and existential levels of psychotherapy, connects them with each other and translates them into a theory as well as into strategies and a methodology of therapeutic action. It still insists also on the much neglected fact, that the basic categories of psychotherapy, i.e. health, disturbance, reality principle, meaning, are conditioned by society and that the basis categories have to be reflected respectively.

Specifically U.P. constitutes itself through the following characteristics. It incorporates psychoanalytic approaches of developmental psychology and modifies and supplements them with the following essential realms of therapeutic theory:

- the different stages of psychosexual development are mainly investigated in respect of the question, which phase specific developments have to be mastered by the infant and the primary objects in a process and a field of interaction and resonance. Besides the levels of drives and object relations described by psychodynamic theory we ask about the physical aspects of lines of early child development as well as the physical functions and capacities, which play an important role for successful and not successful developmental processes.

- The result of developmental processes, which have been arrested or not been successful and which indicate deficits and disturbances of the fields of resonance in early childhood is conceived as a comprehensive process of character formation. The tradition of character analytic theory and practice, developed by Abraham, Freud, Reich, Lowen, Boadella, Keleman and others, is seen by U.P. as central theoretical foundation. With its help the different levels of understanding of the reality of a person can be integrated.

- These comprise the following four levels:
1. An inner psychic level, which includes the understanding of the individual history of the drives of a client, the formation of superego, ego development and the internalised object relations, as well as an understanding of the interrupted or failed lines of development of healthy or pathological narcissism manifesting as developmental arrest. As a specific characteristic of U. P. is its research into inner psychic symbol formation and its relation to the reality of the body. The concept of "creative trance" implies a theoretical grasp of this characteristic and translates it into a practical therapeutical principle.

2. A physical or somatic level. Here U. P. develops a specific hermeneutics, which, similar to the practice of psychoanalysis in respect of psychodynamic phenomena, understands the body as a text, with whose help biographical experiences and its assimilation can be therapeutically reconstructed, understood and worked through. The hermeneutics of the body focusses here especially on the affective-emotional, holding and formgiving aspects of character and personality structure.

3. An interpersonal level, which includes besides character-specific patterns of interpersonal relationship and object choice also the level of transference and countertransference, which has to be dealt with therapeutically. In respect of the understanding and handling of processes of transference and countertransference U. P. focusses mainly on three dimensions:
   (a) the integration of existential levels of relationship with the level of transference and countertransference.
   (b) character-specific forms of transference and countertransference (Aalberse)
   (c) somatic levels of relationship and transference and countertransference, which U. P. was the first to conceptualise in the field of body psychotherapy using the concept of organic transference and countertransference.

4. An existential level, on which personality- and character-specific perspectives of the "world" and of "life" and its roots in patterns of body experience and perception can be therapeutically discovered, investigated and opened up.

Unitive Bodys psychotherapy principally integrates these four levels into its therapeutic curriculum of becoming conscious, evaluation, assimilation and further development; it considers not one level as prior or more important than others; on the contrary process-related priorities in connection with symptoms, therapeutic goals and working alliance and course of therapy are conceptualised and determined in a dialogue.
B. Field of application:

= Psychoneuroses and character neuroses
= Psychosomatoses
= Personality disorders (Borderline and narcissistic disorders)
= Psychoses
= Sexual disturbances
= Posttraumatic stress disorders
= Children and adolescents
= Couple therapy
= Clients, who do not fall under the criteria of a certain culture for health and illness and who have to be diagnosed in respect of the concept of health defined by the WHO.

C. Research:
Research projects in the realm of U. P. include the following items:

= An extensive scientific discourse, which is documented in several books, journals and audio- and video-cassettes.
= A biweekly scientific colloquium, which since 1985 takes place in the "Zentrum für integrative Körpertherapie" under the direction of Gustl Marlock.
= An empirical research project at the university of Frankfurt, a comparative study of body images and body experience in the realm of body psychotherapy and physical fitness.
= Participation in an empirical study of effectivity of body psychotherapy at the university of Tübingen.
= Aspects of Unitive body psychotherapy are taught in Germany among other places at the Johann Wolfgang von Goethe Universität in Frankfurt and the Fachhochschulen (colleges) of Darmstadt, Fulda and Wiesbaden.

D. Fields of practice:
U.P. is applied in the following fields:

= out patient psychotherapy in the form of both individual therapy and group therapy
= in psychosomatic clinics
= in psychiatric clinics
= in counselling centers for sexual problems
= in counselling centers for the therapy of children, adolescents and families
= in individual clinical social work

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QUESTION 2

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

U. P. has been taught since more than 25 years. The curriculum and the organisation of the training fulfil the standards as they are defined by the EABP. U. P. has been represented continuously on congresses and symposia of the EABP. The theoretical contributions by U. P. to questions of clinical theory and practice have been acknowledged in the professional world. In the discourse about psychotherapy and body psychotherapy also professionals of other approaches and schools refer to the contributions by U. P.. Elements of U. P. have been and are taught by their trainers (for example Stattman, Aalberse, Marlock, Schmidt-Zimmermann) also in the course of trainings of other schools of body psychotherapy and depth psychology.

Besides the knowledge of the descriptive categories of the ICD-10, U. P. integrates the classical diagnostics of the psychodynamically oriented analytic psychopathology with the character analytic perspective founded essentially by Wilhelm Reich. U. P. develops a special diagnostic hermeneutics of physical appearance, one could also say: of physical texts. Here patterns of physical self organisation or self forming are interpreted and understood a) in its relation to early childhood development, and b) phenomenologically. Stattman relates to the tradition founded by Lowen, Pierrakos, Boadella and Keleman. This means the raising of an interpretative awareness of the physical parameters and its connection into a meaningful whole, popularly called body-reading.

At the same time special techniques of projective diagnostics have been developed, which on one hand are oriented towards the realm of mental imagination and symbol formation (imagery), and on the other hand projectively use creative media.

On the level of treatment U. P. has made essential contributions in the field of body psychotherapy in respect of central clinical questions:

a) the therapeutic working through of unconscious biographically chronic character patterns of assimilation, of its multilevelled and intertwined facets of inner psychic, physical and interpersonal levels and the level of personal worldview or existential perspectives.
b) a special kind of psychotherapeutic phenomenology, in which forms of classical interpretation are connected with an approach, which is oriented towards self-inquiry, self-awareness and self-motivated construction and reconstruction of meaning and direction of therapeutic transformation.

c) a special kind of integration of existentially oriented and understood forms of relationship with therapeutic handling of processes of transference and countertransference; as mentioned above in respect of the concept of the organic transference and countertransference, the publications of U. P. on this field are among the pioneering conceptual studies on this field.

d) a systematic understanding and connection of different levels of therapeutic self-awareness and working through of chronic history; these different levels are conceived as fields of therapeutic attention or therapeutic learning; for example character defences are understood as a whole gestalt and psychotherapeutically worked through on the experiential and on the behaviour level in its forms of embodiment as well as on the level of transference.

e) a differentiated understanding of the meaning and handling of regression especially necessary for body psychotherapy.

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QUESTION 3

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

U. P. is an approach of body psychotherapy based on depth psychology. That means that the concept of the human being, the understanding of the therapeutic relationship and ideas of health and illness are based on the fundamental meaning of developmental processes of early childhood. The critical development in early childhood can, depending on the interactive field of resonance of primary relationships, more or less succeed or fail. The observable patterns of underdeveloped or deficient or distorted or rigidified personality and behaviour, which can be observed in adulthood, indicate - and this is valid for all perspectives of depth psychology - dramatic processes of adaptation and development during childhood. (In contrast to the perspective of classical psychoanalysis U. P. refers also to the pre- and perinatal dimension.)

As an approach of body psychotherapy it refers, besides psychodynamics, to physical levels and manifestations of socialisation processes, which have its origin in early childhood and are superseded by later experiences. For U. P. the meaning of unconscious processes and of defence mechanisms, which manifest on the physical level as restricted body feeling, deficient psychological, emotional and vegetative contact and characterologically as physically organised holding pattern and structure is essential. In contrast to the ambivalent or rather negative perspective of classical analysis U. P. is based on a basically positive conception of human motivation and powers described as drives, libido or systems of motivation. Without denial of the chasms of human experience and action U. P. thus has its place in the tradition of conceptions oriented towards the human beings best possibilities as they were designed by Reich and his followers, by Humanistic psychology and in recent times by analytic self psychology.

Concerning the therapeutic relationship this means, that it constitutes a field of learning, in which can be learned

= a biographical reconstruction of physical-psychological structure on the basis of the actual symptomatology
how past and present are intertwined in the symptoms, the personality structure rooted in the body, the stereotypes of experience, behaviour and relationship, as well as in the amount of resources available to a person to deal with his or her life.

how by growing self-awareness, working through and development an opening up of biographical fixation can be achieved, which leads to an expansion and deepening of thinking, feeling and behaviour and physical-psychological competence in experiencing and acting. In this context the gain of greater possibilities in respect of creative adaptation and dialogue with the respective reality of a patient or client and in respect to self-regulation and determination. The therapeutic relationship is mainly oriented towards enhancing age appropriate maturation processes through deepening of physical-emotional self-awareness and -experience.

Insofar the therapeutic relationship includes different dimensions:

- the dimension of dialogue about the meaning of unconscious or incomprehensible symptoms, structures and experiences
- the dimension of transfer of knowledge and understanding
- the dimension of confrontation and development of awareness and responsibility
- the dimension of transference and countertransference as a possibility of reenactment of biographical fixation and incomplete gestalts
- the dimension of disrupted, fixated and incomplete physical-emotional and psychological processes of formation and development
- the dimension of possibilities of corrective emotional experiences as they are in the tradition of depth psychology and body psychotherapy described in the concepts of therapeutical bonding, of empathy and mirroring, of containment and of being held and accepted even in the most difficult space of experience.

(Cf. Keleman, Pesso, Stattman, Alexander, Rogers, Kohout, Wolf and Lichtenberg, Bion, Aalberse, Marlock etc.)

In respect of the conceptualisation of health and illness U. P. is based on the one hand on a concept of human potential for development informed by humanism and on the other hand integrates the forms of psychological, emotional and physical restrictions of human life and dimensions of suffering expressed by them, which are described as illness. U. P. is aware of the cultural and social construction of the borderline, below which human suffering falls under the categories of medicine. It also endeavours a critical reflection of the limits of psychotherapeutic action and help and the meaning, that suffering also has for human development and maturation.

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QUESTION 4

Please provide evidence that your approach has methods specific to the approach which generate developments in the theory of psychotherapy, demonstrate new aspects in the understanding of human nature, and lead to ways of treatment/ intervention.

Besides its use of both analytic/psychodynamic forms of intervention and classic body psychotherapeutic techniques and strategies (for example grounding, breath-work, body-reading, modulation of expression and containment) U. P. has developed two levels of psycho- as well as somato-dynamic options of intervention, which have innovative character:

1. In contrast to a mechanistic and static understanding of defence and its functioning, U. P. sees resistance, defences and body armour as dynamic events in a psychic-emotional and organismic process. The elements of personality, which are more free and not defended against, form together with blocked, repressed or constricted elements of the personality a more or less neurotic, but dynamic equilibrium. Within this equilibrium the levels of defence relate to each other in a reciprocal way. According to our observation this means in therapeutic work, that on one layer the defence can indeed diminish, but that on another layer very often a condensation may take place. Thus the equilibrium mentioned above is restored. Consequently fundamental change requires some practising of new inner structures for a longer period of time, mainly because less defence - also existentially - leads to a greater extent of freedom and emotionality.

This dynamic and reciprocal character of the different levels of defence can be handled methodically with the means of bodypsychotherapy: the client learns
a. by conscious perception and intentional influence, to increase a block in one area, for example by tensing his muscles, and to deblock in this way another area.
b. In the opposite case the client learns, that the loosening of a block in one area may trigger defence mechanism in another area (sometimes with a delay in time).

By learning the conscious access and intentional influence on ones own at first unconscious structures and automatisms the client looses the feeling to be the victim of his own structure and to be at its mercy. This kind of psychotherapeutic work enhances autonomy, independence and growth of the client and works against malignant regressive tendencies of psychotherapeutic processes.
2. A second innovative outcome of U. P. is the direct connecting of imagination and symbolisation (inner fantasies or projective images) with bodysyo psychotherapeutic work. From our point of view symbolisations can but do not have to be decoded to discover their unconscious meaning, and neither have to reveal their content of meaning by verbal or emotional identification as in gestalttherapy (while both are very efficient therapeutic ways of access), but they can be interpreted phenomenologically and translated into bodysyo psychotherapeutic work.

We presuppose that the used symbols and mostly spontaneous fantasies and images are not products of chance but rather projective expression of exactly that what a person wants to communicate about him- or herself. Our kind of approach is, as stated above, phenomenological and may be illustrated by the following example: If a client talks about a sheet of iron on his chest (to describe the tightness and narrowness in his chest), his symbolisation corresponds precisely with the state of the constricted, in terms of the characteranalysis armoured chest with its emotional restrictions and tightened musculature. From the point of view of U. P. we see in a projection of anorganic material (as in this case of the sheet iron) a greater amount of alienation, contactlessness and armouring than in a projection of organic matter. Instead of the imagined sheet iron there could also be a wooden board. In the context of the perspective of U. P. the armouring of the chest would have a different emotional quality and probably a different history.

The symbolisation used by the clients are seen in the light of qualitative and quantitative criteria. There we use the parameters of polarities. Some examples: Warm - cold, movable - immovable, soft - hard, empty - full etc.. Quantitative changes in structure are the result of a "too much" or a "not enough" of a quality. Often a "too much" of something and a "not enough" of something form opposites. Quantity and quality influence each other.

From the same perspective for example body drawings or drawings of trees made by clients are being used in the context of body psychotherapy.

U. P. uses a broad spectrum of techniques for spontaneous symbolisation and induced guided imagery. From our point of view it is psychotherapeutic work at the interface of consciousness and unconscious, in the course of which the specific way of dealing with symbols offers clients an extremely gentle form in which they can approach painful or split-off unconscious parts of the psyche.

This methodical approach and its application has been extensively described in Jacob Stattmans book "Creative Trance".

In diagnosis and treatment the methods of U. P. can be very effectively combined with other approaches of psychotherapy. Theory and practice of the approach of U. P. have
been successfully taught in seminars in Frankfurt to medical and psychological psychoterapists from different branches of psychotherapy.

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Vol. 1 The Body
Vol. 2 Imagery
Vol. 3 Groupdynamics
Vol. 4 Psychodynamic and existential issues
Zentrum für Integrative Körpertherapie und Humanistische Psychologie Frankfurt, 1996
QUESTION 5

Please provide evidence that your approach includes processes of verbal exchange alongside an awareness of nonverbal source of information and communication.

Apart from the basic levels of verbal dialogue - fundamental for all psychotherapy based on depth psychology - , which connects the levels of reflection with those of direct intersubjective exchange, U. P. uses nonverbal sources of information and communication.
This includes a wide spectrum, for example the style of clothes of a client, the outer appearance, as well as the various levels of bodily selforganisation, that means the question, how a person physically organises perception, posture, expression of feeling or containment etc.. Here the levels of facial expression and gesture, of tone of muscles, breathing style and dealing with gravity are in the foreground, as well as the physical forms of compression, of hardening, of collapse etc.. The exploration of psychosomatic reality can also advance into deeper layers of perception of inner space of the body and vegetative processes.
All these levels of perception are discovered verbally as well as by different nonverbal explorations and processes of experience.
Direct physical communication represents another level of the therapeutic process. It is mainly relevant for the symbolic and scenic physical concretisation of a problem of a structure of relationship or a situation or in the context of a scenic transposition or reenactment of an corrective emotional experience. When this direct physical communication is not an arrangement between participants of a therapeutic group situation, but between therapist and patient, U. P. demands special attention to possible transference and countertransference traps and confusion.

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                              in: Energy and Character 25(1), 1994

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QUESTION 6

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

The therapeutic procedure of U. P. is, like other forms of classical depth psychology, organised around three cornerstones.

Growing self-awareness and consciousness, working through and reorganisation.

Symptoms, suffering and restricted resources and competence in acting are conceived as direct consequence of the fixation on biographical past experience. This fixation is held in place and perpetuated by unconscious patterns and configurations of internalised object relations and character structures rooted in the body. Compulsive biographical repetition, famous since Freud, in this context appears as direct expression of fundamental arrests of development.

All relevant therapeutic interventions and approaches of treatment can thus be understood on the level of growing self-awareness, of working through and of reorganisation. In this context it is of secondary importance if these levels of intervention and treatment are projective, self-reflective and self-exploring or if they are relational or relation-oriented.

In U. P. the three basic categories of the therapeutical process are also described as

1. exploration of personality structure and its biographical, inner psychic, interpersonal and physical aspects,
2. as disidentification and transformation of chronic and deficient structures and
3. redirection or new orientation, which is experienced as a higher degree of freedom of thinking, feeling and acting and facilitates more authentic forms of self-actualization.

Literature:

Aalberse, Maarten Comprehension and Competence, Contagion and Commitment
in: Energy and Character 25(2), 1994

Aalberse, Maarten Das SLAIM'S Projekt - eine Leitlinie über den Umgang mit Scham
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QUESTION 7

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

As mentioned above the tradition of depth psychology in its various branches has conceptualised becoming conscious as primary factor in psychotherapy, because the psychopathological ways of assimilation are based on unconscious and repressed processes and are perceived as identity and not as "second nature". Becoming conscious and disidentification are essential prerequisites for the reorganisation of experience and behaviour.

In order to methodically facilitate and support this reorganisation in the course of the therapeutical process and beyond, U. P. focuses on the following elements of the process:

1. Higher awareness of thoughts, fantasies, feelings and physical sensations, most of all their defended, split off and repressed parts. This therapeutic procedure oscillates between the poles of intensifying of psychological-emotional contact and the working through of the various forms of physical and psychological defences.
2. Corrective emotional experiences, which are necessary for the dissolution and transformation of fixated structures especially in its emotional core and on the level of psychological and existential beliefs.
3. The experimenting and practising exploration and testing of new form of imagination, of thinking, of self-awareness and of behaviour as well as physical self-organisation and self-forming. This refers both to the therapeutical situation and to the everyday life of the patient.
4. Symbolic and relational anchoring of new experience and new behaviour in the therapeutic situation as well as in everyday life.
5. The positive emphasis on, the exploration of and the staying in spaces of consciousness and experience, which are not conditioned by the past and which are subjectively experienced as spontaneous, surprising, unusual, new or strange or alien and in more serious transpersonal traditions are described as "emptiness" (Zen) or "freedom from the known" (Krishnamurti).

Literature:

**Aalberse, Maarten**

Projective Identification and Organic Transference

in: Energy and Character 25(1), 1994
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QUESTION 8

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

As an integrative approach and based on the supposition, that not any one and only therapeutic system can do the demands of human growth justice, U. P. has cultivated since its beginning the active dialogue with other psychotherapeutic traditions. In this context cooperations founded on content are part of the history of U. P.. One of the roots of U. P. is gestalttherapy. Similarities and overlappings are for example the emphasis on the concept of "awareness" in gestalttherapy as well as in U. P., the concept of selfregulation of needs, which is described in gestalttherapy as figure-ground-relation, in scenic, psychological and physical-affective working through of inner psychic conflicts, polarisations and "unresolved business", which in analytic language are described as fixations and internalised object relations. Since its beginnings well known gestalttherapist have been members of the training staff of U. P.. (Seymor Carter, Gerald Kogan, Paul Rebillot, Janet Zuckermann, Berry Goodfield etc..)

U. P. was one of the first approaches of body psychotherapy, which has found a systematic relationship to its psychoanalytic roots of its work and took them into consideration while designing its curricula. Internationally renowned psychoanalysts like Estella Weldon and Ernesto Liss belonged and still belong to the senior trainers of the training in U. bodypsychotherapy. Representatives of U. P. participate in the discourse about the relationship of psychoanalysis and body also with presentations on respective congresses and symposia.

U. P. has entertained a fruitful dialogue and contact with other schools of bodypsychotherapy like biosynthesis, bioenergetic analysis, psycho-organic analysis and biodynamic psychology, and to singular forms of behaviour therapy like the provocative therapy of Frank Farelly and "positive psychotherapy" of N. Peseschkian, situated at the interface between depth psychology and behaviour therapy as well. Representatives of U. P. belong to the training staff of Peseschkians school.
QUESTION 9

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

Beside the fact that U.P. has integrated the knowledge of wide areas of depth-psychology, as well as of the tradition of body-psychotherapy, and is known for its scientific work, it has within a period of two decades published a large body of theoretical material in form of books and articles in various journals, as well as audio and video-cassettes. U. P. has also been represented at many congresses and symposia in Europe and the United States. Elements of U. P. are also taught in state universities and Fachhochschulen (Colleges) in Germany and in other psychotherapeutic training Institutes, which requires a capacity to transmit our field of studies and methods in clear, reflected and methodologically comprehensible terms.

The main areas covered in the publications are issues of epistemology and basic categories of psychotherapy and bodypsychotherapy the interdependancy of therapeutic theory, methodology and practice and the cultural and social context the integration of psychodynamic and somatic aspects of personality and characterstructure, the somatic roots of experience, emotions, thoughts and behaviour a therapeutic methodology which synthesises, psychodynamic, somatic and existential levels of dialogue and change case histories

See attached bibliography
QUESTION 10

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

Critical selfreflection is an essential element of the tradition of U. P., because its own approach has been conceived and realised from the start as an "open project". It is one of its characteristics, that it encourages a critical discourse in respect of the foundations and the concrete form of U. P.. That happens on different levels:
- within the training staff
- within the therapeutic group practice, which are kept by several therapists
- at the "Studientage" (days of study) other Association of U. P. held in Frankfurt and Amsterdam
- within the scientific colloquium held at regular intervals in Frankfurt
- in theoretical publications which also critically discuss its own approach
- in "Polaris", the Journal of U. P. in Holland
QUESTION 11

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

The approach of Unitive Psychology has made profound and specific contributions to the field of body-psychotherapy and psychotherapy in general.

1. U. P. takes the body not only on the organismis level with its physiological, energetic and psychosomatic characteristics into consideration, but also the body in its existential dimension. (Phenomenon of the "Leib", as described by Gabriel Marcel)
This implies an enlarged and broader level of work in bodypsychotherapy.
Lit.:

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<td>Stattman, Jacob</td>
<td>An Introduction to Unitive Psychotherapy, part I</td>
<td>in: Polaris, 1/1, Amsterdam, 1987</td>
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2. U. P. sees the phenomenon of splitting, much noted in most psychotherapeutic traditions, its function and its treatment and healing also as a phenomenon of dualism vs. non-dualism.
Lit.:
Jansen, Eva Maria
Unitive Psychotherapy
A Spiritual Perspective in Psychotherapie

Aalberse, Maarten
One-ness, Duality and Unity
3. Principle of concretisation

This principle of the scenic transposition of inner conflicts is often applied by UP and is developed as a specific method called concretisation, described by Oskar Holzberg, Konkretisation in:

Bernhard Maul
Körperpsychotherapie oder Die Kunst der Begegnung
Verlag Bernhard Maul, Berlin 1992


See the answer to question 4

Lit.:
Jay Stattman:
Ilse Schmidt-Zimmermann: unpublished manuscript

5. Principle of organic transference and countertransference

Lit.:
Jay Stattman in G. Marlock (Ed.):
Organic Transference
Unitive Body-Psychotherapy, vol. 1, 1989
Afra Verlag

Maarten Aalberse:
Projective Identification and Organic Transference
Energy and Character 25(1), 1994

Lit.: 
Jacob Stattman: Creative Trance
Ilse Schmidt-Zimmermann: Script of a seminar, given at the CH-EABP conference in Basel, November 2000

Stattman, Jacob
Image Formation in Mind and Body, A Unitive Psychotherapie
Stattman, Jacob
Imagery
in: Polaris 3/7, Amsterdam, 1989

7. Working with body-drawings and other drawings

8. Emphasis on double function of resistance and defense-mechanisms.
This view of a person implies to emphasize the potential and the resources of the client.

This is a specific work using ‘concretisation’ for therapeutic reenactment of a person’s birth process.

Lit.: 
Stattman, Jacob
Parenting and Therapy
in: Polaris 2/6, Amsterdam, 1988

Holzberg, Oskar
Konkretisation
in: Bernhard Maul (Hrsg.), Körperpsychotherapie oder Die Kunst der Begegnung
Verlag Bernhard Maul, Berlin 1992

This is a specific bodypsychotherapeutic method of U. P., which means the conscious use of the dynamic shift of armouring in the body and the finding of the so called touch-point (point of most energetic and emotional dynamic) in the client.

Lit.:
Stattman, Jacob
An Introduction to Unitive Psychotherapy, part I
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An Introduction to Unitive Psychotherapy, part II
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Trainings manual

11. Socio-political and philosophical reflection on psychotherapy in general and U. P. in specific and the socio-cultural understanding, context and use of psychotherapy and bodyspsychotherapy is discribed and published by many authors and psychotherapists from the school of U. P. in many articles in various journals and books.

Lit.:
Marlock, Gustl
Körper, Psyche Gesellschaft
Keynote Lecture at the 1. German congress of Body-Psychotherapy Berlin, 1998
Audio- and Videotape, Auditorium Verlag Hannover

Marlock, Gustl
Psychotherapy as a Human Science

Schmidt-Zimmermann, Ilse
Psychotherapeutische Mythen -
Psychotherapie unter dem Blickwinkel der Kritischen Theorie
in: Pulsationen, Wien, November 2000

Stubenrauch, Herbert
Aufrichten statt Unterrichten

Stubenrauch, Herbert
Humanistic Psychotherapy between Politics and Education

Grossmann, Margit
Weibliche Geschlechtsrolle, Freiheit u. Lust
Besides the above named specific methodology, treatment principles and philosophical principles, the underlying principle in U. P. is the emphasis on awareness and nonjudgemental presence. This requires, besides the professional knowledge, well developed personal skills of the therapist.
QUESTION 12

Please provide evidence that your approach is capable of being integrated with other approaches considered to be part of scientific psychotherapy so that it can be seen to share with them areas of common ground.

As has been noted above the approach of U. P. is an approach of therapy, which includes not in an eclectic, but in a systematic way different psychotherapeutical traditions and forms them into an approach of its own. This requires an extensive knowledge of the single traditions and the capacity to transcend the respective context of each theory and method and to synthesise them on an more abstract level of integration. These traditions include:

- Psychoanalysis
- Gestalttherapy
- The traditions of characteranalysis based on Wilhelm Reich and body-psychotherapy
- Elements of behaviour therapy
- Existential therapy (Binswanger, May Yalom, whose work has influenced Stattman greatly)

With these therapeutic traditions U. P. shares essential similarities, as well concerning the concept of human being, ethics, epistemology as therapeutic methodology.

See articles of Aalberse, Marlock and Stattman
QUESTION 13

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

As explained above U. P. is based on a perspective of depth psychology, which explores the meaning of processes of development and adaptation in early childhood. The relative success or failure of these processes is regarded as decisive. From this perspective actual conflicts as well as psychopathological symptoms are seen as expression of unconscious fixations, conflicts, deficits or developmental arrest. The therapeutic process unfolds by dialectic handling of the different levels of therapeutic dialogue, namely the becoming conscious, working through and development and stabilisation of increased possibilities of thinking, feeling and acting.

In addition to the levels of psychodynamic processes and behaviour the level of physical self-organisation is included in the therapeutic process. Basic patterns of character, its influence on experience of self and world as well as styles of relation and emotional strong points and weak points or deficits of a person are brought into consciousness in the course of a careful process. A comprehensive and detailed awareness of the embodiment of psychological structure is the prerequisite for the ability of the client, to see these patterns in relation to the past so that they can be worked through, especially in respect of partially strong affects in the background. Mainly in respect of modulation and integration of affects the strong points of a body-oriented psychotherapeutical process becomes obvious.

The integration of the past, which is crucial in all processes of depth psychology, is conceived in U. P. as working through of physically organised modi of assimilation of experience. This leads to an expansion or liberation of the body from restricted and conditioned patterns of physical selfawareness (selfimage), motor-affective flexibility and competence for action, based on an adjustment of affects.

In this context it seems obvious, that a systematic process of becoming conscious of the physically organised regulation of affects ultimately leads to increasing freedom from unconscious conditioned reactions - a characteristic of neurosis.

Literature:

Aalberse, Maarten | Graceful Means
Heller (ed.) The Flesh of the Soul, Peter Lang, 2000 a

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Zentrum für Integrative Körpertherapie und Humanistische Psychologie Frankfurt, 1996

Schindler, Andrea  
**Untersuchungen zum Einfluß einer psychotherapeutischen Fortbildung auf die Selbstbeurteilung**
Diplomarbeit im Fachbereich Psychologie am Psychologischen Institut für Differentielle Psychologie
Johann Wolfgang Goethe Universität Frankfurt am Main
Februar 1995
QUESTION 14

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

As we stated before U.P. is based on psychoanalytic theory and as such uses the psychodynamic theories as a descriptive framework for diagnosis and differentiation of so-called normal and problematic behaviour, always aware of the fact that these concepts are shaped by cultural and professional stereotypes as well. Within the psychodynamic context it emphasizes on the distinction of the diagnostic categories of psychosis, neuroses and personality disorder, as well as an identification and differentiation of the main defence mechanisms at work. In addition it uses the diagnostic perspectives derived from character analytic theory, on the level of internal psychic representation as well as on the level of bodily selforganisation and the diagnostic parameters, which are derived from character analytic theory. In addition we use diagnostic hermeneutics also in relation to the developmental line of narcissism and its fixations and arrests.

In relation to diagnostic procedures Unitive Psychology holds a middle position between the classical medical oriented model of diagnosis and therapeutic strategies based on a more objektive understanding of a person's specific personality structure and the more process-oriented approaches coming from the humanistic tradition, which are based on intersubjectiv dialog and a more exploratory selfregulated handling of diagnostic issues and therapeutic steps.

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QUESTION 15

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

Presently U. P. participates in an empirical study at the universities of Tübingen and Heidelberg, in which the effectivity of bodyspecific psychotherapy is object of research. Several schools of bodyspecific psychotherapy like Hakomi, bioenergetic analysis and biodynamic psychology are investigated. First results have been published during the congress of EABP 1999 in Travemünde. As scientific inventories extensive parts of the following tests, scientifically acknowledged and approved by academic psychology, are used: Zersens list of complaints, the Beck Fear inventory, the Beck Depression Inventory, a symptom check list and an inventory for the survey of interpersonal problems (Horowitz IIP).

For a study at the university of Frankfurt two test batteries have been developed, which are suitable to be used on one hand in an analysis of motivation and on the other in investigating changes in body image. They could also be used for other studies to be continued any time.

The special hermeneutics of the body, which is practised by U. P., could be systematically investigated in respect of the question, to which extent relevant knowledge of symptomatology, psychodynamic processes, basic areas of problems and resources of a person can be gained by nonverbal information. The diagnostic parameters, which are used by U. P. could also be used for differentiated research. In the realm of trauma therapy the physical parameters of "emotional short-circuits" for which evidence has been presented by neuroscientific research could be described, as well as the physical-emotional mechanisms of regulation and modulation of the therapeutic treatment of post traumatic stress disorder.

In relation to projective techniques of diagnostics U. P. has developed several methodically that can also be used for comparative research.

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Schindler, Andrea

Untersuchungen zum Einfluß einer psychotherapeutischen Fortbildung auf die Selbstbeurteilung

Diplomarbeit im Fachbereich Psychologie am Psychologischen Institut für Differentielle Psychologie
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Februar 1995
Faculty

Faculty members of the german Training Program in Unitive Bodyspsychotherapy carried out by the „Zentrum für integrative Körpertherapie und Humanistische Psychologie“, Frankfurt.

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Kinder- und Jugendlichenpsychotherapeutin.

Fichtel, Folker
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Liss, Ernesto
M.D. Psychoanalyst, Psychiatrist, former Associate Professor of Psychiatry, University of Michigan, Bioenergetic Analyst

Marlock, Gustl
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May, Michael
Prof. Dr., Fachhochschule für Sozialpädagogik Wiesbaden

Rebillot, Paul
Director of the School of Gestalt and Experiential Teaching, San Francisco

Rellensmann, Dagmar
Dr. Med., Fachärztin für Psychotherapeutische Medizin

Schmidt-Zimmermann, Ilse
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Kinder- und Jugendlichenpsychotherapeutin.
President of the European Association for Bodyspsychotherapy EABP
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</tr>
<tr>
<td>Nicolette Bremerkamp</td>
<td>Drs. Psychology, Unitive Psychotherapy.</td>
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