

Shrink rap Radio #605, **Body Psychotherapy today**

With Dr. Christopher Walling

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David Van Nuys, Ph.D., aka “Dr. Dave” interviews Dr. Christopher Walling

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Body Psychotherapy today with Dr. Christopher Walling

Introduction:

Dr. Dave: My guest today is Dr. Christopher Walling current the president of the United States Association for Body Psychotherapy and we'll be discussing his overview of that field. For more information about Christopher Walling SEP, MBA please see our show notes at Shrinkrapradio.com. Now, here's the interview...

Interview:

Dr. Dave: Dr. Christopher Walling welcome to Shrink rap radio.

Dr. Christopher Walling: Thank you so much, it's a pleasure to be with you.

Dr. Dave: It's really good to have you here. It turns out we know a number of people in common, even though you and I have never met in person. But you are on the faculty, among all the other things you are doing, you are on the faculty is that right, at Pacifica?

Dr. Christopher Walling: Ah no, Pacifica is actually a member institution of the U.S. association of Body Psychotherapy.

Dr. Dave: O.K.

Dr. Christopher Walling: Yes.

Dr. Dave: Yes, so we are going to be talking about that, but before we get into the association stuff let talk more generally about Body Psychotherapies.

Dr. Christopher Walling: Sure.

Dr. Dave: And even before we get into that, let's talk about you, and your background and how you got into this kind of work.

Dr. Christopher Walling: Sure, so my entrée into Body Psychotherapy actually began in the world of yoga therapy. I spent a number of years training with various yoga therapy schools throughout the world, in Sweden, and in New York and here in L.A. where I live, and that led me also to ask a lot of questions to some of the faculty I was working with at the time. I was the executive administrator for geriatric psychiatry at U.C.L.A.

Dr. Dave: Before you got involved with the yoga or at the same time?

Dr. Christopher Walling: Simultaneously, it was actually simultaneously. And we had a private investigator, a P.I. there, who was a psychiatrist and researcher who was really interested in the applications of yoga therapy on geriatric depression, and that led to my diving even further into the explorations of yoga as a form of psychotherapy.

Dr. Dave: Yes.

Dr. Christopher Walling: And then that led me into the world of exploring a whole lot of folks at Esalen and the humanistic traditions who had somatic approaches, and then I trained for a number of years in Peter Levine's tradition in somatic experiencing.

Dr. Dave: Well, that's a great background. Now, I want to ask you about yoga therapy. I have heard that concept before, interviewed one other person who was billing herself as a yoga therapist and my first reaction was, yoga therapy, I mean, I studied yoga when it was called yoga (laughs). What's the difference between yoga and yoga therapy, at what point does it become a psychotherapy.

Dr. Christopher Walling: Yes, I think that depends on the scope of practice of the actual clinician who's using yogic techniques as a part of their clinical interventions. And so, in some ways yoga therapy may be defined as simply the application of yogic principles to a particular person based on the particular speciality at hand. So obviously, in a mental health capacity that's going to have factors around self-regulation, the overall level of embodiment and whether or not the patient or the client has a capacity for being able to stay present to their physiology or present to their sensory awareness.

Dr. Dave: Would that tend to be more a one-on-one kind of situation then, where it is really tailored to that person?

Dr. Christopher Walling: It would, it would indeed.

Dr. Dave: Is anybody doing what could be called group yoga therapy?

Dr. Christopher Walling: Oh, for sure and this tends to be sort of folks who are more interested in both, what are often called the Asana portion as well as the Pranayama

portions, where there is some kind of movement that's involved. But there is actually an academic journal for yoga therapy that's published by the international association of yoga therapists, that publishes a lot of various journal articles on yoga therapy techniques as they relate to the mental health field and many of those will discuss group and individual formats. There's even a number of training programmes that are beginning to form at accredited universities, for example here locally in L.A. Laurel Marymount University has a clinical yoga therapy training programme, where marriage and family therapists can learn yoga therapy simultaneously throughout their graduate training.

Dr. Dave: Wow, that's very interesting to see how it has been evolving over the years and developing down this particular distinctive channel. And I just wanted to back up in case anybody didn't know the reference to Asana and Pranayama, that one.

Dr. Christopher Walling: Sure.

Dr. Dave: That one refers to the body positions, postures and the other to breathing techniques, correct?

Dr. Christopher Walling: Right, that's correct.

Dr. Dave: Yes. So I just have to mention 'private eye'. You glossed right over that. Where does 'private eye' fit into a programme and geriatrics and yoga?

Dr. Christopher Walling: Private eye, meaning?

Dr. Dave: I thought you said when you were telling me about your work, your medical work, at the geriatric institute?

Dr. Christopher Walling: Oh, private investigator, a private investigator.

Dr. Dave: Oh, you said P.I, private investigator.

Dr. Christopher Walling: Yes.

Dr. Dave: So, I'm jumping right away to the crime genre.

Dr. Christopher Walling: (laughs).

Dr. Dave: And you're talking (laughs) about the research genre.

Dr. Christopher Walling: That's right; I spent much of my beginnings actually as a bio-medical academic administrator. I have been at various universities for a least around a decade prior to becoming a private practice psychologist, helping with the administration of both the research, clinical and education missions of the various universities. And my last appointment was at U.C.L.A. in the geriatric psychiatry division.

Dr. Dave: Wow, what a great background. It's easy to see why they elected you as president for this association.

Dr. Christopher Walling: Thank you.

Dr. Dave: Because you have the breadth of experience and understanding and context that seems really important. And just so we are all on board, when I say the word 'Body Therapy' what comes to mind, what are, there are a number of things called Body Therapies right now so if you could rattle-off every one of those that comes to mind?

Dr. Christopher Walling: Oh, there are hundreds.

Dr. Dave: Hundreds, O.K.

Dr. Christopher Walling: Yes, literally. The first characterisation of Body Psychotherapy I would suppose is, to include in that category all forms of psychotherapy that explicitly uses body techniques that strengthen the dialog between the patient and the therapist. Essentially about what is happening, what is being experienced and being perceived. And in most techniques or schools of Body Psychotherapy the body is considered a means of communication or of exploration, just as complex and rich as our verbal communication would be. So, the body is no longer experienced per-se as kind of an object of awareness but more as an aspect of awareness. And that really creates the many complexities and the rich traditions that have been around, in some instances, even prior to Freud. So, you know when you think about conventional psychotherapy, particularly in a classical psychotherapy, there would always be an explicit access of verbal communication and then an implicit process that typically in analytic terms would be described in the boundaries of transference and counter transference. Whereas, in Body Psychotherapy, the approach integrates the two dimensions of explicit and implicit processes. But there is an explicit exploration of behaviour itself. So the therapist serves as a kind of mirror, describes the way that he or she perceives the patient's behaviour and also asks the patient to sort of explore what is happening when he or she tries to behave differently. And the utilisation of a body technique that might have come from a multi-disciplinary range of fields, not just yoga therapy but physical therapy, dance, sport, any kind of movement. That then becomes the interactive modality so essentially Body Psychotherapists are using somatic attunement skills really to deepen the awareness of themselves and their clients as bodies.

Dr. Dave: Yeah, so mention, some of the specific schools or techniques, if you will for example, dance therapy. I'm thinking of bio-energetics.

Dr. Christopher Walling: That's right.

Dr. Dave: Keep going, some more.

Dr. Christopher Walling: So, any neo-Reichian to psychotherapy. You know some of our sponsors for our up-coming biennial conference this year would be folks like sensory-motor psychotherapy, somatic experiencing, Hakomi. We also have traditions like bio-energetics, or bio-dynamic psychotherapy. And so, yes you know, Body Psychotherapy in a contemporary sense like in Europe, there literally are nearly two hundred various different training programmes that identify with the European association of Body Psychotherapy, as a Body Psychotherapy school or training programme. And, whether it's the bio-energetic analysis that Lowen had created, who was you know a patient of Wilhelm Reich, or the Danish-based biodynamics which was Gerda Boyesen's biodynamic psychology, Ron Kurtz who created Hakomi, John Pierrakos who created core-energetics, Jay Stattman who created unitive psychology, Malcolm Browne created organismic psychotherapy. All of these folks create this rich umbrella of a community, many of whom can trace their beginnings back to Reich, and sort of his voice, and overall character analysis is where it all began with vegetotherapy.

Dr. Dave: Yes, he talked about character amour.

Dr. Christopher Walling: That's right.

Dr. Dave: That our psychological defences become so over practiced if you will.

Dr. Christopher Walling: Sure.

Dr. Dave: That they begin to show up in our posture, and our musculature, connective tissues too I guess.

Dr. Christopher Walling: That's right.

Dr. Dave: That's kind of the main river, main stream in a lot of off-shoots.

Dr. Christopher Walling: Yes.

Dr. Dave: Also, as you were talking I was remembering Arthur Janov and the primal scream. I actually interviewed him not long ago and his wife, and that was very much a bodily approach and I'm sure there were a lot of related approaches that spun off of that.

Dr. Christopher Walling: That's right, that's right. So it is, it's a really rich school of thought and many types of body work and somatic therapies maintain this kind of holistic approach that aims at integrating body-mind processes with their clients, and a lot of them borrow and co-create and co-inform one another, both pedagogically in terms of how we train therapists as well as clinically in terms of how we treat patients.

Dr. Dave: Yeah, yeah. What about the issue of touch and manipulation. I would think that would be a major divide, that some would be observing talking about, but a little

bit of a distance, whereas others might involve the therapist actually touching, manipulating, (laughs) gouging, twisting, turning.

Dr. Christopher Walling: Right, you know as a membership organisation within U.S.A.B.P. (United States Association of Body Psychotherapy) we do a lot of education around touch, and touch and body psychotherapy. Because touch is really the first language of the body, so you're correct, there are schools of thought where touch is an integral component of how the therapy is performed and there may be others that because of their scope of practice or because of raining touch is not a part of it but touch is an essential component in many somatic traditions because in some ways it is one of the best ways to access the body itself, vis-à-vis sort of that supreme primary language of touch and to essentially get a right-hemisphere to right-hemisphere connection, to get a right-brain to right-brain dialectic to unfold which doesn't require the left-hemisphere to participate, which is really helpful in so many psychological phenomenon.

Dr. Dave: So, what you're saying is that the people are, the therapist and the client are intuitively connected rather than mainly in a verbal kind of way there.

Dr. Christopher Walling: Correct.

Dr. Dave: Working at a very instinctive, intuitive level.

Dr. Christopher Walling: That's right.

Dr. Dave: And experiencing at that level, yes.

Dr. Dave: And of course we're in the U.S. more than in Europe, I'm not sure, we're kind of squeamish about touching, what comes to mind is the U.S. just said no breast-feeding in public, right?

Dr. Christopher Walling: Right, right.

Dr. Dave: And all of Europe is shocked, you know 'what' (laughs). So, a puritanical tradition, it seems like, just won't go away.

Dr. Christopher Walling: That's right, yeah; one of my favourite programmes on touch and its applications in psychotherapy and counselling comes from Ofer Zur's Institute, his online institute. He has a whole course on the ethics of touch in psychotherapy, and you know Zur and many sort of psychotherapeutic efficients and those who want to talk about the use of touch will often say like, it's not touch that is the ethical issue in most therapies it's often the therapies themselves that don't really have a coherent evidence base that folks need to be worried about when it comes to taboos or ethics. But you're correct, you know, so much of the need for touch remains unsatisfied and as a result abnormal behaviour follows. And so in some ways the most supportive therapy that we can often provide as healers is to introduce the idea of connection through touch.

Dr. Dave: O.K., well, we've sort of been doing this already but I'm hoping you can give us an overview of somatic approaches as they've evolved over the past thirty or forty years.

Dr. Christopher Walling: Sure, sure, so really despite the fact that somatic aspects of our psyche had been sort of thoroughly discussed in the psychoanalytic literature since the days of Freud, and even though Body Psychotherapy has presented sort of this practice in the twentieth century as a distinct field, it really has flourished I would say in the last ten years or so in large part thanks to neuro-science. Because I believe if there's anything that we've have learned, self-serving as this might sound, as a body psychotherapist, and I was discussing this with colleagues yesterday, is that we've just learned in the last ten years or so that we've been right all along and that's really nice for us to be able to have that validation.

Dr. Dave: Yes.

Dr. Christopher Walling: Because that's essentially what the neuro-science has led us to conclude in recent years is that, you know, the imaging studies that we've been able to gain insight in terms of our underlying inter-personal neuro-biology has really led us to understand that the right-hemisphere in particular has these affective processes that operate at levels beneath our conscious awareness, and that that is dominant in both development, psychopathogenesis and certainly in psychotherapy. One of my mentors Alan Shore has, you know, often said that really great psychotherapy is really a right-brain to right-brain connection and so much of our understanding of our understanding of the unconscious in recent years has, particularly in the last two or three decades, offered clinical and research evidence that indicates that really the right brain is the psycho-biological substrate of the human unconscious. And thus often, really the best way to really access the unconscious emotional memory is to work with autobiographical memory and early attachment traumas, is through the body, and so while the beginnings of our traditions of Body Psychotherapy might have begun with Reich, in recent years they've exploded thanks to all of the insights that we've discovered from Shore's work and Porges' work, and Dan Siegel's work who have given further evidence base to something we've been doing for decades now in our traditions.

Dr. Dave: That's really fascinating; I had not put that together in my own mind. I think there are other traditions that are also feeling very validated, you know.

Dr. Christopher Walling: That's right.

Dr. Dave: The whole meditative tradition is saying, yeah, this is what we've been saying and now you are just finding the correlations going on in the brain.

Dr. Christopher Walling: That's right, that's right.

Dr. Dave: And talk therapy, even. Talk therapy's now saying that talk therapy changes the brain. So it's not like it's just, you know, empty talking. It's actually affecting the person at a neurological level.

Dr. Christopher Walling: Sure. Really what we're thinking of in Body Psychotherapy is really around the idea of transformation. I mean, even me taking a sip of my cup of water will change my brain but from a perspective of actually supporting patients to be able to overcome psychological issues, to be able to reduce their suffering. This is really the hallmark of great Body Psychotherapy, is its capacity for transformation, and so often even as a private practice psychologist I'll get referrals from other therapists that say, you know, this patient has been with me for a year or two years and we're not really getting anywhere and I believe that they need somatic work. And, that's where we kind of come in as Body Psychotherapists is that we often show up because there's an impasse in some of the patient's clinical work, that the only way to get to it is to by-pass some of the left brain verbal issues and to tap into that right-brain therapeutic enactment.

Dr. Dave: Is there an example of that in your practice that comes to mind, you know, without breaking confidentiality?

Dr. Christopher Walling: Yeah, I mean I see a lot of folks, as do many Somatic Psychotherapists, who have a history of developmental trauma and often times because those types of traumas were experienced by the individual even before they had words, were pre-verbal, let's say for example, they really aren't able to access some of that material through simple narrative. So, assessing for a conventional coherent narrative as an indicator of psychological well-being will be useless. So, really the only way to access that is often through supporting their experience in the here and now, which does borrow as you might imagine from other traditions such as mindfulness. Because in that instance as we step into a direct sort of observation or witnessing of their sensory awareness there's really nothing to talk about, there's nothing to really teach, it's just the activity of experiencing and working with being more present for the moment. But in doing so, that's allowed some of my clients to be able to essentially renegotiate a lot of incomplete developmental processes, that now that they have agency and are under less threat they're actually able to complete and to work through and become more fully present and responsive to their lives.

Dr. Dave: Yes, the idea of developmental trauma that's a fairly new field as well as having to do with the impact of things like sort of major blockages in how the young child is nurtured.

Dr. Christopher Walling: Yea.

Dr. Dave: Or tortured or sexually abused etcetera and that this has a lasting impact.

Dr. Christopher Walling: That's right.

Dr. Dave: That kind of thing, just talking about it isn't as likely to get into it as some sort of body what? manipulation or?

Dr. Christopher Walling: Or, just sensory exploration of what's it's really like for someone to stay really present to what their embodied experience is like. It was actually Winnicott I believe who claimed that the mind was not a separate entity but instead the mind is no more than a special case of functioning of the psyche and the soma together, that one can really look at the developing body coinciding with the developing psyche. Clinically what we might see developmental trauma as, in a sort of diagnostic category, would be what is called complex P.T.S.D. which results from, of course, ongoing repetitive exposure to traumatising, highly stressful situations and it's signs and symptoms can vary, but generally what's pervasive is often a really difficult experience around a person's level of vigilance, their capacity to feel safe in social situations or in relational situations, so often times the beginnings of that kind of a treatment would really begin by supporting the person's capacity for staying oriented and staying in the present moment without feeling like they're under threat.

Dr. Dave: Ah, ha. So, how would you do that specifically?

Dr. Christopher Walling: Well, every tradition that supports that, does it through some mechanism of exploratory inquiry, which is essentially a fancy way of saying what we used to call 'free association', right. Which is inviting someone to essentially, maybe even if they come into my office here to just take a look around the room and see what they notice and to allow them to sort of have a free range of noticing where their attention may go. And in the process of doing that, then inviting them to actually notice what happens on the inside as they pay attention to the outside, and just supporting that dialectic between the internal and the external world, begins the unfolding of even their capacity to differentiate between what we might call 'me' or 'not me' states, which is at the foundation of where identity formation and a sense of self really begins.

Dr. Dave: I have the impression, and I don't know where I get this impression from, that Body Therapy might be bigger in Europe than in this country?

Dr. Christopher Walling: Well, it is and in part I suppose that's because they got themselves organised a lot sooner than we might have here in the States. The U.S. association of Body Psychotherapy formed in the late nineties and the Europeans were already on to it for about a decade at least in terms of formal professional association. But I think that's in large part because of the Austrian roots of many of the schools of psychoanalytic thought that were inspired by Reich, and the fact there was really an established base that was researching and looking into some of the techniques that Reich had created and how they can apply to a larger field of psychoanalytic thought or psychotherapeutic technique.

Dr. Dave: Yea, earlier you said something about evidence based, and I'm curious about body therapies have risen to that challenge because that's not where they started, well in a sense everyone is working on evidence, of the evidence of their eyes and their experience with other people but rising to the research, the rigorous research requirements to qualify as evidence based.

Dr. Christopher Walling: Right.

Dr. Dave: Is it, I gather from what you've said that is maybe starting to happen or has been happening for a while with body therapies.

Dr. Christopher Walling: Yeah, I mean this is an institutional demand and obviously informed by my background as an academic executive. So, certainly because of our field and the way that it operates, trying to impose an ethic of knowledge that is as scientific as possible we have succumbed to really trying to examine how we do clinical practices as you know from this idea of an evidenced based therapy which conventionally often has only referred to cognitively based therapies. And from our perspective what we really consider to be evidence based can be something as simple as peer reviewed clinical case study. We along with the European association of Body Psychotherapy for a number of years have published the worlds only peer reviewed journal, the international Body Psychotherapy journal, it's published twice a year and the journal, it's whole goal is to promote and stimulate the exchange of ideas and scholarship research in body psychotherapy as well as to sort of encourage the interdisciplinary exchange in the fields of both clinical theory and practice and it's through that dialectic, through that peer reviewed process that we're really trying to promote clinically based psychotherapies. And this is largely what most of psychodynamic work, Jungian work, Gestalt and Body Psychotherapy alike, really are operating from, is a clinically based informed approach and to that end that's what we are hoping to foster and support in the efforts of the publication of our journal.

Dr. Dave: Yea, that's fascinating that things are going that way and also it sounds like people have had to dig in their heels around the issues of what constitutes evidence.

Dr. Christopher Walling: That's correct, that's correct, and it would be an ongoing dialog because as you know, research in the area of psychotherapy can be challenging, because it's really difficult to create sort of the classical randomised clinical trial (R.C.T) model for any kind of psychotherapy because of just the research design difficulties that people face.

Dr. Dave: Yea, well at the very least it would be nice, say a consumer, to know that there's some evidence that there was some studies for 'x' number of people who come in with 'y' problem.

Dr. Christopher Walling: That's right.

Dr. Dave: And 'z' number at the end seemed transformed in some way.

Dr. Christopher Walling: That's right, that's right.

Dr. Dave: And those kind of studies are happening now around various body therapies?

Dr. Christopher Walling: That is correct, in fact there's even that gold standard randomised control clinical trial studies we're seeing being published in journals around many of the traditions that are part of the Body Psychotherapy community, including somatic experiencing, who had an R.C.T., and I believe so did Hakomi psychotherapy, who I believe had an R.C.T. as well.

Dr. Dave: Tell me a bit more about Hakomi, that's one of the things that's kind of come in under my radar. I've heard many references to it and the name Hakomi sounds Japanese but maybe it's not?

Dr. Christopher Walling: Right, well the Hakomi method of experiential psychotherapy is a body based psychotherapy that was developed by Ron Kurtz and it combines somatic awareness with experiential techniques to promote psychological growth. And so the theory holds of Hakomi that the body to be sort of a window to the unconscious, as I was talking about, and so Hakomi integrates principles of Eastern philosophy primarily of Dowism and Buddhism and it emphasises concepts such as mindfulness, loving presence and empathy, all of which inspired Kurtz. And so, it really is a synthesis between mindfulness based psychotherapy and psychomotor types of psychotherapies as well as Reichian breath work, Gendlin's focusing methodologies, structural bodyworks, neuro linguistic programming fit in there, and a little bit of gestalt as well.

Dr. Dave: My Goodness (laughs).

Dr. Christopher Walling: Yeah, yeah. I heard a Hakomi faculty member once comment that in a really Hakomi therapy it's about what can we borrow next.

Dr. Dave: (laughs) Right.

Dr. Christopher Walling: Because it's all in service of providing the patient with the best comprehensive therapy

Dr. Dave: Is there some essential ingredient such that if I was a fly on the wall I happened to fly into the office of a Hakomi therapist that, what would I see that would tell me, oh, this is Hakomi going on here.

Dr. Christopher Walling: Yeah, it might be in some of the languaging, perhaps it depends. I think Hakomi like all types of Body Psychotherapy one of the hallmarks would be you would notice a profound psychotherapeutic attunement between the Body Psychotherapist and the patient, both within the therapists own body and the patient's body and that kind of being a central, informative, useful focus that the two are really utilising to really shape and inform the moment-to-moment exploration of the patient's experience. Furthermore Hakomi loves to sort of use

the idea of an experiment, which you know conventionally we might have called a 'corrective experience' or 'an enactment' but Hakomi experiments are really the invitation of the exploratory awareness for the individual patient to perhaps open up to be curious about what's happening in their awareness and we've discovered throughout Body Psychotherapy that if there's one sort of supportive element that really allows the therapy to unfold it is curiosity and that's essentially what all Body Psychotherapists are trying to promote in the patient.

Dr. Dave: In the Hakomi method would, as a fly on the wall, would I see the client seated or laying on a couch or laying on the floor or what?

Dr. Christopher Walling: All of the above.

Dr. Dave: All of the above.

Dr. Christopher Walling: You would see all of the above.

Dr. Dave: O.K, O.K. There was another thought. In the process of learning over the past thirty or forty years is there anything that's been learned in terms of recognising that something was a mistake, we were mistaken to think or we were mistaken to do?

Dr. Christopher Walling: Sure, sure. Well, I mean it goes back to our origin stories because in some ways Body Psychotherapy, while it's been inspired by Reich's work, it's also suffered from it, because the shifting political moralities of the nineteen thirties and the work in Norway until thirty nine came a number of sort of streams of Body Psychotherapies that, some of which sort of lasted and were able to make the muster of time and others kind of went to the wayside based on sort of orgone therapy ideas and the like and so you know this is a big umbrella. Obviously, it's as big as humanistic traditions that in some ways have been formed by psychotherapy. It's as big a psychodynamic traditions and so, because it's an umbrella community there are many therapies that have not stood the test of time because the evolving sort of clinical applications didn't quite work out and I think that's true for all of the practice of psychotherapy and that's why we call it a practice and not a surgery.

Dr. Dave: Yes, so it's interesting, the test of time as a filter (laughs)

Dr. Christopher Walling: Right.

Dr. Dave: What Survives is a value and some stuff doesn't survive because it just wasn't efficacious enough to catch, to really sustain itself

Dr. Christopher Walling: That's right, that's right.

Dr. Dave: That's an interesting take on that. And it's very exciting to me to hear how all of this is evolving. I had as a young professor, I had an intuition thirty, forty years ago that there was this holistic possibility, and I taught a course at Sonoma University called psychology and the body and I would invite a wide variety of body workers

to come in and demonstrate what they do and so on, and I was not able for myself to articulate any kind of written book or overall synthesis to pull it all together. For me, it was an intuitive sensing that this was an important place to go.

Dr. Christopher Walling: Absolutely

Dr. Dave: And I was doing clinical work in the beginning and I was experimenting with some of these techniques and trying to bring them into therapy.

Dr. Christopher Walling: Good for you. What were your results? (laughs)

Dr. Dave: (laughs) Well, at times they were powerful. Also I wasn't systematic, so it's hard for me to give a good answer to that question. I'm blocking on the name of the book I want 'Bodies in revolt', Tom Hanna I think were one of the early books that for me really began to articulate what I felt was possible here.

Dr. Christopher Walling: Right, right.

Dr. Dave: Is his name around these days, you know that book?

Dr. Christopher Walling: You still see it referenced, absolutely, but you know this is a hunch that I think that anyone who's been in the psychotherapist chair for very long comes to an encounter with because it's embedded in our very construct of both mind and what is mind and body and you know even Galileo and Newton would use the term 'body' to designate any material object that could be perceived or weighed out, and even a star seen from far away or a stone or a plant was a 'body' and so mechanics really is a science that tries to predict behaviour of inanimate bodies, the term 'body' used to sort of designate animated entities. And so, an individual plant or animal is a body, and so really looking at the dimensions of us as organisms will absolutely lead to an exploration of what is the experience of having a body, and it's been our experience I believe, if I can be so bold to speak for an entire profession of people which is quite arrogant of me, but I would say you know that the further embodied that we become the more coherent and the more at ease that we become, and that there really is sort of embedded in this experiential aspect of our sensory awareness, where we come into a kind of an alignment with being, and that is at sort of its core the hallmark of psychological wellbeing.

Dr. Dave: Yeah, sensory awareness triggers our recollections of people, and you mentioned Esalen earlier, and Esalen certainly was a melting pot of where a lot of this stuff was starting to emerge and the name Charlotte Selver comes back.

Dr. Christopher Walling: That's right, that's right, Charlotte is, actually one of Charlotte's trainers is our honouree this year for the lifetime achievement award Doctor Judith Weaver, and Judith taught within Charlotte's system for a while and was a student of Charlottes. For your listeners who might not know Charlotte Selver was a pioneer in human potential and she spoke against compartmentalising humans into

bodies or minds and she wanted to focus on this idea of unified organismic being, and the aim of sensory awareness approaches was to make it possible for a person to re-experience themselves as a totality, to bring them back into a direct experience of their own aliveness and the receptivity of which we are all capable and she coined that phrase sensory awareness, you're correct in the sixties in Esalen. She was one of the first people to offer an experiential workshop at Esalen.

Dr. Dave: Yes, yeah, good. So, what are the controversies or hot-button issues in this field? I mean, there's always some controversy going on right (laughs), human beings.

Dr. Christopher Walling: Yeah, yeah, we're no different than any other field of science, right, in that we have on-going debates and we have all of our pet theories that are precious to us and I think as a result there is always an on-going intellectual dialog around, you know, the theories that we hold to be true for example theories that have informed me as a clinician obviously are affect regulation theory that was coined by Alan Shore and polyvagal theory which is of course the work of Steve Porges, but we must accept that these are theories and theories are best guesses that you know we have at explaining a phenomenology but we have this sort of this thing that happens with theory, that when it really matches our experience we get really excited and I think that's really where the current hot buttons are is, there's all of this on-going dialog right now around an interpersonal neurobiology, around polyvagal theory, around affect regulation theory and we're sort of testing it clinically and within our research and academic pursuits to further explore the efficacy of these ideas.

Dr. Dave: Yeah, you know the interview I did just before your interview here, last week's interview was with Deb Dana who's written a book grounding polyvagal theory into clinical practice.

Dr. Christopher Walling: Yes.

Dr. Dave: Which I was intrigued when I saw that title, I said jeez I want to interview this person, you know.

Dr. Christopher Walling: Yeah, I think she's connected with Steve through the Kinsey Institute in some way, which is where Steve and Sue both are now.

Dr. Dave: Yeah, so.

Dr. Christopher Walling: Yeah.

Dr. Dave: And I've just finished reading Michael Pollan's book on psychedelics, 'how to change your mind' (laughs) which has the title, which is a great double entendre title, seems like such an innocent title you know, how to change your mind.

Dr. Christopher Walling: Right, right.

Dr. Dave: And it has such profound consequences and possibilities, and it occurs to me, that I mean, would we call that a body therapy

Dr. Christopher Walling: Perhaps not in sort of our conventional understanding of Body Psychotherapy in that it's more of a pharmacongenic therapy obviously in that it's changing chemistry more than it is in inviting conscious awareness experience per se from an embodiment perspective, but there's no question that I could see certainly one arguing that given the preliminary sort of data that folks are discussing at symposia even as recent as here at U.C.L.A. they have a symposium on psychedelics and their therapeutic applications, that it does essentially renegotiate the mind-body relationship and support kind of new organising state of consciousness and so I don't have any direct experience with folks who are doing that kind of research and it certainly not a part of what we're seeing in our organisation because it doesn't really align with where are schools of thought are but there absolutely some overlap as there are amongst most therapies I would imagine.

Dr. Dave: Sure and if I, you know, allow myself to go intuitive I think I would see down the line perhaps some kind of a merger there, where people are using this altered state of consciousness to work in bodily ways with someone, assuming that it doesn't get all shut down like it did in the past.

Dr. Christopher Walling: Right.

Dr. Dave: Yeah, yeah. Let's talk about this association that you are the president of.

Dr. Christopher Walling: Sure.

Dr. Dave: I know that's part of the motivation for us getting together today.

Dr. Christopher Walling: Yeah.

Dr. Dave: And also you have an upcoming conference, so tell us, it's called the United States Association for Body Psychotherapy

Dr. Christopher Walling: Right, right. So our mission.

Dr. Dave: Yeah, so what's the mission etcetera?

Dr. Christopher Walling: Our mission is just that we believe that the integration of the body and mind is essential to effective psychotherapeutic health, and so, to that end our only mission is to develop and advance the arts, science and practice of Body Psychotherapy and somatic psychology. So to that end we support professional, ethical standards, developments and membership, to promote the health and welfare of our clients and our clinician members. So, we have somatic practitioner members who might not be a licenced mental health professional but who would perhaps be a licenced body worker and we also have clinical members, and then we have institutional members and these are senior parent or training institutes or

universities that actually have somatic psychotherapy degree granting programmes and this could be like you know Naropa University, Pacifica Graduate Institute, The California Institute of Integral Studies up in San Francisco. These are some of our university programmes. And then our training and certification programmes are folks like the Bodynamic Institute of U.S.A, the Centre for Somatic Studies which is Ruella Frank, Core Energetics, Hakomi, Somatic Experiencing, Sensory-motor Psychotherapy and many, many, many more, Alexander Lowen Foundation etcetera. Most of our organisations are of course training institutes in some ways they all have various different sort of approaches as we've been discussing but we serve as kind of the umbrella hub that publishes the academic journal that these kinds of training programmes can publish into, and also provides networking opportunities and obviously a biennial conference which you mentioned. So that conference is in some ways, according to this board, what we believe to be the Woodstock of Body Psychotherapy, that's sort of our goal.

Dr. Dave: There's biennial and biannual, right?

Dr. Christopher Walling: Right.

Dr. Dave: What is biennial, I get mixed up.

Dr. Christopher Walling: Every two years.

Dr. Dave: O.K, thank you.

Dr. Christopher Walling: The conference is every two years, as opposed to twice a year which would be biannual.

Dr. Dave: O.K.

Dr. Christopher Walling: So, every two years we get together, you know we honour the grandfathers and grandmothers of our traditions and we collaborate around the latest and greatest in new research and we share in you know plenary and outbreak sessions from our various traditions. So this year there's about eighty different presentations from nearly twenty different schools. Our keynote address is given by my mentor Doctor Alan Shore. We're honouring Doctor Stephen Porges and Doctor Judith Weaver and all of it will take place in front of the beauty of the Pacific Ocean in Santa Barbara at Pacifica in November.

Dr. Dave: In November, how many days does it run?

Dr. Christopher Walling: It's the first weekend in November. There's a pre-conference on November first which is on a Thursday but the proper conference begins Friday November the second and runs until Sunday the fourth, so it's a weekend event. We do that because we are all clinicians and we're all volunteers and so we all kind of know that getting away for a conference can be demanding for psychotherapists

so we try to jam it all in, which creates a lot of anxiety because there's usually five different things happening at once because you want to go to all of them (laughs).

Dr. Dave: Right, that's so frustrating. I've experienced that at many conferences.

Dr. Christopher Walling: Yeah.

Dr. Dave: And so you're off in the corner saying who's good (laughs).

Dr. Christopher Walling: That's right, that's right. To me that's the hallmark of a good conference is when there's that kind of pressure to really sort of explore, that gives you an indication there's real learning happening.

Dr. Dave: Yeah, yeah. And how many members are there is the organisation?

Dr. Christopher Walling: Yeah, so clinical membership ranges, usually it depends on year to year and where things are renewing but we have right now around three hundred and fifty members, that's on the rosters and that can fluctuate. Some years we can have four hundred and something, five hundred and some years it can go a little bit lower. So, you know in terms of a professional association as far as that goes, a relatively small association but a very large kind of organisational presence if you think about all the institutional members across the nearly twenty or so organisations that participate with us.

Dr. Dave: Yeah, and is there a European, corresponding European organisation?

Dr. Christopher Walling: Yes, there is

Dr. Dave: You guys ever get together and have a joint conference?

Dr. Christopher Walling: We've never done a joint conference but that's a brilliant idea. We've often just had our own conferences and cross pollinated one another, and so for example I'll be going to Europe in September to Berlin for their conference and this is their sixteenth conference that they've held and this year they're focusing on 'alienation, vitality and flow', that's their theme and ours is around relational themes around Body Psychotherapy. But yeah, we essentially come and speak at each other's conferences and of course we publish a journal together and that's the extent of our collaboration thus far, but love the idea of a joint conference.

Dr. Dave: Well, drawing on my own experience, one of the hats I wear is that of a qualitative market research consultant, and so one of the organisations I belong to, Q.R.C.A, Qualitative Research Consultants Association. There's another group and I'm forgetting their name in Europe that's the same kind, so every second year they have a joint conference sometimes and it alternates between being in this country and being in some European country. It's a tonne of work to pull it all together (laughs).

Dr. Christopher Walling: (laughs) Trust me, I know.

Dr. Dave: Run on volunteers.

Dr. Christopher Walling: Yeah

Dr. Dave: But very stimulating.

Dr. Christopher Walling: When we were designing this conference, we really took a look at the overall culture of where we are in the United States right now and to that end what we saw is that we're we are living in a time right now of perhaps a unprecedented conflict that's often only seen in times of war, so our hope was to create a conference theme that would actually provide supportive educational themes, that would allow us address what's happening on a cultural level through the individual work that we often do, and so we were looking at how do we foster and repair so much disconnection, and our aim through this conference was to highlight both the science and the practice of how embodied self-awareness would promote this capacity for connection in both our clients and ourselves. So, every speaker was invited to present around these relational approaches that would galvanise restorative properties of our vitality and that most importantly would normalise human needs and to that end we have panels on trauma, on death and dying, on breakout sessions on the use of movement in psychotherapeutic practices, sessions on working with infants in Body Psychotherapy, a great big afternoon on sexuality and health, and of course interpersonal neurobiology is an organising theme given out keynoter and our honouree. So, that really is why we are calling it the Woodstock of Body Psychotherapy because it's an ambitious goal for a conference.

Dr. Dave: Yeah, yeah, very much so, so it's sounds like it's going to be a very exciting conference and it sounds like if there are any people in my listenership, viewership that are wanting to know about Body Therapy Or wanting to define their own work or future career in that direction, that this would be a great thing to go to.

Dr. Christopher Walling: That's right, that's right.

Dr. Dave: To get exposed to a lot of different approaches, and maybe meet some of the key people in those approaches.

Dr. Christopher Walling: That's right.

Dr. Dave: And find out about the various education programmes, because you indicated there's a lot of different places a person could go for education.

Dr. Christopher Walling: That's right, that's right.

Dr. Dave: So, Dr Christopher Walling I really want to thank you for being my guest on Shrink rap Radio and sharing that smorgasbord (laughs) with us.

Dr. Christopher Walling: (laughs) Well, it was a pleasure Dr. Dave, and I hope to see you at Pacifica this Fall or certainly meet some of your listeners there.

Conclusion

Dr. Dave: Well, it would be difficult to imagine a better informed guest than Dr. Chris Walling on the subject of Body Psychotherapy. I found him to be extremely knowledgeable about everything I threw at him (laughs). Not only knowledgeable but also very fluid and sophisticated in all his replies. It's easy to see why the United States Association for Body Psychotherapy elected him as its president. I hope they have someone else in reserve when his term is up. I can imagine they have other members extremely expert in their areas of specialisation. I think the thing that makes Chris good in this role though is the breadth of experience he brings to it having a background in medical research, having administrative and grant writing experience, M.B.A, doctoral training in psychotherapy generally, specific training in yoga therapy, and advanced training with leading neuro science Doctor Alan Shore. Another thing that impresses me about Chris in this role, is that he is enthusiastic without coming across as uncritical wild-eyed fanatic about one particular approach to Body Therapy or another. Believe me there have been such proponents in the past in this movement. Chris brings a knowledge of the history of the movement and is able to discuss it, with what strikes me, as a very balanced and mature way. I am particularly impressed to learn how widely the somatic perspective has spread in the forty years or so since I had some involvement with it. It has matured to the point of incorporating neuro scientific perspectives, rising to the challenges of meeting evidence based requirements, having one or more journals, and engaging with researchers and practitioners internationally.

In the heat of the moment, I didn't think to ask if he is aware of my colleague from Sonoma State University Doctor Eleanor Criswell. She was probably one of the first, if not the very first academics to create an undergraduate psychology of yoga class along with yoga practice in a university psychology department, and I'm pretty sure later on students were able to do independent study in the area of yoga therapy probably before it acquired that name. She also became a leader in biofeedback, another somatic approach, and along with her husband Dr Thomas Hanna, created and continues to teach using the Hanna method which incorporates the work of Moshe Feldenkrais and for many years published the journal somatics and her work is being recognised at the upcoming A.P.A. convention in San Francisco this August. The humanistic psychology division, division thirty two, will be presenting her a special award which will be named after her. It will be the Eleanor Criswell Hanna award celebrating women in humanistic psychology. I'll need to contact Chris to make sure he's aware of all this.

Finally, let me point you to some relevant past Shrink rap radio interviews bearing on somatic psychology. There's number three hundred and twenty 'frontiers in somatic therapy' with the aforementioned Eleanor Criswell, number five hundred and eleven 'the primal scream revisited' with Doctors Arthur and France Janov, Shrink rap radio number three hundred and twenty six 'an overview of body psychotherapy' with Michael Heller, number four hundred and sixty six 'yoga therapy for addiction, depression and anxiety' with Sarah-Joy Marsh, and Shrink rap radio number four hundred and fifty two 'neural feedback and the treatment of developmental trauma' with Seburn Fischer. Actually I'm proud that there are many more that I could cite but I don't want to overload you.

Listener message (not transcribed)

A message of gratitude to Dr. Dave from long-time listener and transcriber Gloria Almond.

Epilogue

I want to thank my guest Dr Christopher Walling for sharing his overview of Body Psychotherapies as well as the upcoming November conference of the United States Association for Body Psychotherapy. My next guest will be clinical psychologist Doctor Stephen Fox, and we'll be discussing his book about healing his own multiple sclerosis. The title of the book is multiple sclerosis 'Mission Remission: healing MS against all odds'. This promises to be a very inspiring interview and I hope you'll join us, so until then this is Dr. Dave saying 'it's all in your mind'.