Common Ground in Body Psychotherapy: a dialogue and debate  
A Follow-up (‘dialogos’ - διάλογος) to the Roundtable presented at the EABP Conference in Athens – in October 2016

Sheila Butler  
Ulfried Geuter  
Michel Heller  
Eleni Stavroulaki  
Luisa Barbato  
Judyth Weaver

Common ground is an interesting phrase that has been in usage for a long time. The term “common ground” means different things to different people and sometimes even different things to the same person at different moments of his/her life.

What exactly do we mean by the term “common ground” was the starting point for our discussion with each participant bringing a specific contribution to this dialogue and debate. In our field, in what ways do we perceive the common ground of Body – or Somatic – Psychotherapy? Which elements do we share? And possibly, is there no common ground in what we are doing?

The roundtable provided an initial step towards fostering a process for discovering layers of meaning through interactive dialogue (‘dialogos’ - διάλογος), a collective exploration of ideas, and the raising of new questions. The roundtable brought together seemingly contrasting elements to create and discover new meanings through dialogue.

We would like to invite everyone to engage with the topics, themes and experiences explored openly and in a spirit of wonder. In this way we can find our way to something entirely new.

‘A stream of meaning flowing among and through and between us’.
Finding Common Ground and Nourishing it can enable an understanding that the strength of our models of practice lies in continuously building common ground of our professional landscape.

The short pieces below explore some viewpoints, questions and examples of our representation of the common ground. These include some of the beliefs, the main elements and arguments which are present in the way we practise. Do certain propositions have a “common ground status”?

We look forward to continuing this dialogue and debate!

Sheila Butler

The Common Ground in Body Psychotherapy
By Ulfried Geuter

In the field of the medical and psychological helping professions we can ascertain two modes of approaching the body: In the first mode, a professional observes the body, diagnoses a certain problem, and then applies means for helping to serve that problem; in the second a professional engages in a relation to the client and explores with him his subjective world so that he can find a way of overcoming his or her problems or for better living with them. The first I would call a medical model of treatment, the second a psychotherapeutic model. In the first, the body is approached as an object of observation, and the therapist defines what has to be treated and changed, in the second the body is approached as a subjective, “internal” body (Davis, 2015) being experienced from within, and the therapist backs the process of exploration of the client. Both models can be helpful depending on a patients suffering.

With Heller (2016) I see body psychotherapy as a psychotherapy. Therefore we should relate to the psychotherapeutic model. In my view of this model, the body is not the biological stuff, it is an aspect of the person. Thus my claim for a common ground in body psychotherapy is: If we speak about the body we speak about the lived, animated body as the subject of perceptions, feelings, sensations, actions. That is why a clinical theory of body psychotherapy cannot find its theoretical ground in natural sciences dealing with the structure and functions of the body as object.

As a strand of psychotherapy, body psychotherapy works with the experiences of a suffering person in his or her life. Practically, I would say I do not work with the body or with the mind. Rather, I work with a suffering person and I help that person to open the different channels of experiencing: fantasies, thoughts, feelings, sensations, motoric impulses or movements. Pragmatically, I can do this by using techniques like inquiring experiences, deepening breath, exploring movements, expressing emotions, holding or touching the client, or scenic work in which we inquire the affective relation of a client towards important others.
These techniques are both verbal and bodily, and the way I like to use them is to offer an open space in which the client can explore together with me what is happening in the given moment and to connect this to former experiences or the formerly unknown or the potentials not yet known so that he or she can better reappropriate and revitalize his or her self (Marlock, 2015).

I would like to avoid the intricacies of the question of how body and mind interact that we sometimes find in modern embodiment theories. This question is in itself part of the dualistic Platonian tradition and a cultural construction. Japanese psychologist Genji Sugamura told me that in Japanese there is only one word for body and mind. Therefore he argues you cannot talk about mindfulness without saying that it is at the same time bodyfulness (Sugamura, Haruki & Koshikawa, 2006).

A further discussion on the common ground could be what is the expertise of a body psychotherapist. I do not see this expertise in connecting “mind” and “body” in the sense that we connect the study of a subjective mind with the study of the body as an object. This question we can leave to different scientific fields of study. I see the expertise on the phenomenal level in connecting all the bodily and mental aspects of experience: perceptions, sensations, feelings, movements, images.

References:


Each body psychotherapy school synthesizes a variety of existing psychotherapeutic models in function of their own creative process. However, given their interest in the integration of body dynamics, these syntheses share a certain number of common preoccupations. Here are some characteristics that, in my eyes, justify the classification of these heterogeneous schools in the body psychotherapy modality:

1. Body psychotherapy is a \textit{psychotherapy}.
2. Body psychotherapy is a form of psychotherapy that uses \textit{body techniques in an integrated way}. Examples of body therapies used by somebody psychotherapists are Rolfing, Psychomotor physiotherapy and Hatha-yoga.
3. Body psychotherapy is a form of psychotherapy that also uses \textit{body-mind approaches in an integrated way}. Examples of such approaches are Gindler’s gymnastics, Feldenkrais’ method, relaxation techniques, and so on. What these methods can teach to experimental psychologists is a detailed practical knowledge of precise body dynamics connect to precise psychological dynamics (Bullinger, 2004).
4. Body psychotherapists often work with vegetative (physiological) automatic reactions and the sensations this dimension activates into the mind. Learning to integrate these phenomena psychologically is a key feature of approaches such as Wilhelm Reich’s vegetotherapy.

“Integrated” means that the use of body and body-mind methods are justified at the level of psychotherapeutic theory, models and techniques. A simple \textit{addition} of body techniques to a psychotherapy that does not necessarily require the inclusion of bodywork is not a body psychotherapy. Thus, some psychoanalysts use relaxation (Giordano, 1997), or some cognitive therapists use meditation techniques inspired by far eastern philosophies (Segal et al., 2002). Gestalt therapists (Kogan, 1980; Perls, 1978) and transactional analysts (Cornell, 1997) often use body techniques in a more integrated way (Johnson, 2015, p. 117).

If one should ask which of these dimensions characterizes body psychotherapy, I would answer all four, as they are rarely explicitly differentiated. In the body psychotherapy literature of this field, the meaning of the term body shifts continuously. However, in all cases, the third meaning, associated with body techniques, is present. The other meanings are also used in other psychotherapeutic modalities.

I will also explore the useful implications of using Pierre Janet’s vision as a basic reference for the definition of psychotherapy. He differentiates the body (or physical body), organic life (for soma or physiology), emotions and consciousness. Most of the time he avoids such broad categories and prefers to use more
specific descriptive terms without specifying how he situates them. He rarely uses the term organism, but when he does, he refers to an individual entity, in which an immense number of facts of consciousness can be experienced.

As a practical example, I will use dream analysis. For me, a dream is a representation that may have active links with metabolism, physiology, affects, other cognitive representations and memories, relational issues and cultural symbols. By active I mean that each of these links can be involved by the dream work, and may have partially activated the dream which is then a specific crossroad between specific routines situated at all these levels. I may thus improve my understanding of how the manifest representations memorized by a patient as a dream, actively mobilize certain muscles and/or certain family shared representations. At the same time, as proposed by others in this round table, the dream is the summary of an intimate way of experiencing some of the manifestations that became a particular cross road. The fascinating thing about body psychotherapy for me, is that I can explore a dream by associating it to a change of skin texture, a peristaltic noise, an emerging intimate experienced imagery, and myths circulating in a culture simultaneously.

References:


Common Ground: Integrating the Body of Body Psychotherapy
PRESENTATION AT THE “COMMON GROUND” ROUND TABLE
By Eleni Stavroulaki

According to my viewpoint, our quest here is not about agreeing upon a common theory for BP for the time being, given our various or diverging origins, nor upon a common model of work, including the techniques and tools used. About the use of tools in therapy, I would argue that their occasional beneficial effectiveness depends on a great extent on the good qualities of the therapist. Yet, we are not able to articulate a satisfactory definition of the body from our part. What is common, what unifies us, is the key feature of “embodied relationship” in the session, a relationship through bodies and as bodies that we bring to therapy. By the term “embodied” I mean the fundamental experience of the unity of the bodymind, of the functional identity of the two aspects. Through this kind of bodyful consciousness we can achieve the existential experience (I am), a consciousness of a higher order as neuroscientists put it, a consciousness of Being that doesn’t depend solely on thought.

I suggest here some terms which will clarify some of the aims of every BP approach:
Functional identity (meaning the reciprocal and overlapping aspects of Being).
Feeling (the openness of the senses to the inner and outer world)
Embodied Relating
Facing /Centering /Grounding from Biosynthesis and Bioenergetics
Presence (embodied awareness of the therapist and the client)
Surrendering (to the impulses towards life, maturity, full motility, full capacity to feel the emotions), and acceptance of death.

Through the years there has been developed a polarization and a misunderstanding between the more “structured” Reichian therapies and those focusing on the free flow processes; between treating character types and supporting clients to unfold freely their own creative identity; between structure and process. I find these approaches complementary, the one supplementing the other. We cannot rely only on the process because then we would miss a ground, an identity. At the same time we cannot underplay the therapeutic relationship in a specific program of body exercises. Rebalancing between the two (structural thinking and process) secures boundaries, but flexible ones.
At last, I would like to refer to the timely and common concept of somatization of social and family patterns of domination and manipulation that are deeply inscribed in our bodies, which in turn form our ways of experiencing reality. This is reflected on the marginalization of the importance of the Body and BP in our culture, due to the cultural cognitive-driven dominance of the human left hemisphere over the right one (emotional, bodily, holistic Self). I believe that we, as Body Psychotherapists, comprise a part of these current approaches and theories that acknowledge this fact and work towards an increasing integration between the two hemispheres.

The Common Ground in Body Psychotherapy
By Luisa Barbato

It’s not easy to give a definition of the term “common ground” in body-psychotherapy. What do we have in common? Is it only the use of body techniques in our therapies? Can we find the practical and theoretical ground in all the different, multidimensional modalities of body-psychotherapies (reichian, bioenergetic, biodynamic, biosynthesis, bodydynamic ecc.) that are operating in the different countries?

I think that all the beliefs of common ground in body-psychotherapy can be reconnected to the body. So, above all, we need to arrive to a common definition of the body, a definition that must be independent from the techniques, as we can all agree that the inclusion of bodywork in our settings is not enough to talk about body-psychotherapy. In the use of the body in our therapies there is, in fact, a complexity which leads to ask: what do we mean with the term body, what are we talking about? I’ll try to give three main features:

1- **The body is animated.** Body-psychotherapy is a psychotherapy so we refer to the subjectivity of the person that is body, emotions and mind closely linked. How can we separate the body from the rest of our being? We must always avoid the risk to objectify the body, risk we can find in some techniques of body-work and in some neuroscientific approaches. In body-psychotherapy we talk about a felt-body that refers always to a meanings and, above all, gives a sense to our psychotherapies. We can use body-experience to become aware of ourselves.

2- **The body has a memory**, tells us a story. We can consider our body as the sum of the experiences of our life, the collection of the engraved marks from the intrauterine life through the various evolutionary stages of our life. To give a subjectivity to our body means to consider all the memories the body contains, memories inscribed in all the sub-systems: psychic, nervous,
muscular, endocrine and immunological. Each of these sub-systems is like a door to enter in the complexity of our subjectivity and contains all the story of our lives.

3- **The body is intelligent.** The structure of our personality or character, to use a Reichian definition, has an equilibrium, even if it is a neurotic equilibrium. The body, in its psychic, nervous, muscular and hormonal qualities, expresses the only possible structure for that person, in that stage of his life, with that particular history of his life. The body expresses the physical, emotional and cognitive sustainability of a person and we can deal with this sustainability using the body experience as an integrated, body-mind, experience or a self experience. It’s not important which body techniques we use, what is important is the process of the person in his or her life, a process of awareness, integration and transformation. We start from the complexity of how the patient functions and we can embrace entirely this complexity only through the body. We can consider the human being as an “unitary embodied system”.

I want to add saying that the body experience is not only physical, emotional and mental, but in the end of the process of personal development it becomes spiritual, defining this word as a deep oneness with all that surrounds us. This is also the spiritual testament that Reich has left us.

**References**


---

**The Common Ground in Body Psychotherapy**

*By Judyth Weaver*

I feel I must begin my contribution to this topic by stating what is not common ground. Coming from the U.S. and teaching in various programs, both academic and other, that have in their titles the term “somatics,” I find it difficult to use “body psychotherapy.” I think we all agree that “soma” comes from the Greek and it does mean “body.”

In the 1970s in the U.S. Thomas Hanna coined the term “somatics” to more specifically mean “the experienced body” or “experiencing the body from within.” I welcomed this clarity and distinction from so many “body work” practices.

In the U.S. there are several MA programs in “Somatic Psychology,” there was one Ph.D. program in “Somatic Psychology,” and there are many programs that are called “Somatic Studies.”

Of course we also have the problem of being clear whether we are meaning “somatic” or “somatics.” “Somatic” being appropriately used with “somatic psychology” but “somatics” needing to be used in relation to the non-psychological practices such as
I wonder if our differences are just in the words we use or also in how we work. I think we also agree that the person we honor as the ‘Father’ of our forms of psychotherapy, Wilhelm Reich, was very much influenced by the somatics work of Elsa Gindler. In the U.S. we can easily see how one of Gindler’s students, Charlotte Selver, has influenced many forms of psychotherapy and other various ways of working with the body. It is interesting to note that neither Elsa Gindler nor Charlotte Selver were psychotherapists.

It is said that when Gindler was asked what her name was for her work she said “I work with the whole person”. Selver would not use the terms “body” or “mind” in her classes.

I personally feel that if I were to ask a client a question such as “what do you feel in your body?” it would be directing or limiting. I’d rather use a more open question such as “what do you feel?” and hopefully I can meet my client wherever s/he goes, as is appropriate.

I would welcome more discussions on this area. Perhaps fuller understandings could help us all...no matter what we call our work.

References:
Bringing the threads together...

So, what is our “common ground” and how have we each come to our practices...as common and different as they are...?

We would like to foster a process for discovering layers of meaning through interactive dialogue (‘dialogos’ - διάλογος), a collective exploration of ideas, and the raising of new questions.

We would also like to continue reflecting on the changing professional landscape, the interconnection of ‘outside’ processes, processes that work ‘from within’ and the development of our professional landscapes over time. In this way we can sometimes find our way to something entirely new.

We look forward to continuing this conversation!

Warm regards to you all

Sheila Butler

References:


Short film exploring Body Psychotherapy in our changing world and exploring the question What is Body Psychotherapy?

https://www.youtube.com/watch?v=jnXbnefmf7Y

https://vimeo.com/134701122

EABP-body psychotherapy vimeo
Common Ground in Body Psychotherapy: a dialogue and debate
Brief information and Photos

Sheila Butler

Sheila works as a Clinical Researcher and Coordinator of Projects in Mental Health Psychological Therapies in the National Health Service (NHS) in UK. She is a practicing psychotherapist and also lectures at the Open University. Sheila’s interests lie in developing an interdisciplinary debate to provide the base for the next generation of practice and research, one which focuses on the interplay between biological, psychological, social and cultural factors. Current developments in this field have focused on working to develop and implement Practice / Practitioner Research Networks to provide a space for exploration and mutual learning across a community of practitioners. She is also a member of the Society of Psychotherapy Research (SPR). She has recently designed and co-produced the short film ‘Body Psychotherapy in the Changing World’ for EABP.

Ulfried Geuter

Michael Heller

Michael Coster Heller is born as a USA citizen in Paris (France) June 3 1949. He lives in Switzerland since he is 11 year old, and has become a Swiss citizen. He trained in Piagetian psychology and in Biodynamic Psychology in Geneva. As a researcher and a clinician, He focused on the relation between mind and body while several persons are interacting with each other. As a researcher, He mostly studied the nonverbal behavior of suicidal and depressive patients in the Geneva University Psychiatric Institutions. As a clinician, Michael Heller participated in the development of body psychotherapy with colleagues of the European Association of Body Psychotherapy (EABP). He participated in the creation of several journals in the field of body psychotherapy, and has occupied key posts in the EABP (Vice-president in the board, chair of the Ethics Committee and Scientific Committee). He is now psychotherapist and supervisor in Lausanne (Switzerland), while continuing to teach and publish at an international level. He has edited a review of the state of body psychotherapy in the 1990s in a volume entitled The Flesh of the Soul; and attempted to define the field of body psychotherapies in a textbook published in French by De Boeck publishers: Les Psychothérapies Corporelles. A revised edition was translated into English by Marcel Duclos for W.W. Norton (Body Psychotherapy) and into German by Bernard Maul for Psychosozial-Verlag (Körperpsychotherapie). He is now honorary member of the EABP.
Eleni Stavroulaki

Eleni Stavroulaki is a doctor (anaesthesiologist), graduate of the Kapodistrian University of Athens, and a research fellow at the Reich Centre of Athens since 1989. She is a private practitioner of Body Psychotherapy since 1994. She teaches Psychosomatic Medicine and Neurophysiology for Psychotherapists at the Reich Centre of Athens. She is a member of EABP and EEPSE (National Association of Psychotherapy in Greece) and an ECP holder. She is a member of the Scientific Content Congress Committee.

Luisa Barbato

Luisa Barbato is a certified Reichian body psychotherapist. She is a member of the Board of SIAR (Italian Society of Reichian Analysis) and she teaches body-psychotherapy in numerous Italian post-graduate schools of psychotherapy. She is also a supervisor of SIAR. She is the director of the Scientific Committee of AIPC (Italian Association of Body Psychotherapy) and she was elected as a component of the Italian Board of the Professional Association of Psychologists. She was a member of the Executive Committee of the Forum of European accredited body-psychotherapy training institutes.
She works as a body-psychotherapist in Rome in private and public institutions with individual and groups therapies. In particular, she works with groups for the development of human potential, emotional release and integral awareness. She has been practicing meditation for 20 years and in her work she uses some methods to integrate the body psychotherapy, the emotional release and the meditation practice to develop a very deep awareness of ourselves and of the others.
She teaches body-psychotherapy in numerous Italian post-graduate schools of psychotherapy.

Judyth Weaver

Judyth O. Weaver, Ph.D. in Reichian Psychology, is certified in Somatic Experiencing; Biodynamic Craniosacral Therapy; Prenatal & Birth Therapy; as a Gestalt therapist and Rosen Method practitioner/teacher. She created the t’ai chi program at Naropa Institute. Professor at California Institute of Integral Studies (CIIS) for 25 years; co-founder Santa Barbara Graduate Institute and creator of its Somatic Psychology doctoral program. She maintains a private practice and teaches internationally.
Whether working individually or in groups, the foundation of her work is the Gindler Work, also known as Sensory Awareness.

Contact information
Sheila Butler <sheilapmbutler@gmail.com>
Ulfried Geuter <u.geuter@gmx.de >
Michel Heller <mmaupash@aqualide.com>
Eleni Stavroulaki <elenistavr60@gmail.com>
Luisa Barbato <luisa.barbato@tin.it>
Judyth Weaver <judyth@judythweaver.com>