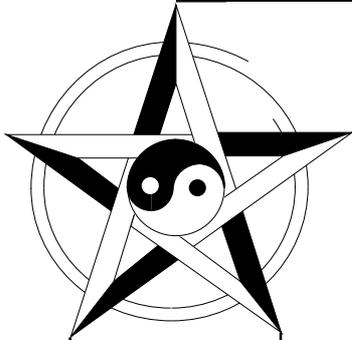


CHIRON

Centre for BodyPsychotherapy



TRAINING PROSPECTUS

**PROFESSIONAL TRAINING IN
BODY PSYCHOTHERAPY**

2002/2003

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The Chiron Centre is a member of the UK Council for Psychotherapy



TRAINING PROSPECTUS

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Preface

The Chiron Centre for Body Psychotherapy has been offering a professional Training Programme for Body Psychotherapists since 1983 - a period in which the shape of psychotherapy as a profession has changed dramatically, and with it training and training requirements. As psychotherapists we now have an established national body, the U.K. Council for Psychotherapy (UKCP), which maintains a professional register. This Council is organised in various sections, according to therapeutic approaches. Chiron belongs to the Humanistic and Integrative Section (HIPS) and has been involved in defining and establishing its professional standards and ethical guidelines.

This booklet is designed to give prospective trainees an introduction to the training programme, its philosophy and therapeutic approach as well as the overall structure and content of the training, outlining all the required courses and modules. We describe the aims and objectives for each course, including the methods used and a brief summary of the concepts and ideas on which it is based.

For the benefit of those choosing which psychotherapeutic approach to study, we briefly try to place our training within the developing field of psychotherapy, showing both its similarities and connections to other approaches as well as its differences and unique features which distinguish Chiron psychotherapy from other ways of working.

Exact details about dates and costs for the relevant training year are given in our booklet entitled 'Dates and Fees for the Training Year'. A basic short introduction to the training can be found in the leaflet 'Professional Training in Chiron Body Psychotherapy'.

Equal Opportunities: Statement of Intent

We actively encourage participants of either gender, all racial, national or ethnic origins, sexual orientation or religion and we try - within the limitations of our premises - to provide for people with disabilities. We are committed to ...

- valuing diversity
- overcoming prejudice and stereotyping and not perpetuating discrimination
- recognising and addressing power dynamics and collective processes of injustice
- a process of working through and resolving individual and social disempowerment.

Chiron's values, beliefs and philosophy are based on trust in ...

- the neglected wisdom of the body
- the inherent capacity for self-regulation
- the life-affirming potential of human sexuality, passion and desire
- the enlivening and enriching quality of emotion and human feeling
- the subtle and complex interconnection between body and mind
- the mind's potential for clarity, differentiation and making links
- the process created between people through open and authentic contact
- the potential of relationship to engender transformation and healing
- the power of love in its many forms
- the meaningfulness of unconscious processes
- the human qualities of awareness and spontaneity
- the necessity of shadow aspects such as death and destruction as part of the cycle of life
- the transformative power of pain, suffering and vulnerability
- the spontaneous and organic resolution of conflict rather than forced or imposed 'solutions'
- the ever-present possibility of integration and wholeness
- the necessity of clear boundaries to create safety and containment
- the process of individuation and the principles of individuality and responsibility
- the importance and purposefulness of creativity
- the value of diversity and difference
- the practice of mindfulness
- the sense of interdependence between all beings in the web of life



The Chiron Centre and its Work

HISTORY OF THE CENTRE

FOUNDATIONS

The Chiron Centre was established in 1983 with the aim of providing a body-oriented approach to psychotherapy which meets, values, supports and relates to the 'whole' person, client as well as therapist. Since then the Centre has grown steadily and organically and has developed into a well-known and reputable institution, making a unique contribution to psychotherapeutic practice in this country. We are grateful for all the generosity and courage, honesty and warmth with which clients, students, therapists and other colleagues have contributed to the Centre, making Chiron what it is today.

Chiron is currently managed by a group of six Training Directors, Shoshi Asheri, Michaela Boening, Bernd Eiden, Margaret Landale, Susan Law, Jochen Lude and Michael Soth. They bring a rich diversity of professional experience. Bernd Eiden and Jochen Lude are the Founding Directors, and they have a long-standing background in the field of humanistic and transpersonal psychology, both in this country and abroad. Having initially taught Biodynamic Psychology, they then founded the Chiron Centre, together with their colleague Rainer Pervöltz, integrating Gestalt Body Psychotherapy and psychodynamic theory into their teaching and thus originating the training. The team are supported by a staff group of about 12 trainers plus visiting tutors and supervisors.

Over the last 17 years the training has remained true to its roots and its original philosophy. A booklet called "About Our Work" is available in its original form, written about 12 years ago now. It describes the Chiron approach to the body and psychotherapy, and is a more popular and less technical description of some of the principles underlying our work.

DEVELOPMENTS OVER THE YEARS

Although there has been very little change in the overall format and structure of the training, the courses and modules have changed considerably in scope and content, integrating new aspects of theory and technique, and keeping abreast of recent developments in the field. The recent steps towards the professionalisation of psychotherapy have also meant more stringent and transparent course requirements, especially in terms of selection and assessment.

In 1991 Chiron expanded by acquiring premises at 90 Harvist Road, Kilburn NW6 to provide further space for training and consulting rooms for clinical work. More than 100 therapists have graduated since the foundation of the Centre, about 50 of whom currently practice in the clinics. Others practice privately and are involved in other organisations and trainings in the field of counselling and psychotherapy.

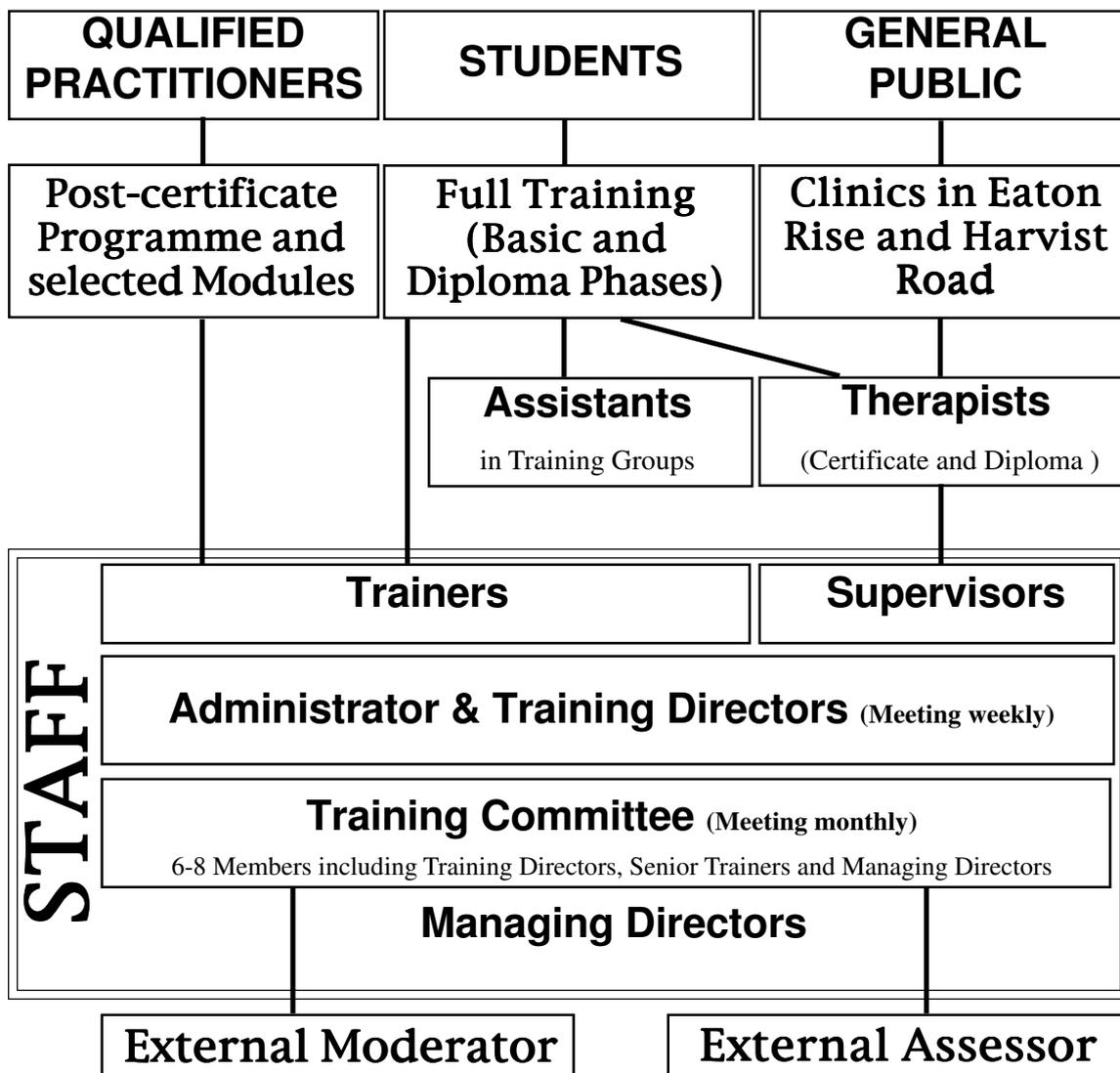


STRUCTURE OF THE CENTRE

The Managing Directors Group is responsible for Chiron as a business dealing with the administrative and managing aspects of the office, the training and the clinics. All these functions are co-ordinated in a weekly management meeting..

The weekly Training Directors' meeting executes the overall training decisions and policies worked out in the Training Committee, a group of trainers which includes all the directors as well as other senior staff. There are regular meetings for students and post-certificate therapists to provide a forum for communication about difficulties and common concerns. There are other meetings for staff and supervisors as well as for assessments. Chiron's membership of UKCP requires both an External Moderator and Examiner who monitor the whole training organisation's functioning and performance.

The two houses in Eaton Rise and Harvist Road are used for training purposes as well as providing consulting rooms for post-certificate therapists. Chiron operates an interview and referral service, providing clinics to the general public for individual psychotherapy and biodynamic massage.





ACTIVITIES OF THE CENTRE

THE PROFESSIONAL TRAINING PROGRAMME

The main activity of the centre is the provision of a comprehensive and professional part-time training for psychotherapists, leading - after a minimum of three years - to the Certificate in Body Psychotherapy, and - after a further two years of training and supervised practice - to the Diploma which entitles the holder to registration with UKCP.

As this prospectus is specifically devoted to the training programme, more information about the Centre's other activities is contained in the leaflets mentioned below.

A one-year **Biodynamic Massage Training** can be done separately. The Biodynamic Massage I Module is designed in such a way that students only interested in becoming a biodynamic massage therapist can enrol in this course. In order to qualify for the Basic Biodynamic Massage Certificate (which can be applied for after successful completion of the course) students will also need to complete the Holistic Human Biology Module. Please ask for the Biodynamic Massage Training leaflet for further information.

CHIRON CLINICS

Apart from the psychotherapy training, Chiron runs two busy clinics, based in Ealing and Kilburn, offering Body Psychotherapy and Biodynamic Massage to members of the general public. Information about this service is available in a leaflet "**Psychotherapy at Chiron - Is It For You?**"

The therapists working in these clinics are all Chiron graduates, who - having finished their training - initially work under close supervision, and then begin to establish their own practice. It is one of the special features of the Chiron training that graduates are assisted in the process of establishing themselves through referrals and the provision of consulting rooms - an initial support and containment which is crucial in terms of translating the training into a sustainable professional career.

PROFESSIONAL ORGANISATIONS

Chiron staff and graduates have been involved in founding two professional organisations to provide a supportive network for established practitioners, the '**Association of Chiron Psychotherapists**' (AChP) and the '**Association of Holistic Biodynamic Massage Therapists**' (AHBMT) which, amongst other things, organise conferences, workshops and various other activities and events as well as publishing newsletters.

ONGOING PSYCHOTHERAPY GROUPS

We regularly offer ongoing psychotherapy groups, which usually run on a weekly basis over one academic year and which are open to the general public as well as being a requirement for trainees. A special leaflet on "**Psychotherapy Groups at Chiron**" is available.

INTRODUCTORY WEEKEND WORKSHOPS

One of the best ways to become acquainted with Chiron work is to attend one of our introductory weekend workshops which take place several times a year. If you are considering joining the training, and are not familiar with Chiron work in any other way, it is strongly recommended that you participate in one of these weekends. For more information, see our brochure "**Chiron Open Programme**".

POST-CERTIFICATE TRAINING

Parts of the post-certificate training programme are open to experienced psychotherapists, counsellors and members of the helping professions who want to extend their previous training by participating in the more advanced studies on this level. Please ask for a brochure about our "**Advanced Training and Professional Development**" which comprises a variety of weekend workshops, seminars, and short courses for qualified practitioners.



CHIRON WITHIN THE FIELD OF PSYCHOTHERAPY

PSYCHOTHERAPY TODAY

Psychotherapy - despite being a relatively young discipline and profession - has grown into a rich and varied expanding field since its inception in modern form through Freud's 'discovery' of the unconscious in the late 19th century. Since then the number of schools and approaches has proliferated into a vast diversity of theories and techniques, with often contradictory assumptions, beliefs and values.

With all these differences the question arises: what are the shared basic principles which are common to all psychotherapies and what distinguishes psychotherapy from other helping professions?

When people come to a psychotherapist, they have chosen a way of working where they know that there will be a degree of empathy, warmth and acceptance - in short: human interaction rather than just expert 'treatment' - and they probably expect this to include attention to their feelings, their states of mind and their behaviour and way of relating in the world.

Approaching a *psychotherapist* amounts to an implicit and often tentative acknowledgement by the client - to the therapist and themselves - that their problems *are* psychological and rooted in some way in internal conflict and that they cannot be adequately addressed by dealing with biological or social factors alone. Otherwise they would presumably want to see a doctor or social worker. Therefore if the pain is to be seen neither as an exclusively medical, physical problem nor as purely 'external', there must be some degree of commitment to an exploration of the client's 'inner world' and how they relate to themselves, to others and to the world.

From the therapist's side this implies a degree of involvement and engagement which includes, but at the same time transcends, the modern 'medical model'. The tension between psychotherapy as *treatment* and psychotherapy as *relationship* is a fundamental paradox in the therapeutic endeavour. Although many clients would expect and often more or less explicitly demand that the therapist provide some sort of practical help or input as their part of the exchange (i.e. that the therapist take an essentially 'objectifying' stance), psychotherapists would generally question impulses to advise, direct, prescribe, solve or cure. This amounts to a radical difference from other helping professions in terms of what is considered to be the essential therapeutic ingredient.

Many psychotherapists would hold the belief that it is not so much what they do to the client as what happens between client and therapist in the relationship process that brings about psychological change. C.G. Jung used to reassure worries about the detrimental effect which giving advice could have on the therapeutic process by saying that he considered both good and bad advice as quite harmless because in his opinion neither has any lasting effect on the client whatsoever. This suggests a focus of attention on the client's 'inner reality' (i.e. their *psyche*) prior to and distinct from any purely cognitive or behavioural criteria - a paradigm which is quite unlike the one which other helping professions are based on.

Consequently psychotherapeutic work demands a range of personal qualities and skills which embraces, but in many ways goes beyond both understanding and technique, theory and method. The therapeutic position requires intricate, sophisticated and loving self-awareness - a deep connection with one's own process - in order to evaluate from moment to moment the significance and possible effect of such conflicting relational polarities as separateness - mergedness, activity - receptivity,



challenge - support, etc. Whereas in other helping professions these polarities are usually static and structured into the framework of the relationship, in psychotherapy they are kept flexible to maximise their potential therapeutic use within the relationship process.

THE DIVISION OF THE FIELD OF PSYCHOTHERAPY

It is useful to remember that what we nowadays take for granted as a given division of the field into various sections goes back in the history of psychotherapy to theoretical and methodological schisms and departures which originated as conflicts between people, often between teachers and their students. We inherit these conflicts today as a multitude of schools and approaches, each with a certain stance vis-a-vis the client / patient, a certain theory and philosophy, certain assumptions about human nature and what constitutes psychological health or pathology, and a certain range of techniques. This diversity of the field is now manifest in the structure of UKCP: the various approaches and ways of working have organised themselves into seven sections. Analytical Psychology, Behavioural & Cognitive Psychotherapy, Experiential Constructivist Therapies, Family / Marital / Sexual Therapy, Psychoanalytically-based Therapy with Children, Hypnotherapy, Psychoanalytic & Psychodynamic Psychotherapy, Humanistic & Integrative Psychotherapy.

INTEGRATION WITHIN THE FIELD OF PSYCHOTHERAPY

At Chiron we welcome the recent developments in the profession which have meant that very different and previously opposed approaches have come together to find common ground and a shared voice in UKCP. This creates the possibility of psychotherapists working together in the direction of integration, whilst maintaining and developing further the rich diversity of the field. We consider diversity to be the basis for creativity, flexibility and responsiveness - qualities which are necessary if psychotherapy wants to make a contribution to a modern world which is changing at an ever-increasing pace.

We see the field of psychotherapy as reflecting the multitudinous facets of the psyche, with each approach contributing to a 'whole' which is indeed greater than its parts. As the psyche is inhabited by diverse figures - sometimes in a healthy pluralism, sometimes in conflicted polarisation and fragmentation - so psychotherapy is diverse and sometimes disparate, with the various approaches trying to do justice to these various aspects of our 'inner world'. With this perspective we see the many schools and approaches as interdependent, and are suspicious of dogmatism and a belief in 'the right approach'. We do not think that today any one approach can appropriate a 'supreme' position; rather the priority - beyond theory and technique - is to meet as people, between therapist and client and between colleagues.

~~We remain open to developing and expanding our position and perspective in the growing world of psychotherapy, thereby embracing polarities as and when they arise, whilst at the same time valuing and preserving what is unique about the Chiron approach.~~

*"Do I contradict myself? Very well, I contradict myself.
I am large. I contain multitudes."*

Walt Whitman



CHOOSING A THERAPIST (OR A PSYCHOTHERAPY TRAINING)

“The world of psychotherapy may appear to be confusing, fragmented and shrouded in mystery. It is full of different and often conflicting theories of what psychotherapy is or should be.” These are the opening words of the ‘first publicly available source book in the field’, called “Individual Psychotherapy Trainings - A guide”, in which Jan Abram describes and presents 26 training organisations currently offering individual psychotherapy training accredited through UKCP.

“My experience to date is that the majority of people seeking psychotherapy are very unclear as to what exactly psychotherapy is and which type would be best for them. The conflicts are so often centered on the differences between analytic and humanistic therapy, and sometimes worry about the therapist’s qualifications. Although this confusion and concern as to the credentials of a therapist is linked with the internal world of the individual seeking therapy and it is the therapist’s task to explore the meaning of the patient’s confusion, I nevertheless believe that it is every patient’s right to know what therapy is being practised and what the qualifications of the therapist are.”

In our perception, Jan Abram is here trying to capture one of the inherent paradoxes of psychotherapy: Psychotherapy as a business arrangement between two people - where money changes hands in a contractual transaction - needs to be transparent to the ‘consumer’ who has a right to know about the quality of the ‘product’ s/he is ‘buying’. Psychotherapy as a possibly healing relationship between two people, however, does not follow the rules of the market alone, but is also subject to the laws of the heart. Here decisions do not always ‘make sense’, outcomes cannot necessarily be measured and weighed up, time is not linear and the ‘exchange value’ of the session lies anywhere between priceless and useless (and often paradoxically both at the same time). The realm of the material and the realm of meaning collide, and both demand their due.

Choosing a therapist is, therefore, a far from straightforward procedure; it cannot be made failsafe and guaranteed, certainly not through information alone. The same is true for choosing a training. With this in mind, and in spite of it, we have put together this Training Prospectus and especially the following section in which we briefly describe our approach and way of working, with its concepts and models, tools and techniques and its inherent beliefs and values.

YOUR SHADOW MORE THAN KEEPS UP

How does a part of the world leave the world ?

How can wetness leave water ?

Don't try to put out fire by throwing on more fire !

Don't wash a wound with blood !

No matter how fast you run,

your shadow more than keeps up. Sometimes it's in front !

Only full overhead sun diminishes your shadow.

But that shadow has been serving you. What hurts you, blesses you.

Darkness is your candle. Your boundaries are your quest.

I can explain this, but it would break the glass cover on your heart, and there's no fixing that.

You must have shadow and light-source both.

Listen, and lay your head under the Tree of Awe.

Rumi



CHIRON - THE WOUNDED HEALER

In Greek mythology Chiron became a leader and wise elder amongst the centaurs, half man, half horse. Although renowned for his skills and art as a healer and physician, which made him the patron saint of these vocations, he was unable to treat an incurable wound in his own knee which he had suffered through an arrow. He was, therefore, known as the 'wounded healer'.

"There are two things that make God laugh: when a healer says: "I healed them!" or when bickering lovers say: "We have nothing in common!"

Ramakrishna

In 1977 astronomers found a large asteroid which was given the name Chiron, and which in astrology is associated with healing. Astrologers see this 'new planet' as heralding the possibility of deeper self-knowledge and through this a way of addressing the suffering of our modern times.

The Chiron (pronounced [shee-ron]) Centre was founded with the aim of teaching and practising therapy in a way that encourages and allows therapists to stay connected with their own wounds and vulnerability as the basis for understanding and meeting both the pain and the potential of those they work with. The archetype of the 'wounded healer' also has implications for the power dynamic in therapy and offers a position which complements the stereotype commonly held of the therapist as near-omniscient and all-powerful. The benign face of this image is the wise guide and good parent, but this is necessarily shadowed by the potential for manipulation, exploitation and abuse. The therapist as 'wounded healer' stays connected to their own pain and is not as easily seduced by inflation or the client's need or conviction that the therapist be 'sorted out', 'together', or beyond pain and conflict. Whatever the client's perception or projection, in the inner experience of the therapeutic position the therapist does not necessarily have all the power, and is not necessarily right and knows it all. The following quote from Dr. Suttie reveals the other side and is just as true:

"The therapist's role is not the technical one of doctor nor even the godlike one of perfect parent. It is much more that of sacrificial victim upon whom all hates, anxieties and distrust are worked out so that he is the mediator, the catalyte - whereby the separated psyche is reintegrated in its society."

To us, the image of Chiron, the centaur, symbolises the healing of the split between body and mind, between the instinctual and spiritual. Considering that the root of the word 'healing' means 'making whole', the image of Chiron implies a 'holistic' approach which sees the person as a 'whole', and therefore cannot - in the way it addresses the psyche - afford to neglect certain aspects which are essential parts of this whole. The integration of the physical, emotional, mental, spiritual and social/relational aspects of our being is at the heart of Chiron work.

"Great sages ...have unanimously told us that ... the ultimate state ... is not divine knowledge but divine ignorance (or emptiness). Knowledge - high or low, sacred or profane, exalted or debased - is simply a contraction in awareness. It separates seamless consciousness into one state which sees or knows, and one state which is seen or known. In this mutilated and fragmented state we never have reality."

Ken Wilber



The Chiron Approach:

BODY-ORIENTED, HOLISTIC, HUMANISTIC & INTEGRATIVE

We characterise the Chiron approach as body-oriented, holistic, humanistic & integrative. In our work and teaching we draw on a wide range of psychotherapeutic approaches in a fairly eclectic way, making use of concepts and models as well as methods and techniques from diverse schools and orientations. Because this kind of eclecticism can lead to a fragmented and haphazard quality in one's work, we aim towards an integration of approaches on the basis of some fundamental holistic principles as well as being guided by the image of Chiron, the wounded healer.

Within the field of psychotherapy we bridge and bring together humanistic and analytic perspectives, recognising particular strengths and weaknesses in each of these polarities. By working towards such a synthesis, the tension between these fundamental polarities within the psychotherapeutic field can create mutual enrichment and refinement between the respective beliefs and values of these positions.

The Chiron approach is perhaps unique in its emphasis on organic body-mind integration through 'energetic' contact - between therapist and client as well as between body and mind of both people involved. Chiron trained therapists would see themselves as more active than many other psychotherapists in using the body, energetic and body awareness and the senses as fundamental instruments in the therapeutic contact, both in terms of perception as well as intervention. The notions of 'energetic perception' and 'somatic resonance' are basic ingredients in Chiron work.

The role of the body in psychotherapy is a controversial issue. We accept that working with the body can increase the dangers of gratification and collusion as well as enactment, acting out and regression. But on the other hand the field of psychotherapy itself is riddled with models and techniques in which we can't help but recognise the same separation between body and mind and deep sense of alienation from the wellsprings of life which are so endemic to our modern culture in general. This can result in an avoidance or a neglect of the physical roots of psychological pain.

Many psychotherapeutic approaches are caught in a pervasive ambivalence towards recognising the enormity and sheer intractability of the body-mind split, and respond to it with a degree of objectification or collusion. By not stopping short at the verbalisation and understanding of patterns and conflicts we contend that a differentiated awareness of the body - not as a 'solution' or panacea, but on the contrary as an avenue into the tangible intensity of internal conflict - can help psychotherapists work in ways which actually avoid the dangers of acting out and at the same time have more fundamental and lasting effects.

Rather than any particular skill or knowledge which therapists may rely on, we consider, along with many other approaches, the therapeutic relationship itself as an essential transformative element. The image of Chiron as the 'wounded healer' expresses for us a therapeutic attitude and awareness which allows processes to occur in the crucible of relationship which create the possibility for increased integration. Many wounds need the contact with another person for them to be even felt - such wounds need to be touched and experienced with another before any transformation can happen.

This requires the therapist to be fully engaged *in* the relationship whilst maintaining an awareness and understanding *of* it. But our awareness of the interconnection between body, mind and psyche is not reserved for the client only: the principle of grounding mental processes in the physical and energetic reality of inner experience applies also to the therapist, and can help to anchor our awareness of countertransference (in the widest sense) in the body.



BODY-ORIENTED

As in the field of psychotherapy in general, the number of Body Psychotherapy approaches has proliferated in the last few decades, offering a large array of theories, techniques and ways of working, such as Bioenergetics, Biosynthesis, Biodynamic Psychology, Radix, Neo-Reichian, Core Process, Core Energetics, Hakomi, Postural Integration, etc.

Wilhelm Reich and the History of Body Psychotherapy

Chiron belongs very much to this more than 60 year old tradition of Body Psychotherapy which, in its origins, was strongly influenced by the work of Wilhelm Reich, a student and colleague of Freud. In the 1930's Reich began to include the body in psychoanalysis, initially by studying the function of sexuality. He then developed the principles of character analysis, most of which have since then entered the psychoanalytic mainstream. Later he turned his attention more and more to the 'energetic' dynamics of the human organism in psychological health and pathology by postulating the existence of 'bioenergy' - a development which led to a split from the psychoanalytic establishment. After having had to escape from Germany, Reich spent some years teaching and practising in Scandinavia before emigrating to the USA.

His therapeutic work and research were taken up both in Europe and in the USA by a variety of pupils and followers, who independently developed them further, thus engendering a whole range of quite distinct and varied approaches, all of which would nowadays be considered as belonging more to the humanistic field. The Chiron approach has grown primarily out of the European tradition of Body Psychotherapy, but is informed by theoretical developments in the USA. The term 'Body Psychotherapy' was coined by the European Association for Body Psychotherapy in 1991, and replaces terminology such as 'body-oriented' or 'body-centered'.

The Role of the Body in Psychotherapy

Much of the pain and suffering which bring people to explore their 'inner world' in psychotherapy has to do with a wide range of symptoms which are experienced as intensely physical in some way or have some other obvious link with the body. So for many clients the body is very much involved from the outset, and usually this is quite explicit, e.g. in conditions such as stress and hypertension, anxiety or panic attacks, addictions and eating disorders or sexual difficulties. Whenever the body is experienced as 'out of control', what becomes more apparent is an underlying 'body-mind split'.

"I beat it or praise it, I feed it and clean and nurse it when necessary. I urge it on without consulting it and hold it back against its will. When my body-horse is well-behaved I generally ignore it, but when it gets unruly - which is all too often - I pull out the whip to beat it back into reasonable submission."

Ken Wilber

In our modern Western culture the body carries neglected shadow aspects of our being. For most of us the mind and the body are at war, and there is a battle between conscious and unconscious forces. It would be inaccurate to think of these two statements as equivalent and clearly both are oversimplifications, but they point to an underlying inner reality which Body Psychotherapy attempts to relate to and work with. At the root of most emotional problems we find an internal conflict between a variety of spontaneous processes on the one hand and what the person thinks of as their 'personality' on the other. If the person lives with such an unresolved internal conflict for long enough, a whole host of addictions and other somatic, psychosomatic and emotional symptoms ensue, along with a pervasive sense of alienation and self-denial.

"In modern times the ancient gods have become diseases."

C.G.Jung



Body and Energy

As Body Psychotherapists we work from the supposition that we are *energetic* beings, i.e. that energetic processes are fundamental to all human functioning. Activities such as thinking, feeling and moving are rooted in energetic processes which shape and structure the activity, and which therefore tell us something about the 'how' rather than the 'what' - they reveal the inner experience beyond the outward behaviour. On an energetic level the body is constantly in rhythmic movement: expansion and contraction; inward and outward; charge and discharge. Many of these movements occur outside of awareness - they are generally spontaneous and involuntary movements. They originate on a vegetative level and are linked to the autonomous nervous system. Body Psychotherapy attends to and follows these movements as they connect with the breath and with consciousness. Breathing forms the bridge between involuntary and voluntary systems - it is semi-conscious and fuels movement, self-expression and the quality of contact with the world.

We are interested in how the flow of energy is shaped and organised on all these levels, how it becomes blocked and interrupted and how we can encourage its liberation and self-regulation. Unexpressed or trapped energy creates tension and physical holding, whereas uncontained or overwhelming energy creates fear and external conflict. The familiar consequence is either a body in internal conflict with impulses habitually held back, or a body habitually driven by impulses to enact conflict with the environment. As Body Psychotherapists we constantly work with the notion of the body-mind as an energetic matrix reflecting the person's life history, and the recognition that psychological wounds are carried and remembered in the body.

One cornerstone of our work is the biodynamic principle of learning to trust inner impulses, based on the belief that there is an inherent healing power in the body and that the more it is acknowledged, the more it can unfold in a self-regulating way. We work directly with the client's body, sometimes with physical touch, other times with breathing and movement to enable the client to become aware of tensions and conflicts in the body. There are usually layers of feelings and memories which emerge and which need gradual integration.

"Energy is eternal delight, and is from the body."

William Blake

Bodywork and the Therapeutic Relationship

Just as any other form of psychotherapy, bodywork has generated certain fantasies and popular stereotypes, which are to some extent rooted in its history and tradition, but easily grow into prejudices about the possible dangers and excesses of this kind of work. It is not uncommon for people to imagine that they have to be unwittingly plunged into discharge of primitive emotion or, worse, are required to 'perform' it in a mechanical and rather unrelated way.

Whilst some of the fantasies about bodywork *are* to do with the way it has been practised (e.g. provocative and invasive techniques associated with the notion of 'breaking through the armour'), they also reflect each person's individual projection *into the body*, like the body as the magical Good Mother promising a return to the Garden of Eden, the body as an uncontrollable and overwhelming cauldron of instincts (polymorphous-perverse), the body as primitive and violent, the body as a machine, etc. These projections more than actual 'bodywork' itself are the root of the fear and idealisation which the notion evokes, and they also distinguish different types of bodywork.

In our understanding 'bodywork' is not a technique or a treatment which is *done* to the client. In contrast to some other forms of bodywork, it is therefore our belief that it is not any particular technique, however subtle or sophisticated, which is therapeutic in itself, but that real change can only happen through the relationship with another human being. The original formation of habitual patterns (which Reich called 'character') usually occurred in the dynamic with people in our early environment. It therefore makes sense that the working-through and resolution of these patterns also needs to happen within a relationship. Gestalt philosophy has developed a similar principle, i.e. that inner growth takes place most effectively at the 'contact boundary', which means in relation to other people. Therefore Chiron attempts a form of bodywork which takes place in relationship.



Monitoring of the Autonomic Nervous System

As mentioned above, a central aspect of the therapeutic position in Body Psychotherapy is an awareness of what is happening in the body of the therapist and the client. Much of the body's activity is involuntary, e.g. the postures we tend to adopt and the unconscious gestures and body movements which occur in response to situations in everyday life. The unconscious can be seen to manifest through the autonomic nervous system as it functions in the body. Besides noticing the obvious, but often unconscious body movements which occur spontaneously in our interactions with others, the therapist also pays special attention to very subtle movements, such as, for example, a holding of the breath or a slight alteration in the depth of the in-breath, or subtle changes in skin tone and colour. The therapist will proceed in different ways, but in principle this type of work goes back to Reich's vegetotherapy. The Chiron Centre has developed these early ways of working and incorporated biodynamic vegetotherapy and biosynthesis principles.

Having noticed these phenomena, the therapist - depending on the client and the process - may draw the client's attention to these changes and explore how they relate to the situation being discussed or to the relationship with the therapist (often these processes will be the early stirrings of transference episodes). A body psychotherapist would be wary, however, of shifting the attention too soon onto a mental level, especially at a stage when verbalisation might prematurely label and thereby destroy something newly emerging. This can be as inappropriate as asking an artist about the meaning of a work of art whilst it is still being created.

Physical touch may or may not be part of the communication between client and therapist. Sometimes the therapist's touch can provide an important anchor which supports the client in staying connected to their experience. Other times the therapist will hold the awareness of these unconscious body movements and - rather than addressing or exposing them - bear silent witness to the interaction. Meanwhile the therapist can attend to their own body awareness, e.g. contact their own bodily well-being. Out of this will often come a spontaneous moment of 'bodyshift'. The client and therapist may be aware of these moments and experience them as heat, pulsation, expanded breathing or there may be peristalsis. Although some people might think of these experiences as too subtle or subjective, they have a very real physical basis (it is quite possible to simply monitor these processes with biofeedback equipment, a stethoscope or by measuring skin resistance).

If we allow ourselves to not reserve the capacity for consciousness for the mind only, the experience of a 'bodyshift' may be viewed as a moment of 'insight' on a level of body consciousness which is precisely not a mental understanding. In contrast to analytic theory, Body Psychotherapy does not always consider conscious insight as the main contributing factor in the process of change. Shifts on other levels (e.g. cellular, biochemical, muscular) are equally important ingredients in transformation. A level normally inaccessible to awareness, e.g. the way in which the cells of our body relate to each other in everyday life, may be as much in need of change as consciously more accessible levels, e.g. the way we relate to other people.

Use of Touch

The use of touch is an inherent part of Body Psychotherapy. This does not imply, however, that we advocate an indiscriminate 'acting on gut-feelings'. In order to be able to distinguish when touch is appropriate and when not, a differentiated and sophisticated perception of energetic contact and a consistent theoretical rationale are required.

Touch for all of us is a basic mode of human communication, transcending other modes of relationship. Sometimes words are not enough to convey understanding to the client. Touch can say "I am with you as you reveal this."



When working more directly with the unconscious and its manifestations through the autonomic nervous system, physical touch becomes the most direct way of communicating. An impulse or unconscious stirring can be amplified at this stage through touch. Verbalisation would often not access or convey the depth of what is being experienced, and may have the effect of aborting the process.

In order for work with physical contact to become possible, the client obviously needs to give explicit verbal permission. But non-verbal permission is just as important: the therapist attends to and gives equal weight to the client's physical response to the touch. For example, if the client's body goes into involuntary contraction then touch would usually be contra-indicated. Where there is both explicit and bodily agreement about touch, the therapist may proceed. However, with some clients there is insufficient therapeutic space to work with the direct use of physical touch in which case the therapist would therefore avoid it altogether as part of their therapeutic process.

Our beliefs about touch in psychotherapy are clearly based on a different model and different intentions from Freud's principles of abstinence and non-gratification which he viewed as necessary and essential elements of the therapeutic position. But although we disagree with his conclusions, we consider the analytic thinking behind these principles as relevant to Body Psychotherapy. We agree that it *can* be detrimental to the therapeutic process to gratify the client in some way and that touch *can* be an inappropriate gratification.

But that does not mean that we necessarily have to avoid touch and gratification altogether. There are situations where the therapist's withholding of touch can become a pointless re-enactment or be experienced as sadistic and cruel as it unnecessarily denies therapist and client a spontaneous aspect of being human. This does not mean that as Body Psychotherapists we want to avoid being seen by the client as sadistic and cruel - it is precisely these kinds of perceptions which therapy is all about. But having allowed and worked with perceptions like this in the transference, a dogmatic adherence to the principle of abstinence can be seen as based in the therapist's own fear of their body and physical intimacy or a fantasy of being overwhelmed by their own needs for touch. In this case the therapist's rules about therapy can re-enact and re-enforce the body-mind split, and this is true for the individual client and also for the collective function of psychotherapy in our culture.

Culturally, there is a lot of confusion around touch. At its crudest, for many people *any* touch becomes sexualised: "If I touch you, this will end in sexual intercourse." This is a fantasy arising out of an impoverished and undifferentiated understanding of touch. We understand this in the context of early developmental wounds and failure of the carer's touch to contain and mirror the child.

But a sense of touch as being a normal and essential part of being human and of relationship can slowly be regained, and Body Psychotherapy works towards this potential. From a more differentiated perspective, touch is an exploration. The absence of touch, the fantasy of touching and being touched, and the reality of it can all be explored. The main principle we adhere to as Body Psychotherapists is that therapeutic touch is *never* for the therapist's benefit, always the client's.

This is why abstinence from touch (which we think of as unnecessary) is fundamentally different from the ethical boundary around sexuality (which we absolutely do think of as necessary): the destructive effect of sexual contact between therapist and client lies not so much in the fact that it is sexual *per se* as that it is inevitably gratifying to the therapist. Mutuality and mutual gratification are essential to sexual contact, and it is the gratification of the therapist rather than the sexual aspect which turns therapy into a 'normal' relationship. This is why sexual contact between therapist and client destroys the therapeutic container in a way which is not necessarily the case for physical contact, if the therapist can rely on a differentiated sense of touch.

Touch can be used in a variety of ways in Body Psychotherapy, apart from its use in vegetotherapy. Its meaning and function clearly depend on the client's particular developmental issues: it can confirm the right of the client to exist; it can activate self-nurturing and compensate for early touch deprivation; it can give a tangible sense of knowing where one begins and ends or be an essential step in differentiating inner and outer.



HOLISTIC

The term 'holistic' was coined in the 1930's and is associated with an understanding of the universe in terms of fields and systems and their self-organising, self-regulating and self-transcending characteristics. In this abstract form it has been applied to all kinds of structures from the micro-level of atoms and sub-atomic particles to human beings to the macro-level of stars and galaxies. It implies a process of evolution in which more complex and more embracing 'wholes' develop out of previously fragmented parts, thus creating qualitatively new systems: the whole is bigger than the sum of its parts. 'Holistic', therefore, denotes a perspective which transcends the Newtonian paradigm of dualism, reductionism, materialism. In terms of brain hemispheres it is associated with right-brain functioning, i.e. perception of pattern, process and relationship as opposed to the left-brain focus on analysis, detail and content.

"Reality, in the modern conception, appears as a tremendous hierarchical order of organised entities, leading, in a superposition of many levels, from physical and chemical to biological and sociological systems. Such hierarchical structure and combination into systems of ever higher order is characteristic of reality as a whole."

Bertalanffy

What this means for psychotherapy, on the simplest level, is a recognition that in human beings a range of qualitatively distinct levels interact in many subtle ways, namely: body - emotion - mind and spirit. It further implies the recognition that the connection and interdependence between these levels can be broken and the sense of wholeness be disturbed and fragmented. What starts out as an abstract notion of 'holism', can be experienced as an immediate and tangible subjective reality: there are times when we feel more or less whole, and there are moments when our sense of wholeness shifts or transforms.

Within the diverse field of psychotherapy we therefore practice an approach which sets out to get involved with one another as 'whole' human beings. It is precisely the pain of NOT feeling 'whole' which brings people to therapy, often with an idealised, biased and one-sided fantasy of what 'wholeness' might feel like and how it can be 'achieved' through therapy. As C.G. Jung has emphasised again and again, feeling 'whole' does not at all mean pursuing an image of being 'perfect' or even free of conflict. Dealing with idealised fantasies of 'wholeness' is a delicate matter, because it is only too easy to fall into the other extreme of questioning and deconstructing human ideals and longing to the point of cynicism. Disappointment with therapy can easily be turned into a fashionable reductionism which doubts any potential for real transformation and derides it as illusion. One example of this is the recurring media image of the therapist as exploiting the dependency of vulnerable and desperate clients. In between the Scylla of rose-tinted idealisation and the Charybdis of cynical resignation we occasionally sense, intuit, or glimpse that it is well within human reach to experience oneself as 'whole' (or - if not completely 'whole' - at least to experience transformative processes leading to an increased sense of wholeness).

The pain of feeling 'un-whole' cannot be addressed by exclusively engaging, for example, on the level of the mind or the body alone. Healing (which - in its root - means 'making whole') depends on both client and therapist recognising their 'un-wholeness', their splits, their wounds, their inner conflict and committing themselves - with and in spite of these wounds - to a relationship in which integration, transformation and healing can occur.

We call our work 'holistic' because we do not see the psychological manifestations of human pain and suffering or of human growth and development as separate from the body or the mind. It is precisely the tendency to expect solutions from specialists, to put the various aspects of human pain and suffering into different compartments, to be treated by different 'experts', which is a manifestation of the fragmentation which we see at the root of the modern problem. Holism extends ecological thinking beyond the natural environment into the human mind. The *psyche* which *psychotherapy* wants to respond to is not a separate compartment or specialist territory. A holistic perspective recognises the reality of fragmentation, splits and conflict, but also intuitively the larger 'whole' which resides as potential within the conflict.



Physical symptoms have psychological meaning, emotions occur tangibly within the body, mental processes have a physical basis and engender bodily reactions. Individual conflicts mirror collective struggles. *Psyche* does not need to be conceived of as an interiority, but could be seen to reside equally in nature, in human communities, in money or computers. Somatic countertransference in some ways is a tautology because all reactions to the client, even if we are aware of them only on a mental level, immediately have a physical counterpart. The body can't help but respond moment-to-moment to our emotional and mental processes: the image of biting into a lemon is enough to make our mouth water. Every word we speak emerges out of and through the body, and has an instantaneous physical effect in the split-second that we make sense of it and understand it by inevitably relating it to a concrete and usually feeling-toned experience.

These statements cut across the kind of modern dualistic thinking which creates and perpetuates splits between body - emotion - mind - spirit, masculine - feminine, inner - outer, art - science - religion, personal - political and a myriad of other dualisms. These are some of the major splits which are symptoms and manifestations of our modern sense of fragmentation and 'un-wholeness'. But it is only on the level of intellectual abstraction that these polarities lose the unifying thread which binds them into a larger whole. By working psychotherapeutically within a holistic framework we address the inner experience of fragmentation behind dualistic mental constructions and belief systems. What becomes apparent then is the feeling of trappedness or powerlessness *within* seemingly rational common-sense statements. We try to follow and explore in individual detail the trapping patterns which may be easily recognisable on a collective level, but are usually perpetuated by observation and description.

A King goes to a Wise person and asks how it is that the Earth doesn't fall down? The Wise person replies, "The Earth is resting on a lion." "On what, then, is the lion resting?" "The lion is resting on an elephant." "And on what is the elephant resting?" "The elephant is resting on a turtle." "On what is the ...?" "You can hold it right there, your Majesty. It's turtles all the way down."

Ken Wilber

HUMANISTIC

The humanistic impulse in psychotherapy dates back to the 60's, and initially developed as a reaction against what was perceived as a reductionistic and materialistic paradigm, both within the traditional psychoanalytic as well as behaviouristic approaches. There was a surge of belief in human possibilities and potential, especially for change and transformation, and a mistrust of power, authority and tradition. There was an intention to re-establish the pleasure principle, along with a burgeoning of interest in transpersonal and spiritual realities. Humanistic therapists have been influential in expanding our view of human nature, and the holistic aspect of our work owes much to this tradition which includes approaches such as person-centred (Rogers), Gestalt (Perls), Psychosynthesis (Assagioli), Transactional Analysis (Berne) as well as existential perspectives and theorists like Maslow and Wilber.

The therapeutic approaches which developed from this position are generally client-centred with an openness towards the possibility of an authentic meeting of equals in the therapeutic relationship. There is a profound belief in the client's capacity to heal themselves. The client is seen for their potential, capabilities and strengths, i.e. for what they have rather than what is lacking and problematic. A common statement in humanistic circles maintains that the best expert on the client is the client and questions the 'medical model' and the idea that the therapist needs to direct the process. In terms of therapeutic presence, humanistic approaches are more interactive and experimental, often using tools and exercises like psychodrama and roleplay, various forms of dialogue work, guided visualisation and imagery and many others. There is a strong humanistic influence on our training with its emphasis on experiential learning.



INTEGRATIVE

Over the last few years interest in the theme of psychotherapy integration has increased dramatically. It seems that for too long the field of psychotherapy has itself been disparate and divided into a multitude of factions, schools and approaches, thus reflecting the internal fragmentation, splits and disintegration which bring our clients and patients to us in the first place. The field of psychotherapy is like the psyche of its patients - and practitioners. It is dangerous to 'side' with one aspect of the psyche against another. Recognising this 'parallel process' can lead us to an appreciation of other approaches, often diametrically opposed to our own, and a valuing of the whole field of psychotherapy as an organism. When we come across apparently irreconcilable beliefs and perspectives, it is important to remember that theories don't integrate - people do. In keeping with our body-oriented principles, this awareness reconnects different theoretical stances with their underlying 'energetic' and existential positions, recognising that there is no theory which is not a reflection of the theorist's feelings and often unconscious and archetypal imagery.

The impulse and the need to integrate both arise out of a painful awareness of splits - between 'inner and outer', body and mind, masculine and feminine, ego and Self. The extent of the split and the pain inherent in it are not always consciously acknowledged. It is not easy to embrace the necessity of suffering as an inevitable element in any real transformation, but in our opinion psychotherapy can make a valuable contribution to the compulsive avoidance of pain in our culture. Working towards a healing of these splits is only possible in a congruent way if as practitioners we are engaged in a process of integration ourselves, both in terms of our individual and collective wounds as well as in terms of our theories and approaches. We inherit the wounds of our 'real' childhood fathers and mothers, and we inherit the wounds of our therapeutic fathers and mothers - the founders or originators of the particular school we were initially attracted to and trained in.

Each approach - in terms of its theory and technique, in terms of its assumptions (about human nature and psychological health, about therapy, about the world at large), in terms of its beliefs and values - has its strengths and shadow aspects. An essential aspect of training psychotherapists is therefore work on the particular shadow aspects of the approach they were attracted to. This requires attention to each student's fantasies about the therapist's role and their often unconscious investment in certain habitual relational positions which mean that the therapist will use the therapeutic role in a defensive way. For us, the image of the wounded healer helps us work towards integrating the role of therapist with the person. This is grounded in an understanding that there is no 'right' approach or intervention (to hide behind), but that the client *needs* the therapist to be in conflict, to the point of losing their therapeutic position. It is difficult for therapists to maintain a sense of congruence and authenticity unless they are able to embrace its opposite, i.e. conflict, incongruence and fragmentation, as necessary ingredients in the role they take on.

Our own version of 'integrative' work is evolving. We are open to and interested in other ways of working and we see ourselves in a process of accepting, working with and integrating the underlying inherent and inherited tensions, conflicts and splits within the field. By teaching within this perspective we hope to contribute to the further development of a body-oriented perspective where integration between body, mind and psyche is seen as the basis for integration of different approaches. Integration is going to be an important issue over the next decade at least, the dangers being on the one hand a further division and fragmentation or the hegemony of certain positions to the exclusion of others. Integration depends on holding the tension between plurality and unification.

Each force is enemy if you do not love it. You cannot love it if you do not know it. If you become one with it, there is no more enemy.

"Talking with Angels"



The Chiron Training

THEORETICAL ORIENTATION & CURRICULUM

The training is designed for students to become familiar with the body-oriented, holistic, humanistic and integrative principles of the Chiron approach during the Basic Training Phase, and to develop their own style and way of working by integrating their learning into their practice during the Accreditation or Diploma Phase.

The main theoretical and practical orientation is a combination of three main forms of Body Psychotherapy, namely:

- Biodynamic Psychology, founded by Gerda Boyesen; this includes a detailed understanding of the formation of body armouring from the bone and muscular layer to the skin and the energetic field. Gerda originated the whole system of biodynamic massage, based on body psychotherapeutic principles, many of which she developed and formulated.
- Reichian Character Analysis, as further developed by Neo-Reichian Schools (Lowen, Pierrakos, Boyesen, Keleman, Boadella), including vegetotherapy, bioenergetics, core energetic and biosynthesis
- Gestalt Body Psychotherapy, originated by Jack Rosenberg (the founder of IBP 'Integrative Body Psychotherapy') and brought to England and developed further by Rainer Pervöltz, a Chiron founding director.

The integration of these several different schools - which together comprise the core of modern body-oriented psychotherapy - means that the Chiron-trained therapist has a comprehensive understanding of this branch of the psychotherapeutic field.

Although the focus of our teaching is clearly on *Body Psychotherapy*, we draw valuable insight from the whole history of psychotherapy and in this sense Chiron could be called eclectic. The focus on *Body Psychotherapy* is complemented by important influences from other approaches representing the wider spectrum of psychotherapy, especially:

- Transpersonal Psychology, Jungian ideas and working with images
- psychoanalytic ideas from a wide range of theories including classical Freudian as well as Object Relations
- integrative theories and models (Petruska Clarkson, Ken Wilber, Stephen Johnson, etc.)

In summary this means that the training provides a comprehensive holistic theory which takes into account the subtle interaction between body and mind in client *and* therapist. This theory includes a detailed and integrative developmental model (incl. Reichian character structures, Kleinian and Object Relations), a theory of personality which includes transpersonal perspectives, a set of assumptions about health and personal growth, hypotheses as to the origins of disturbances (psychopathology) and a rich variety of diagnostic and therapeutic techniques used within the framework of the therapeutic relationship. There is also input on the therapist's internal process (holistic understanding of countertransference) in connection with the concept of 'charge'.

"The body's life is the life of sensations and emotions. The body feels real hunger, real thirst, real joy in the sun or the snow, real pleasure in the smell of roses or the look of a lilac bush; real anger, real sorrow, real tenderness, real warmth, real passion, real hate, real grief. All the emotions belong to the body and are only recognised by the mind."
D.H. Lawrence



STYLE OF TEACHING & LEARNING

It is generally recognised that the student's own therapy and therapist have a substantial influence on their eventual therapeutic presence - on a very basic and essential level students learn most about being a psychotherapist through being a client. This is why individual psychotherapy is an obligatory requirement throughout the Basic Training Phase.

It is not uncommon for students to experience a conflict between their inner needs and pace in terms of their own process and the external standards and structure of the training which is then often perceived as reminiscent of earlier learning experiences at school or college. We try to reconcile these conflicting needs, and usually recommend the option of extending the training by another year rather than compromising personal development, thereby adjusting the training to the therapeutic process rather than vice versa.

In the training groups we therefore aim for a balance in terms of students' own process, the group process and the learning process, and try to achieve an integration which does justice to both inner and outer development. We try to create a learning environment which provides structure and regularity as well as clear external requirements, criteria and standards. Within this framework the principles of self-regulation and self-direction are considered key elements in our approach to teaching. Students are encouraged to bring their own resources and previous life experience to their personal learning process.

The Chiron training is designed for students to learn the craft of psychotherapy primarily through experiential learning. Through exercises, skills practice and practical demonstrations in the whole group, in triads and in pairs a continuous interweaving of experience, reflection and understanding is facilitated. One important focus in the training is the development of self-reflection based on increased awareness of inner processes. Therefore the emphasis is placed on learning through experience in the 'here & now'. The intention is to foster right-brain learning informed by the left brain in such a way that students can develop their own theoretical stance, style and structure. We want to allow theory and meaning to emerge rather than defensively relying on it to the detriment of intuition.

It is in keeping with the emphasis on experiential learning that - with the exception of seminars and specific teaching sessions - training groups are not heavily loaded with academic input. Trainees are therefore expected to follow up and complement teaching sessions with their own reading. At all stages of the training, the literature recommended in our booklist enables and supports the conceptualisation of experiential learning.

As the Chiron approach aims to allow and facilitate change in the client through physical interventions as well as verbal ones, a particular sensitivity and awareness on the part of the therapist is required. This we hope to engender through continual reference to the trainee therapist's own body awareness, blocks, conflicts and tensions which they bring to or which emerge during the therapeutic encounter. Only with this awareness of themselves as *embodied* individuals can Body Psychotherapists provide a healing environment in which the client can discover the potential for pleasure and creativity in their own body. We therefore design the training in a way which will help students develop the capacity to use themselves as a 'body of resonance' whilst staying connected with inner impulses and a rootedness in inner awareness within the therapeutic position.

In the later stages of training supervision of clinical work underpins the continuing learning process in the post-certificate phase.



Aims of the Training

The Chiron Basic Training Programme aims to comprehensively develop the student's inherent potential for engaging in relationship, including their listening and communication skills and their ability to make meaningful contact. By aiming towards an integration of students' own therapeutic process with the learning process throughout the training, as outlined above we hope to develop students' congruent and authentic presence and a capacity for an 'organic' way of working (rather than relying on 'performance' or 'control'). Through an emphasis on experiential learning we want to give priority to students' intuition and spontaneity, a natural, flexible and undogmatic stance and the capacity to be deeply involved.

Students will be encouraged to develop a therapeutic attitude which gives priority to the client's inner dynamic, and which does not impose specific methods, morals or advice. We consider it important that they learn to maintain awareness of their own physical, emotional and mental presence whilst engaged in the relationship, and to be able to judge when it is appropriate to use their responses in the therapeutic interaction.

From those who qualify we expect the capacity to build and sustain a genuine relationship with the client, competence in assessing clients' needs accurately and in depth, and to engage in appropriate individual psychotherapy within a holistic and body-oriented framework. We expect familiarity with a wide variety of bodywork techniques including biodynamic massage. This also requires a profound understanding of the physiological, emotional and symbolic functions of the body, as well as the ability to recognise character structure and work with transference and countertransference. Students must therefore demonstrate a sound theoretical understanding of the concepts, procedures and principles underlying Body Psychotherapy.

ASSESSMENT CRITERIA

We think of the qualities and skills required in terms of the following criteria which are used as a framework for assessment.

Towards the end of the training we expect the therapist to demonstrate sufficient competence in the following areas:

1. Personal Development / Self Awareness / Own Process
2. Capacity to be in and maintain ongoing relationship
3. Therapeutic Perception (incl. accurate empathy, energetic perception, somatic resonance)
4. Therapeutic Understanding (incl. 'organic' theorising, models, psychotherapeutic theories)
5. Therapeutic Skills (incl. interventions, technique, methods)
6. Professionalism and Boundaries (incl. ethics and professional conduct)

Criteria 3. to 5. in this particular framework are based on a distinction of three interrelated processes which are continuously occurring within the therapeutic position: PERCEPTION - UNDERSTANDING - INTERVENTION. The assumption is implied that these processes happen and need to be attended to:

- on all levels from physical and emotional to mental and spiritual
- in relation to Self, Other and the relationship as a relatively closed system.

A detailed set of assessment criteria for Certificate and Diploma level is available to students.



The Structure of the Training

The Chiron Centre offers a comprehensive three-year basic training programme leading to the Chiron Certificate in Body Psychotherapy, followed by post-certificate training leading to the Diploma, and accreditation by the UK Council for Psychotherapy (UKCP). It is one of the very few training centres which offers a complete training in Body Psychotherapy to Diploma level and registration.

APPLICATION FOR TRAINING

If you wish to enter the training programme, please request an application form from the office. Applications are invited each year in the spring and early summer. You need to send in the completed application form together with a curriculum vitae, a passport photo and an application fee. In due course you will be invited for two assessment interviews. The first interview, with one member of the Training Committee, lasts about one hour and will give the opportunity for the applicant to discuss questions about the training in more detail. The second interview will be with two members of the Training Committee and lasts about 30 minutes. You will usually be notified about the outcome of these interviews at the latest by the end of June. Late applications will only be processed if places are still available.

Please ask for the dates and deadlines for application relevant to the year in which you wish to apply.

ENTRY REQUIREMENTS

The application form and assessment interviews are discussed and evaluated by the Training Committee.

The assessment is based on:

- previous experience of psychotherapy (group or ongoing individual)
- general life experience and self-awareness
- emotional maturity
- intellectual capacity
- experience of working with people
- warmth and liking for people

Academic qualifications are not necessary, but students should be capable of academic study at post-graduate level. Previous clinical experience is not a necessary requirement for entering the basic training.

*“We are the mirror as well as the face in it.
We are tasting the taste this minute
Of eternity. We are pain
and what cures pain, both. We are
the sweet cold water, and the jar that pours.”*

Rumi



BASIC TRAINING PHASE

Leading to the Chiron Certificate in Body Psychotherapy

The basic training generally takes three years, involving approximately 11 hours per week (including individual therapy) during three 12-week terms - a total of approximately 1200 hours.

The preferred sequence of training is:

FIRST YEAR:

HOURS OF DIRECT TEACHING

- | | |
|--|-----------|
| ◆ Body and Energy I (Body Psychotherapy) | 108 hours |
| ◆ Biodynamic Massage I | 108 hours |
| ◆ Holistic Human Biology (Anatomy Course) - (can also be taken in second year) | 48 hours |
| ◆ Psychotherapy Group | 108 hours |

SECOND YEAR:

- | | |
|---|-----------|
| ◆ Body and Energy II (Body Psychotherapy) | 108 hours |
| ◆ Biodynamic Massage II (fortnightly in small groups) | 36 hours |
| ◆ Gestalt-Body Therapy I | 108 hours |

THIRD YEAR:

- | | |
|---|---------------|
| ◆ Massage & Psychotherapy (fortnightly in small groups) | 48 hours |
| ◆ Gestalt-Body Therapy II (Charge in the Therapeutic Relationship) | 108 hours |
| ◆ Seminar on Therapeutic Theories and Character Structures | 54 / 60 hours |
| ◆ Advanced Training in Holistic Psychotherapy (small groups of three or four) | 84 hours |

Another requirement is participation in a weekend course on “Working with Diversity in Psychotherapy” which can be attended in the second or third year of the basic training phase.

FLEXIBILITY WITHIN THE TRAINING STRUCTURE

Depending on personal requirements and commitments, it is possible to arrange training at an individual pace in consultation with the Training Committee. It is possible to modify the sequence of courses or stop training for a period or extend training over a longer period. However, some courses cannot be taken before others have been completed (e.g. the Body & Energy modules as well as Massage and Gestalt Body Therapy all need to be taken in sequence). Any change in the order of courses needs to be discussed with a tutor and agreed by the Training Committee.

The training courses comprising the Chiron Certificate Programme are designed as a comprehensive training in Body Psychotherapy. However, individual courses may also be taken separately by people wishing to supplement their expertise in psychotherapy, mental health work, social work, teaching, etc. In this case Attendance Certificates will be given.



PERSONAL PSYCHOTHERAPY / GROUP PSYCHOTHERAPY

All students taking the certificate programme are required to have weekly individual therapy with a fully qualified therapist. As UKCP guidelines suggest that personal therapy during training has the same format as the approach eventually practised, we recommend that at some point students experience for themselves a body psychotherapeutic approach with a Chiron-trained therapist or similar.

In certain cases, the Training Committee may suggest a pause in the training process, during which the student is usually advised to continue with personal therapy.

We expect you to join one of our ongoing psychotherapy groups during the first year of training if you have not attended a similar group before. Occasionally we recommend participation in a group again during the second or third year.

WRITTEN ASSIGNMENTS

End-of-Year Essays

Candidates for the Chiron Certificate are required to submit a typed essay each year by the beginning of June. The essay should be on a theme of the student's own choice and should demonstrate a satisfactory understanding of the therapeutic process. The essays are part of the end-of-year assessment along with other course evaluations.

First Year: 'Describe how some aspect of your experience in the training programme has contributed to your personal development during this year. The emphasis should be on awareness of your own process.' (Minimum 1,500 words, maximum 2,500 words)

Students are expected to draw on and emphasise personal experience and their learning about themselves in the context of any of the first-year groups and their individual and group psychotherapy.

Second Year: 'Discuss one aspect of a therapeutic approach which you have been learning and practising, and relate this to your experiences with your 'clients' in the training groups.' (Minimum 2,500 words, maximum 3,500 words)

In the second year the subject of choice needs to be addressed more from the therapist's position, although it can also include examples from students' personal process. The emphasis should be on the balance between own process and therapeutic position.

Third Year: 'Elaborate on one of the essential theories and ways of working within the framework of Body Psychotherapy and discuss this in relation to your own experience as therapist. If you do want to include your own process, it should have relevance to your therapeutic position.' (Minimum 4,000 words, maximum 5,000 words)

In this final and more substantial essay the emphasis should be on the student as therapist, possibly including examples from work with peers.

Other Assignments

Some of the courses require some written work and shorter essays. You will find exact details under each individual course description.



BOOK REVIEWS

At the beginning of their training students receive a copy of the latest General Reading List. Each trainer will also hand out a specific reading list for each module.

Students are required to attend a self-directed Reading Group during the first two years of the basic training phase. These groups of 3 or 4 people will be formed at the beginning of each training year (usually in the Body and Energy module). Students are expected to meet regularly to discuss their reading with each other and are asked to choose one of the books on the General Reading List (preferably Primary Reading) each year to present to their group. They are required to write a review which presents the book, summarises its content, makes some reference to the discussion in the Reading Group and also includes a personal comment. Book reviews need to be handed in at the end of the training year and will be read and passed by a member of the Training Committee.

TUTORIALS

Chiron provides tutorial support for each student throughout the training, and a number of two tutorials per year is suggested as a guideline. These tutorials are not compulsory - they are designed as a support for trainees and aimed at facilitating them in getting the most out of the training.

ASSESSMENT PROCEDURE

Towards the end of each training course, students are asked to hand in a written self assessment and are also expected to present this in each training group, followed by peer feedback and assessment by the trainer. The trainer will have been involved with the Training Committee's assessment of each student, based on the student's personal development, group participation and written work. These various elements are also incorporated in the written assessment which is given to each student at the end of each training year and which makes recommendations about the student's progress in the training. The Training Committee is responsible for monitoring each student's development throughout the training, and for ensuring that the pace chosen is appropriate to the student's needs. The Training Committee can, for example, recommend or require that the student extend their training, stretching the respective modules of one of the training years over two years rather than one.

Assessment is based on the framework of criteria mentioned above (see 'Aims of the Training') and the aims and objectives for each module. Apart from the feedback and assessment process within each training group, a more detailed and individual discussion of issues around assessment is possible in tutorials.

A detailed set of assessment criteria for Certificate and Diploma level is available to students. Self assessment guidelines will be given out by the trainers in each training module.

WEIRD FAILURE

*I talk to my inner lover, and I say: Why such rush?
We sense that there is some sort of spirit
that loves birds and animals and the ants -
perhaps the same one that gave a radiance to you in your mother's womb.
Is it logical that you would be walking around entirely orphaned now?*

*The truth is you turned away yourself, and decided to go into the dark alone,
Now you are tangled up in others and have forgotten what you once knew,
And that's why everything you do has some weird failure in it.*

Kabir



THE CERTIFICATE IN BODY PSYCHOTHERAPY

Application Requirements

The minimum completion time of the basic training phase is 3 years. In order to be eligible for application for the Chiron Certificate students must have fulfilled the following requirements:

- satisfactory completion (both in terms of attendance and course requirements and assessment) of all the training courses listed above (see 'Basic Training Phase')
- ongoing individual psychotherapy during the basic training phase (at least 40 sessions per year with a qualified therapist approved by Chiron)
- written assignments (end-of-year essays and other essays in certain modules)
- a written self-assessment as part of the application form

The student can then apply, together with an application fee, for the Certificate in Body Psychotherapy (application forms are available from the office).

The Certificate

The Certificate confirms and recognises that the trainee is in principle able to work with clients as a Integrative Body Psychotherapist. It is then in the Accreditation Phase that the trainee has to prove that they are able to do so in practice. The Training Committee may not award the Certificate to anyone who is not considered ready to work with clients, although they might have formally fulfilled all other requirements of the Basic Training Phase.

The Certificate in Body Psychotherapy entitles the individual:

- to set up a practice as a Body Psychotherapist (in order to be recognised and then registered as an independent qualified Chiron Psychotherapist, however, the certificate holder has to complete the Accreditation Phase and gain the Diploma)
- to apply for Associate membership in professional organisations where accreditation can be gained
- to be listed at Chiron as trained to Certificate level

*The grapes of my body
can only become wine
After the winemaker tramples me.
I surrender my spirit
Like grapes to his trampling
So my inmost heart can blaze and dance with joy.
Although the grapes go on weeping blood and sobbing
I cannot bear any more anguish, any more cruelty,
the trampler stuffs cotton wool in his ears.
"I am not working in ignorance;
You can deny me if you want - you have every excuse;
But it is I who am the Master of this work,
And when, through my passion
You reach Perfection,
You will never be done praising my name."*

Rumi



ACCREDITATION & DIPLOMA PHASE

Leading to the Chiron Diploma in Body Psychotherapy

Application Requirements

Accreditation by Chiron can be applied for when a therapist, trained at Chiron to Certificate level, has been practising for a minimum of 2 years under regular supervision with a Chiron approved supervisor (the minimum requirement for supervision before the Diploma is 120 hours, which includes group and individual supervision).

Two case histories should be presented of 5,000 words minimum each (8,000 maximum). They should contain a substantial discussion of the therapeutic process which shows in depth the essence of the therapist's personal way of working. Guidelines and suggestions for writing case histories are available.

During the post-certificate phase Chiron will refer at least two suitable 'training clients'. Two clients must remain in therapy for a minimum of 18 months in order to qualify as 'case history clients'. Notes must be taken of each therapy session and reports and short evaluations made at regular intervals. The therapist is expected to be seeing other clients concurrently and show the capacity to hold a case load of at least six clients.

The therapist should be able to demonstrate appropriate and competent practice management. This would include issues such as:

- an awareness of the number and kind of clients the therapist is able to contain at any one time
- a professional way of dealing with boundaries in the therapist / client relationship
- the ability to identify personal strengths and shortcomings in regard to selection of clients, and the readiness to accept one's own limitations and therefore, in certain cases, refer clients to colleagues
- the capacity to hold the majority of clients for a realistic length of time with regard to the clients' process

The focus of supervision will be on the 'training clients', but a satisfactory impression of work with other clients should be evident. We usually recommend one hour individual supervision for every six clients hours.

Post-certificate therapists need to participate in the post-certificate training for a minimum of 60 hours. They are also required to complete a mental health placement. More detailed guidelines for the post-certificate phase are available from the office.

THE DIPLOMA IN BODY PSYCHOTHERAPY

After completion of the Diploma phase, the therapist can apply for the Chiron Diploma in Body Psychotherapy. The application form requires a detailed reflection on the therapist's training, their personal and professional development and their current practice. The completed form needs to be handed in together with an application fee. The Training Committee will then decide whether or not the therapist's work has been satisfactory and fulfils professional standards. The final decision on accreditation rests with the Chiron Training Committee. The accreditation is seen as a renewable licence to practise. The renewal time is every five years. A brief outline of the therapist's current psychotherapy practice has to be presented for the renewal of the accreditation, along with a self-appraisal and evaluation.

The Diploma entitles the therapist:

- to be called a qualified psychotherapist, and therefore to practice independently
- to be on the register of Chiron accredited psychotherapists
- to apply for full membership with AChP (Association for Chiron Psychotherapists) or other professional organisations
- to be on the UKCP Register of Psychotherapists



Details of Courses and Modules

INTRODUCTION TO THE COURSES

In the following descriptions of the courses and modules which comprise the Chiron training we have included a brief introduction, the module aims and objectives and a summarised syllabus for each course. A full and more detailed syllabus will be made available to students, but here we want to convey an overall impression of the training curriculum rather than detailed descriptions. We are trying to give sufficient information for potential trainees to make a decision about joining the training whilst keeping sight of the essentials.

The training is developmental in several respects, with each year of study building on the previous one. As will be evident from the description, some modules directly follow on from others. So although there is a degree of flexibility for students to structure their training according to their individual needs, some modules cannot be taken before others have been completed (see above “Flexibility within the Training Structure”).

Based on our humanistic approach to training (see “Style of Teaching and Learning”), there is an overall development from more experiential modes of working in the first year towards a gradual inclusion of more reflective and theoretical perspectives later on.

Although we clearly aim for an eventual integration of Self and Other in the therapist’s awareness, the training emphasises these polarities at different times.

During the first year the focus is more on student’s own process and experience of themselves, for example through exploring their own way of being in their body, their own breathing pattern etc. In the second year there is a lot more emphasis on understanding the client. Whilst in the first year students become familiar with body psychotherapeutic principles through direct experience, in the second year they begin to conceptualise these principles by learning about theory which is then applied to the client. Working within the Chiron approach, we want to develop a detailed and sophisticated understanding of how each client experiences the world, how they function energetically and how their body and mind shape their identity and are in turn shaped by it. Theory can contribute to this understanding and has both the function of accentuating the therapist’s capacity to empathise and merge as well as their ability to stand back and be separate from the client in order to see the whole picture. Theory in this context is used to *support* contact and understanding between client and therapist rather than to suggest how the therapist ‘should’ behave.

In the third year the focus is on the relationship between client and therapist, encouraging students to go beyond the security of theory or technique. As the year is a transitional one in which trainees move from being students towards being novice psychotherapists, the emphasis is on the integration of previous learning and its application to therapeutic practice as trainees prepare for their certificate application.

Some issues (for example professional boundaries, ethics and issues of power, difference and cultural diversity) will be introduced and referred to throughout the training.



First Year Courses

The Psychotherapy Group provides an environment for exploration of one's way of being in the world and relating to others. At Chiron we pay particular attention to the way this relationship with oneself and 'the other' is being 'embodied'. Whereas in the Psychotherapy Group this exploration occurs *spontaneously*, in response to the dynamic in the group and between people, facilitated by the group leader, the other modules use experiential learning with exercises in pairs and triads, giving the explicit opportunity to reflect on experience and relate it to theoretical concepts introduced. In feedback and discussions after practice with peers the emphasis is more on 'oneself as client'.

In the Body and Energy I and Biodynamic Massage I modules, students explore their own body awareness and energetic perception by paying attention to the experience of energy movement in themselves and their peers. Exercises are used to develop conscious awareness of boundaries of the self (inner - outer, me - not-me) as well as to facilitate direct communication through touch. The processes which these exercises are based on need to be experienced before being conceptualised.

The experiential work with energy in relation to self and other are underpinned by the study of anatomy and physiology in the Holistic Human Biology module which 'grounds' this energetic understanding within Western medical knowledge.

BODY PSYCHOTHERAPY GROUP

The following text is taken from our leaflet to the general public 'Psychotherapy Groups at Chiron': "In life, we are supposed to fill many roles, and mostly this requires a goal-oriented attitude and behaviour adapted and appropriate to the situation (this has been called the reality principle). Although these roles give us a sense of who we are, this identity is not always true to our inner reality, and to our potential for pleasure and joy (the pleasure principle). We want to encourage you to be with your inner impulses, free from anxiety-producing expectations of how you should be. Connecting with your inner impulses is fundamental to our work at Chiron and therefore to the group. The group provides a space in which you have the freedom to develop your identity organically.

In the end, it is in relationship with others that it becomes possible to know ourselves and find our inner truth. The body constantly compromises for survival, and every bodymind will choose and maintain routines and well-known patterns, no matter how painful in themselves, rather than take unfamiliar steps to see if there are other ways of living.

In the group, we shall attempt to 'disturb' some of these routines and habits, but will never go beyond your willingness to explore. Possible ways of 'disturbing' will include looking at the contradictions between words and body expression; looking at how well-being is lost in relationships; or how you inhibit your energy. You will gradually discover how you express your life story in apparently insignificant details. People in the group mirror the many known and unknown faces of our inner world. Just as each person is considered a 'whole', so the group can be seen as an organism, a body - with each group member playing a vital part in the evolving discovery. You will be invited to contribute to the atmosphere of the group and its degree of attention, safety, acceptance and authenticity, so that the inner worlds of each of us can dare to show themselves."

Module Aims & Objectives

For students to develop an embodied sense of oneself in relationship with others

Student Numbers: Maximum 12

Assessment

The student's participation in the psychotherapy group is reviewed in general process terms only (i.e. to what extent was the student able to 'make use of the group' in terms of their own process). Particulars of context or personal material are confidential to the group.



BODY AND ENERGY I

The Body and Energy module is based on Reichian Vegetotherapy and its subsequent elaboration and development since its conception by Wilhelm Reich in the 1930's and 1940's. Energy links body, emotion, mind and spirit and is the connecting force in all aspects of our being. Every conflict within a person has its physical manifestation somewhere in the body, and a depleted or blocked energy flow will have implications on all levels of being. A depressed person, for example, will have depressed energy flow, pallor, lack of vitality and joy for living, the breathing will be shallow, and concentration will be poor. If the client is addressed only on the mental level there may be changes, but more becomes possible when the client is contacted energetically and the internal self-regulatory mechanisms can be stimulated.

Module Aim

For students to ...

- perceive and understand how energy moves in the body and how it gets blocked
- begin to understand the energetic connection between body, emotion, mind and spirit
- experience and begin to use ways of working therapeutically with energy

Module Objectives

For students to ...

- develop awareness of their own 'energy body' and to use it in the therapeutic setting
- develop skills, knowledge and experience of how to work therapeutically

Format and Teaching Methods

Presentation of theoretical concepts, demonstration, pair and triad practice, feedback on self as therapist and as client, discussion, handouts and recommended reading. No written work is required.

Syllabus

- The development of Reichian Vegetotherapy (Reich, Boadella, Boyesen, Lowen, Pierrakos, Rosenberg)
- Definition, aims and objectives of Body Psychotherapy
- The therapeutic relationship - how to establish the relationship
- The embodied transference and countertransference in the therapeutic relationship
- The biodynamic approach: creation of a non-invading, but containing atmosphere (the midwife approach); non-verbal approach; working closest to the ego; presence, including listening globally and focussed listening; intentionality; beginning to make interventions verbally
- Boundaries: their purpose, meaning and implications
- The Primary Scenario: family tree including gender and sexual components
- Working with regression and the 'Inner Child': indications and contra-indications
- The Vasomotoric Cycle and its function
- The different movements of energy: a) inward and outward, b) up and down, c) horizontal and vertical, d) charging and discharging, e) expressive and vegetative
- The three layers of energy: endoderm (inner layer), mesoderm (middle) and ectoderm (outer)
- The different levels and qualities of energy
- Breathing: the relationship between breathing - emotion - motion
- The meaning and function of chest, abdominal and combined patterns of breathing
- Exhalation and inhalation and their meaning
- Primary Impulse, Secondary Reaction, Compromise and Integration
- Situation, Feeling, Expression

Student Numbers: Maximum 14



BIODYNAMIC MASSAGE I

Biodynamic Massage reaches for the inner dynamic of a person. Its aim is to establish a harmonious flow of energy throughout the body. It was Gerda Boyesen who brought biodynamic massage to England in 1968, having developed it from methods commonly used in Norwegian Psychiatric hospitals by physiotherapists working in conjunction with psychotherapists. It consists of a number of techniques which work specifically with the energy held within the physical structure of the body, from bone and muscular levels to the connective tissue and skin layers as well as the energy field. With its holistic and therapeutic understanding, biodynamic massage is very much part of the Body Psychotherapy tradition and follows and expands basic theoretical principles elaborated by Wilhelm Reich (i.e. that physical symptoms have their emotional counterpart and psychological stress may lead to various bodily manifestations).

Module Aim

For students to ...

- be confident to work as massage practitioners
- develop confidence and appropriate usage of touch
- have a basic understanding of the underlying theories

Module Objectives

For students to ...

- develop an embodied sense of oneself
- gain an awareness of presence and quality of touch when massaging
- know the boundaries of inner and outer self
- develop sensitivity to energy movements in the body and to recognise these in oneself in terms of countertransference and resonance; and in the other as resistance/defence/protection and transference
- learn to relate to another at a non-verbal level

Format And Teaching Methods

Supervised pair practice following trainer's demonstration of massage technique, feedback, theoretical presentations and handouts, recommended reading. 20 short written session reports are required, as well as short written answers to questions about theory.

Syllabus

- Massage Techniques
 - Connective Tissue work
 - Muscular Work
 - Energy Work (including ways of working with the aura)
- Theory
 - Development and Origins of Biodynamic Massage
 - Aims, Objectives and Limitations of Biodynamic Massage
 - Physiology of Stress and Relaxation (incl. the Startle Reflex)
 - The Vasomotoric Cycle
 - Anatomy and Function of Connective Tissue
 - Theory of Psycho-Peristalsis
 - Anatomy and Function of Muscular System
 - Vegetative Symptoms and their Meaning
 - Basic Introduction to Character Structures (as relevant to Biodynamic Massage)

Student Numbers: Maximum 14

After successful completion of this module and the Holistic Human Biology module, students can apply for the Basic Biodynamic Massage Certificate.



HOLISTIC HUMAN BIOLOGY

The Holistic Human Biology module covers basic anatomy, physiology and pathology of the human body. Throughout the course links are made between theoretical and experiential knowledge of the body, the effects of touch and the mind-body relationship. Common ailments affecting each of the body systems are discussed, and medical approaches to their causes, prevention and treatment.

Module Aim

For students to ...

- to de-mystify medical science about the basic workings of the human body, and how tissues, organs and systems work together
- to understand the factors which influence these relationships and to be able to identify common signs of pathological processes

Module Objectives

For students to ...

- to know the location and function of the major tissues, organs and systems in the human body and to develop a conceptual framework upon which future reference may be based
- to use this knowledge to help understand a client's physical process in relationship to the whole person
- to develop greater appreciation of one's own body and the factors which can determine health and disease

Format & Teaching Methods

Lecture presentations, visual aids, demonstrations, recommended reading, open discussion and experiential exercises. Students will participate in project work and presentations to the group

Recommended course reading: Su Fox and Darien Pritchard 'Anatomy, Physiology and Pathology for the Massage Therapist', Corpus Publishing, 2001, Chichester

Syllabus

TOPICS WILL INCLUDE:

1. Introduction to the body: cells, tissues and systems of the body; homeostasis; health and disease
2. The basic structure: bones, joints and connective tissue
3. The neuro-endocrine systems: communication within the body
4. The neuro-endocrine systems: the stress response
5. Intake: the digestive and respiratory systems
6. Muscles: action and functioning
7. Transportation: the cardiovascular and lymphatic systems
8. The special senses: skin and touch

Student Numbers

Maximum 16

"Why are you unhappy ? Because 99 percent of everything you think and of everything you do is for yourself - and there isn't one."

Wei Wu Wei



Second Year Courses

During the second year of training students deepen their understanding of concepts acquired in the first year and - building on these foundations - begin to look at therapeutic theory and frames of reference. Whilst the basic mode of teaching remains experiential, particularly for new learning, there is more opportunity for discussion of therapeutic theory. Models, therapeutic concepts and major areas of the therapeutic process are explored - no longer primarily from the viewpoint of the client's experience, but also from that of the therapist's understanding. Techniques and skills of bodywork are again taught through experience, but the integration of the experience happens more within a structured framework and with reference to particular elements of theory. With the introduction of Gestalt Body Psychotherapy, itself an integration of Gestalt and Body Psychotherapy methods, students begin to look more closely at how the various strands and modules of the training relate to each other and how they can be integrated into a comprehensive inclusive model. Courses demand more written work, usually for presentation to the training group. In feedback and discussion after practice with peers the focus moves from the experience of the client to that of the therapist.

BODY AND ENERGY II

This module consolidates students' understanding of Biodynamic Psychology and Body Psychotherapy and additionally relates them to psychodynamic theory and transpersonal work, by introducing the major areas and themes central to all psychotherapy as well as wider contextual issues. Energetic perception is deepened by a theoretical understanding of the client's 'bodymind'. Using self-knowledge gained in first year courses of how energy moves in the student and can be related to as it moves in another, the students deepen theoretical understanding of this process and begins to locate it within different therapeutic frames of reference. Whilst encouraging intuitive, right-brain interventions, more emphasis is placed on the student being able to conceptualise, explain and evaluate therapeutic interventions. In this sense students struggle with the integration of left and right brain as well as masculine and feminine therapeutic stances and positions. As well as 'getting a feel' for each particular client and how to approach them, they are expected to identify the therapeutic frame they are working in and to demonstrate some flexibility between different perspectives by translating equivalent concepts from one mode to another, where possible.

Module Aim

For students to ...

- understand the issue that is being worked with in the client's bodymind / process
- be able to fit this into a developmental model
- become familiar with various bodywork/ release techniques and to be able to apply these appropriately
- begin to understand the nature of transference in the therapeutic relationship

Objectives

For students to ...

- understand the principles of the biodynamic approach and become competent in practising the biodynamic vegetotherapy technique
- appreciate and observe the nature of character armour as it presents in the client's body, movement, breath and communication
- learn techniques and methods of intervention to explore and uncover the unconscious material which is contained in these energy blocks
- begin to understand their own body / feeling responses as a reflection of the relationship process with the client (using the countertransference)



Format and Teaching Methods

Presentations of theoretical concepts, demonstration, pair and triad practice, feedback on self as therapist and as client, discussion, handouts, recommended reading, student presentations

Syllabus

- Interview Techniques
- Vegetotherapy and the 'vasomotoric cycle'- Theory and practice
 - Indications / contraindications
 - Transference issues in vegetotherapy & use of vegetotherapy in the ongoing therapy process
- The 7 Reichian Segments: Theory and practice
- Ego Development and Formation of Character Armour
 - Comparison of developmental models (object relations & other childhood development models)
 - Defence mechanisms of the ego
- Aspects of Mother and Father: how these develop as dimensions of the Self
 - Working with masculine / feminine aspects in the therapeutic relationship
- Negativity in the Therapeutic Process
 - Human development personality theories
 - Integration of the 'shadow'
 - Negative transference - its significance and application
- Sexuality: Critical Stages in Sexual Development
 - Working with sexuality, sexual transference, importance of sexual boundaries
- Images and Symbols
 - Introducing them into the therapeutic process
 - Using them to understand the client's process
 - Images and spirituality
 - The therapeutic process as spiritual work
- Transference and Countertransference in Body Psychotherapy
- Ethical Code for Body Psychotherapists
- Self-evaluation as a Psychotherapist; formation of therapeutic identity

Written Assignments

Presentation of a paper on a chosen topic

Student Numbers: Maximum 14

GESTALT BODY PSYCHOTHERAPY I

Gestalt Body Psychotherapy utilises the awareness of the student's own 'energy body' acquired in Body and Energy I and is founded on ...

- a) the principle of organismic self regulation (i.e. the organism can be trusted to 'know' the next step it needs to take)
- b) a phenomenological approach (i.e. following whatever is and manifests in the client, in the therapist and between them in the 'here and now').

In these ways Gestalt Body Psychotherapy has much in common with the Biodynamic approach. What is new to trainees is the emphasis on inclusive dialogic relationship and on what happens between client and therapist at the contact boundary. The self is seen as a function of relationship in what is essentially a social therapy. With its emphasis on the 'here and now', the paradoxical theory of change (i.e. change comes about only by staying with / going into what is) and field / systems theory, Gestalt therapy is intensely counter-cultural and therefore provides a fruitful arena in which to question and re-examine basic assumptions.



Gestalt Body Psychotherapy was brought to England from the United States and further developed here by Rainer Pervöltz, a founder director of the Chiron Centre, who had trained with Jack Rosenberg in Integrative Body Psychotherapy. The module also incorporates recent concepts and developments from mainstream Gestalt therapy.

Module Aim

For students to ...

- have sufficient skill in the practice of Gestalt Body Psychotherapy at a basic level and a sufficient degree of self-support to work effectively as therapists with their peers

Objectives

For students to ...

- be able to state similarities and differences between Gestalt Body Psychotherapy and other psychotherapies, particularly the Biodynamic approach
- be able to articulate (either in written form or in discussion) clients' issues and the dynamics within the therapeutic relationship in terms of Gestalt Body Psychotherapy theory
- have, and be able to draw on, a basic repertoire of therapeutic experiments
- have an experientially based understanding of what it means for the therapist to include her/himself in the therapeutic relationship

Format and Teaching Methods

- Modelling of Gestalt Body Psychotherapy by trainer working with group members
- Experiential exercises
- Theoretical presentation, handouts and discussion
- Pair and triad peer practice followed by feedback and discussion
- Therapist / peer practice in the middle of the group with feedback and discussion
- Recommended reading

Syllabus

- 'Here-and-now' awareness and the phenomenological approach
- A consideration of the present moment, the past and the future
- The Paradoxical Theory of Change
- The Inner Relationship and the Outer Relationship
- The Gestalt Cycle of Contact including:
 - Figure and Ground - Figure formation and destruction
 - Interruptions in the cycle (styles of contact): Introjection, Projection, Confluence, Retroflection, Profection Egotism, Deflection, De-sensitisation, Reaction Formation
- Polarities
- 'Ways of Helping' including 'Becoming', In and Out and the Dialogue
- The use of language in Gestalt therapy
- The Dialogic approach including the I/it and I/Thou relationship
- The organism as a self-regulating entity moving towards wholeness
- Self-empowerment in relating
- The body in Gestalt therapy
- The relationship of the part and the whole
- The development of Gestalt therapy
- Definition and overall view of Gestalt
- Insight meditation practice: presence, embodied awareness, paying attention to 'what is'

Written Assignments

One short piece of written work

Student Numbers: Maximum 16



BIODYNAMIC MASSAGE II

This Biodynamic Massage module consolidates methods and theory from the first year and introduces more advanced techniques. There will be more focussed moment to moment live supervision for students to become more confident with assessing and evaluating actual sessions.

Basic Massage Certificate Holders can also apply for this module.

Module Aim

For students to ...

- develop their work as massage practitioners

Objectives

For students to ...

- become more familiar with the biodynamic concept of massage
- increase confidence in selecting an appropriate massage for a client
- increase self-awareness of their abilities and limitations

Format and Teaching Methods

Supervised practice sessions; feedback; student essay and presentation; discussion; recommended reading. Apart from the syllabus below, the teaching will respond to the individual student's learning needs.

Syllabus

- Revision and integration of the learnt techniques
- Deepening the theoretical background of biodynamic massages
- Muscular armour and deep draining
- Introduction to charakter structure
- Introduction to Body Reading
- Illnesses and common diseases
- Bodily manifestations of neurosis
- Verbal meeting of a client within the massage structure
- Development of self-awareness as massage therapist - strengths and weaknesses

Written Assignments

Students are required to write an essay on applied biodynamic theory which includes their own original research (2000 -3000 words).

Student Numbers: 10



WORKING WITH DIVERSITY

(this weekend module can be taken in the second or third year of the Basic Training Phase)
The dynamic between therapist and client is strongly influenced by the difference or similarity of their respective cultural background. We use the term 'cultural background' as referring to issues around sexuality, gender, race, ethnicity, religion, physical ability and other identities. There may be fears and prejudices, both conscious and unconscious, which will influence the therapeutic alliance in a negative way or create unease for both client and therapist. The workshop will focus on such transcultural issues and will encourage the development of greater awareness about our values, attitudes and prejudices as therapists.

Module Aim

For students to ...

- increase their sensitivity in working with clients and fellow students with a variety of backgrounds
- raise their awareness about difference and diversity
- overcome stereotypes and stereotyping by exploring ways of working with diversity

Objectives

For students to ...

- develop a greater understanding of difference and diversity by exploring their own uniqueness and that of the other group members through reflecting on the group process and dynamic
- develop a greater understanding of their own conscious and unconscious stereotyping and prejudice by exploring these with different cognitive and playful activities
- reflect upon the function of stereotypes and prejudice by considering selected models of the underlying dynamics
- identify practical steps to improve their working with diversity and their needs for further training, personal development and information

Format and Teaching Methods

Experiential approach drawing from Gestalt Psychotherapy, including large and small group work, individual work, roleplay, presentation, brainstorming, discussion. No written work is required.

Student Numbers: Maximum 20

Third Year Courses

Gestalt-Body Therapy II (Change in the Therapeutic Relationship), Seminar on Therapeutic Theories and Character Structures, Massage & Psychotherapy, Advanced Training in Body Psychotherapy

We are aware that different approaches to training have a marked effect on students' confidence and can make a difference to their sense of empowerment and self-reliance. In the third year of training students often struggle with issues of dependence, separation and counterdependence as well as their sense of identity, power and authority, especially around the final assessment.

In the end each therapist will have to rely on their own resources when they are in the session with a client. We therefore try to provide as much opportunity for live practice as possible, and both the 'triangles' (Advanced Training in Body Psychotherapy) and the Massage & Psychotherapy module are as close to a real therapeutic relationship as can be created within the training set-up, providing an environment for intense learning. Having focussed on the experience of self and then on the client during the previous two years, the focus is now on the therapeutic relationship as a system, which the therapist is both involved in and to some extent responsible for. In all modules students are encouraged to integrate their learning from the first two years in order to move towards working with clients as well as preparing their application for the certificate.



GESTALT BODY PSYCHOTHERAPY II

(*'Charge' in the Therapeutic Relationship*)

This Third Year Group of the training is aimed at integrating the various approaches, concepts and techniques which students have become familiar with during the first two years. The basis for integration is *the relationship*, to oneself and to the client. The theories and techniques of the first two years help to get in touch with, understand and access the client's conflicts - physically, emotionally, mentally - in powerful ways. The question now is how to operate with these tools and maps, these conceptual and technical 'crutches', *in relationship with the client in the 'here and now'*. The assumption in this is that the crucial therapeutic factor in therapy *is* the relationship between therapist and client.

How satisfying, fruitful or creative this relationship can be, depends on how both people involved 'handle' their energy, and how they respond to the 'charge' (or lack of it) which is created by their contact. In the relationship with the therapist the client will tend to take habitual positions. To the extent that clients are avoiding the repetition of painful past experiences, they are 'transferring' past familiar modes of relating into the 'here & now' interaction with the therapist. This is true for us as therapists as well: the kind of relationship which we will offer to our clients depends on our own habitual ways of relating, which will, in turn, incline us towards taking a particular therapeutic position, which is therefore intricately linked to our own life story. This position will be reflected in all aspects of our therapeutic presence: our attitudes and styles of working, the kind of clients we like or don't like working with, the degree of support or confrontation which we think of as appropriate, the theoretical concepts and models we are attracted to or repelled by, and the kind of techniques which we use or avoid using.

It is essential that therapists are aware of their habitual styles of relating which not only shape their presence as a person, but also influence how they imagine, construct and fill the role of the therapist. Increasing awareness of these habitual positions will create space to hopefully allow the emergence of new ways of being and relating.

Many kinds of relationship are possible within the therapeutic framework, and the multitude of psychotherapeutic approaches which exist offer a wide range of often conflicting beliefs as to which 'habitual positions' are valid or truly therapeutic. There can be no doubt that therapists need to have a theoretical understanding of how the various roles and modalities of relating - however we conceptualise them (for example between 'reparative', 'transferential', 'adult', 'authentic' and 'transpersonal' modes) - can facilitate or hinder the therapeutic endeavour.

But obviously concepts can hinder as much as help our capacity to be in relationship - usually our thinking *about* the dynamic of a relationship is caught *within* the dynamic, and is little more than a mental reflection of it. To the extent that the therapist can let go of the fantasy that there is *the* one 'right' approach or technique in any given moment (which - according to the fantasy - some more experienced therapist would no doubt have effortlessly up their sleeve), the therapist's interventions, and the way they fill their role, can remain rooted in their body and feeling responses in relationship. Staying attentive to the energetic reality of the relationship inclines the therapist to let their theory and approach and intervention arise 'organically', congruent with the therapist as a person as well as responsive to the client.

Staying with 'What Is', and the charge of 'What Is', we will work towards students finding their feet in the ever-shifting ground that is relating (beyond the security of theory or technique), as well as developing a process of reflecting on their therapeutic impulses, thoughts and interventions. Any therapeutic approach can usefully contribute and be reflected on in this way, allowing a process of increasing integration between the therapist's person and persona, as well as between the various therapeutic modes and models which students have learnt and are attracted to.



Module Aim

For students to ...

- learn to be fully present *in* the relationship whilst maintaining an awareness *of* it, and to begin to develop an individual, responsive, self-aware and self-reflexive style of being a therapist based on holistic and integrative perspectives and methods, with particular awareness of the 'charge' in the 'here-and-now' relationship.

Objectives

For students to ...

- further develop awareness of the therapist-client relationship and its various forms and modalities (as conceptualised by the various psychotherapeutic approaches)
- synthesise their knowledge of Reichian and Gestalt principles, in order to arrive at an holistic analysis and an understanding of the client's energetic bodymind system and its functioning
- further develop energetic perception, and awareness of charge (especially in the relationship)
- become comfortable with using breathing to raise the level of physical charge
- become aware of their fears and fantasies around regression
- become aware of their individual 'construction' of the therapeutic role, and its habitual or defensive aspects (which implies finding their individual way of integrating person and role)
- develop 'organic thinking' and begin to reflect on their process of theorising
- develop both an intuitive and intellectual understanding of transference and countertransference
- begin to find their own style whilst remaining flexible and curious about the diversity of therapeutic approaches (beginning to find their own integration)

Format and Teaching Methods

The structuring of the teaching will be responsive to the group, and the needs, interests and dynamics of its members individually and as a group. Structures will include some role-play, work in the middle (with opportunities for reflection and detailed feedback and discussion), practice in pairs and triads (with the observer functioning as supervisor on request), demonstrations and theoretical input through talks and diagrams. No written work is required.

Syllabus

- Habitual positions in personal history and therapeutic role
- 'Filtering out' responses to the client - experiment with 'un-filtered' presence in therapist role
- 'Amoeba'-talk: underlying assumptions in Body Psychotherapy and Gestalt using Reich's diagrams
- The energetic matrix of the client's body-emotion-mind system (the body-mind split)
- The client's internal conflict as a relationship pattern (past, internal, here & now)
- The therapeutic position between the extremes of colluding and objectifying
- How the client's conflict becomes the therapist's conflict
- Three kinds of contact in the relationship: unified transforming, conflicted, unifying conflicted
- The mechanisms of diluting charge: splits and fragmentation of:
body-emotion-mind; internal polarities; bodymind and 'the other' (internal - external)
- The 'unifying experience' - transformative moments in relationship
- The therapist's internal process: perception, understanding, intervention
- 'The Charge Sequence' - When to use 'Charge' / contraindications
- 'Charge' = working with the 'here & now' mixture of horizontal and vertical in relationship
- 'Charge' as an anchor for working with transference and countertransference
- 'Re-translating' therapeutic impulses into relationship responses
- Using breathing to increase the physical charge - transference issues in using breathing
- Working with regression (including the therapist's fantasies about regression)
- Humanistic and analytic stances - the function of various approaches in the therapist's psyche
- Wilber's 'grand model'; Reich, Freud, Jung - a holistic triangle

Student Numbers: Maximum 14



SEMINAR ON THERAPEUTIC THEORIES & CHARACTER STRUCTURES

The course is an opportunity to deepen the conceptualisation of the therapeutic process as taught by the Chiron Centre and to put it in a wider context within the field of psychotherapy .

Module Aim

For students to ...

- explore Reichian and neo-Reichian character analysis
- become familiar with different models of psychotherapy theory

Objectives

For students to ...

- become more familiar with theory in general and non-humanistic theory in particular
- increase curiosity and confidence in relation to theoretical and academic debate
- increase awareness of different philosophies underlying different theories

Format and Teaching Methods

- student essay / student presentation
- presentation
- discussion
- film / video
- experiential role play
- handouts / reading list

Syllabus

- General introduction to Reichian character analysis and its relation to Sigmund Freud
- Presentation and discussion of Reichian / neo-Reichian character structures
- Introduction of divergent models (e.g. Lake, Johnson)
- Introduction to the theory of child development (e.g. Mahler, Stern, Bradley) with reference to studies of the brain and its development (e.g. vision, language)
- Description and discussion of possible failure of development leading to various states of pathology
- Cornerstones of Psychoanalytic theory (Freud, Klein)
- Cornerstones of Object Relations theory (Sullivan, Fairbairn, Guntrip, Winnicott)
- Discussion of the underlying philosophies of human nature and human development
- Cornerstones of Analytical Psychology theory (Jung, Hillman)
- Cornerstones of Humanistic Psychology (Maslow, Mahrer, Rogers, etc.) and its various forms of therapy
- Ken Wilber's meta-model under which to integrate different positions from classical Freudian thought to the Transpersonal

Written Assignments

Essay on a chosen topic needs to be written and presented to the group.

Student Numbers

Maximum 20



BIODYNAMIC MASSAGE & PSYCHOTHERAPY

Students will continue in groups of 3 or 4 , and deepen the work of the second year. There will be more emphasis on following an ongoing process and making sense of it. Students will be encouraged to know more fully their own strengths and to face deficits. During the second part of the year students will work with volunteer clients and receive supervision for these live sessions. This will involve assessment of client need, selection of massage, demonstration of massage method, re-assessment during the session, continuation or change of method, review and evaluation, and planning of future sessions.

Module Aim

For students to ...

- use the various massage techniques competently
- be able to integrate massage with an in-depth body psychotherapeutic process, and place it in the wider context of Body Psychotherapy

Objectives

For students to ...

- demonstrate the ability to put massage in the context of a Body Psychotherapy process
- integrate massage with other body psychotherapeutic methods (e.g. vegetotherapy)
- understand massage in the context of the client's developmental stage and be able to select the appropriate treatment

Format and Teaching Methods

Supervised practice sessions in small groups of three to four students; feedback; live sessions with volunteer clients; discussion

Syllabus

- Provocative work and breathing
- Assessment of client needs
- Selection of massage and therapeutic approach
- Use of method in relation to client (implementation of assessment) where appropriate integrating massage and psychotherapy - working with the verbal level, imagery and sensory experience
- Transference and massage

Written Assignments

Reports on live sessions need to be written each time a student works as a therapist.

Student Numbers

3-4

Theoretical Integration of Massage & Psychotherapy

There will be two additional one-day weekend seminars which will be focussing on theoretical considerations regarding the integration of massage within a therapeutic process. We will also look at the issue of transference and massage and the controversies and possible applications concerning the use of touch in psychotherapy.



ADVANCED TRAINING IN BODY PSYCHOTHERAPY (TRIANGLES)

This module is an opportunity to integrate the whole training into a capacity to follow a psychotherapy process with a peer over a year. It can be taken concurrently to other Third Year modules, but not before them.

It is oriented towards and prepares for private practice as a Body Psychotherapist. Theoretical and practical input will reflect the students' needs and interest. There is no set syllabus.

Module Aim

For students to ...

- achieve a level of competence and confidence which enables the student to start working psychotherapeutically with members of the general public

Objectives

For students to ...

- assume and understand the role of the therapist and his/her position vis-a-vis the client
- set up and maintain a therapeutic space
- practice and to become increasingly fluent in the use of therapeutic interventions
- enhance the understanding of the client's process within the course of the practice sessions
- learn to focus the process of a client within the practice sessions
- learn to reflect on the therapeutic process
- experience a therapeutic process over time
- clarify questions, theoretical or practical, relevant to the therapeutic practice

Format and Teaching Methods

Supervised practice sessions in small group of three; feedback; discussion of issues arising out of practice sessions; occasional brief presentation / demonstration by tutor

Syllabus

There is no set syllabus for the triangles. According to the objectives specified above, the teaching will respond to the individual student's learning needs as and when they arise in the course of the practice sessions.

Written Assignments

Session reports need to be written each time a student works as a therapist.

Student Numbers

3 (occasionally 4)

VERBAL FACILITATION SKILLS

This weekend seminar will focus on facilitative attitudes especially when engaged in verbal exchange with the client. This requires an understanding of defensive strategies and ways of addressing and dealing with them within the flow of the interaction. We will use roleplays to increase verbal skills.



Post-Certificate Training Phase

A programme of 'Advanced Training and Professional Development' is published from year to year, offering weekend workshops, short courses and seminars for further and advanced training, both for Chiron trainees and psychotherapists from other trainings. Chiron trainees are required to participate in 60 hours of post-certificate training (over a minimum of two years) in order to qualify for the Diploma.

These courses provide opportunities for therapists to deepen their understanding, strengthen their therapeutic position, develop their skills and focus on more specialised themes and areas of therapeutic work. The programme is designed to help therapists with the integration of the various aspects of the training and their application to clinical work as well as further developing their therapeutic identity and individual style.

SUPERVISION GROUPS

These supervision groups will be open to Chiron post-certificate students and other qualified psychotherapists who are interested in applying body-oriented, holistic and integrative principles to their work. The basic framework for these groups will be the whole spectrum of Body Psychotherapy, as taught and practised at the Chiron Centre, complemented by an understanding of what is called 'parallel process' as presented, for example, by Hawkins and Shohet in their book 'Supervision in the Helping Professions' (OUP, 1989). Awareness of 'energetic perception' and 'somatic resonance' grounds the often rather mysterious workings of 'parallel process' in more tangible aspects of subtle communication.

For many psychotherapists supervision *groups* are the last collective training experience before qualifying, and therefore have a significant influence on the therapist's balance between consolidation of individual style on the one hand and maintaining an openness and curiosity about other ways of working (and other people's work) on the other. Later on in their professional development it will often become increasingly difficult to get an intimate and first-hand impression on the way other colleagues actually work. The other important characteristic of supervision *groups* as opposed to individual supervision lies in the fact that whilst a therapist presents their work in the group, aspects of the client's dynamic and the therapeutic relationship are picked up and identified with by other group members.

We see therapy as an exchange between two 'body-minds' and consider supervision in a similar way. We therefore look at the whole of the client's life story in specific connection with that of the therapist. We will reflect upon the client's process in its detail and totality, and consider what kind of inevitable dilemmas the client needs the therapist to experience. Therapists will have the opportunity to explore their reactions to particular ('charged') moments, both those of difficulty and of ease. The relationship between client and therapist will obviously be a central concern of our exploration, along with the consideration of transference and countertransference. Other questions and themes addressed in supervision might be: the initial session (how to make an initial diagnosis and develop a contract); how to evaluate an on-going process (including the writing of notes and reports); how to work with defences and resistance, negativity, sexuality; the masculine and feminine principle, etc.

Participants should either be about to begin working with clients or be already established as therapists wishing to share and reflect upon their work. The number of participants for these groups will be limited to four.



How to Get to the Centres

The **CHIRON CENTRE** in **Eaton Rise** is easily accessible by public transport.

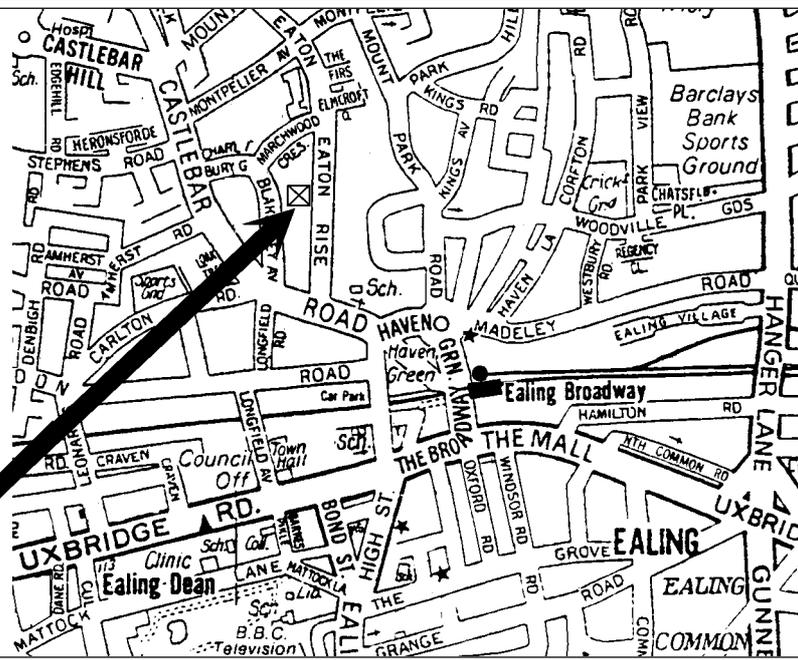
TUBE and TRAINS:

London Underground (District Line and Central Line) and BR trains from Paddington go to Ealing Broadway Station. The Centre is 5 minutes' walk from Ealing Broadway.

BUS ROUTES:

E1, E2, 65, 83, 112, 207, 274, 297.

26 Eaton Rise
LONDON W5 2ER
Tel.: 0208 997 5219



The **CHIRON CENTRE** in **Harvist Road** is easily accessible by public transport.

TUBE and TRAINS:

The nearest London Underground Station is Queens Park (Bakerloo Line) and there are two BR connections: Kensal Rise on the North London Link Line or Queens Park Station on another North London Rail Line. The Centre is 5 minutes' walk from Kensal Rise and 7 minutes' walk from Queens Park.

BUS ROUTES: There are a number of bus routes to Kensal Rise, like 52.

90 Harvist Road, LONDON NW6 6HL

Tel.: 0208 964 4169

