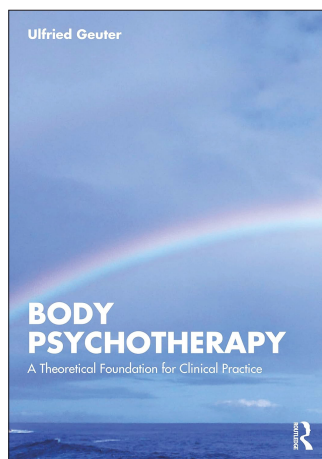


From Our Readers

Author's Response



I am very pleased with Christopher Walling's review and thank him for it. I had not expected to read that the book had been adopted for his graduate students at the California Institute of Integral Studies.

Aline LaPierre, as editor-in-chief of the *IBPJ*, invited me to respond to Christopher's review since he raised some critical points.

Firstly, he points out the use of the term Somatic Psychotherapy in North America, whereas I prefer Body Psychotherapy. My preference has to do with my background in the German language. In German, speaking of soma means to speak about the objectified body of a natural scientific medicine. *Somatische Medizin*, i.e., somatic medicine, means a medicine that, in contrast to a psychosomatic and holistic view of the human being, confines itself to applying medical tools such as surgery, pharmaceuticals, or physical methods. If I lived in the United States, I think I would adopt the term somatic psychotherapy, which indicates, as Christopher writes, an understanding of the body or soma as a "form of knowledge production."

This is exactly what I argue for in Chapter 5, where I base body psychotherapy fundamentally in an enactivist and phenomenological theory of the living subject in their lifeworld, and in a holistic view of the human being. In contrast to the widespread view of the body as an energy system in body psychotherapy, I place body experience at the center as a source for the generation of meaning. Thus, my view of the body is not only as being a means for therapy, but as the place where our subjective relationship to the world and to others is being felt. I refer to Legrand's notion that the interoceptive is the subjective. So when I speak of the body, I speak of the living, felt body as the ground for our subjective experiencing.

Secondly, Christopher misses my acknowledgement of “the many indigenous systems of somatic healing.” Historically, body psychotherapy developed out of psychoanalysis, body pedagogical methods of enhancing body perception, fostering movement, and dance, and later the human potential and the humanistic psychotherapy movement, even if in the United States indigenous systems may have been included and integrated. My book was written from a central European and German perspective, and effectively, the history of body psychotherapy might be written differently from an American perspective. I regret that I am not familiar enough with the development in the U.S. when Christopher points to the fact that accredited degrees in somatic psychology at Pacifica Graduate Institute, Santa Barbara Graduate Institute, and John F. Kennedy University no longer exist. I understood the information about somatic studies specialization on the homepages of both institutions differently.

Thirdly, Christopher does not agree with my statement that the specific perspective of considering the body in body psychotherapy is generally lacking in other approaches. In his opinion, we share our perspective “with much of relational psychoanalysis today.” In psychoanalysis, as well as in cognitive therapy and Acceptance and Commitment Therapy, there has recently been a turn towards the body. However, relational psychoanalysis primarily talks about the body in terms of mentalization of body experience. In principle, it does not work with an embodiment of the mental, nor with the breath, movement, or bodily methods of emotion regulation, or bodily interaction. I am not claiming that we are “the only psychotherapy that sees bodily experience as the foundation for self-experience.” I refer to those humanistic traditions that have paved the way for this thinking, and are largely in agreement with it. But if we look into the history of the other approaches, we cannot help noticing that they largely have failed to include a deeper understanding of the significance of body experience or body communication, and of therapy as a resonant, embodied encounter.

This does not mean that as a body psychotherapist I work exclusively with the methods of our field. According to the study Christopher mentions, in practice we have to be integral psychotherapists, as most body psychotherapists are. I myself have first been trained as a client-centered psychotherapist, and later I underwent a full psychoanalytic training. This colors my way of working. But, as Christopher writes, we have always been “experience near,” near to body experience, near to what is bodily felt in the therapeutic process and in the therapy room encounter. There is a tendency towards a growing commonality with other approaches. But both psychoanalysis and cognitive therapy are still mainly working in the sphere of cognition. There is yet a long way to go to integrating them “into the embodied fold.”

Ulfried Geuter
Author, *Body Psychotherapy*

