

Somatic Psychotherapy: An Intro

Dr. Ofer Zur interviews Nick Walker, M.A.

Dr. Ofer Zur: Welcome to our interview with Nick Walker on Somatic Psychotherapy. I'm your host, Dr. Ofer Zur, the director of the Zur Institute.

A few words about Nick. Nick received his master's degree in somatic psychotherapy from the California Institute of Integral Studies, CIIS, in San Francisco where he's now an adjunct professor in the interdisciplinary studies program.

He teaches courses and workshops on applying the principles of somatic psychology to fields such as conflict resolution, diversity work, transformative learning and creativity. Nick holds a 6th degree black belt in martial arts of Aikido which he has taught and practiced for over 30 years.

Actually, this is where I met Nick first time. He was an instructor of my daughter and I was sure was impressed at the time. His interest in transformative power of somatic work, originated with his observation of the personal transformation, people experience through Aikido practice.

Nick also teaches, writes and consults on autism and neurodiversity. He's the author of our own courses at the Zur Institute on autism and neurodiversity. Welcome to our program, Nick. It's nice to interview you again and this time on an equally interesting topic of somatic psychotherapy.

Nick Walker: Thank you for having me here again.

Dr. Ofer Zur: Let's just dive in. A good place to start is for you to tell us, what is somatic psychology, somatic psychotherapy and what are the basic premises of this field?

Nick Walker: Somatic psychology, somatic means working with the body, with the somas. DW Winnicott, used to talk about the psyche-soma, the whole person as being the psyche as embodied in the soma, in the living tissue of the body.

Somatic psychology is psychology and psychotherapy without mind, body dualism. The idea that the mind is not something that is separate from

the body. The body is more than just a taxi for moving the brain around, that the psyche is organized somatically, so anything, any patterns for instance within the psyche complexes in neurosis and places where the psyche is stuck and also capacities of the psyche, all of these things you'll find actually in how the body is organized. If there's a blockage in the psyche, a stuck pattern, you'll find that somewhere in the body as physical tension as well.

Dr. Ofer Zur: Needless to say, this will be applied to issues like depression and anxiety as well?

Nick Walker: Yes. Every issue, I've yet to find any psychological issue where you don't see an anxiety. It's right there in the body with the autonomic nervous system getting agitated and the breathing being affected. In somatic psychology and somatic psychotherapy, what we have is this idea that because the psyche is organized somatically, there's this relationship of mutual affect, mutual causality between mind and body.

There's not a clear boundary and that provides us with more starting places, so you can work with more conventional talk therapy methods and that will have a physical effect. If you can talk to someone through their difficulties, you'll see them get more relaxed as they gain insight. But more importantly, you can work through the body if you're running into stuck points in someone's therapy.

You can work through the body on it and say well, where is this happening in the body? Maybe make a shift in the breathing. Get them to relax a bodily tension and that will make them more open to psychological change.

Dr. Ofer Zur: I can imagine that some people may be more drawn to the cognitive entry point, change in cognitions which will, as you say change their hormonal levels and change their breathing and change their body to have a somatic response. Some people may respond more to a somatic kind of entry point. Again, they're not neutrally exclusive but ...

Nick Walker: Exactly.

Dr. Ofer Zur: You find different people are different in this way?

Nick Walker: Yeah. We have more entry points when we bring somatics into it. When we bring the body into it, we're looking at more of the person and more of how the person is organized and that gives us more tools and more potential entry points.

The techniques of somatic psychology, once you accept this idea that the psyche is somatically organized, that the organization of the psyche is the organization of the body, suddenly you have access to more dimensions of the person and this is very important of course because there's a lot of situations in psychotherapy where there are things that are very easily approached through the body that are difficult to approach just through talk.

Sometimes it's a very slow, difficult process to change something through talk, trauma especially. Trauma, I think is where somatic psychology really excels because I think that's where it's been strongest because with trauma a person is convinced on a very deep unconscious biological level that they're in grave danger. They're going to die. They're going to be destroyed so you deal with post-traumatic stress.

Dr. Ofer Zur: We have all this research that talk about, that indeed a traumatic experiences are registered and stored in the body and in the brain. There's a lot of support in recent brain research to what you just actually stated.

Nick Walker: Absolutely. You can talk to someone who's suffering from post-traumatic stress and you can get them to understand and agree that they're not in any danger anymore and safe to relax and there's no need to have nightmares or flashbacks or anxiety attacks, but it doesn't matter what you convince them of if something triggers that trauma, their body is telling them that they're in great danger.

When you start working with the body and getting the body to relax or it feels safe, shift in the breathing patterns, suddenly you're really addressing where the problem is locked in. You're unlocking another place.

Dr. Ofer Zur: For my own experience, I was wounded in the '73 war and while I didn't suffer from PTSD as in the DSM, I felt differently a very powerful and traumatic experience. Then I spent years in psychotherapy and writing about my experience and teaching all over the world, all the way to Moscow, about psychology of war.

It was really intense, cognitive intellectual processing, emotional too, of the traumatic, powerful event of being wounded in battle. I remember putting a helmet on in virtual reality in San Francisco 20 years after my injury and I freaked out and jumped under the table because my body just responded to the traumatic experience.

In 5, 6 years later, another virtual experience threw me back as if it was just happening to me. My body just stored this information that you just described regardless of the intense emotional, cognitive, behavioral, intellectual processing that I invested almost a career in that, but my body just stayed there. What you were saying what was missing from me in this healing process was a somatic experience. Did I get it right?

Nick Walker: Yes. When you think about it, is there any psychological difficulty? I mean, except if someone is born maybe with predisposition to schizophrenia or something that might be different but in general, if you look at things that the DSM calls a personality disorders, anything like that, all of that seems to trace back to trauma of some kind. Any difficulty that someone comes in to psychotherapy with is, there's some kind of trauma. Maybe it's not PTSD, but something has in their history affected their psyche and in doing that, it's affected the organism. It's affected how they organized their body.

Dr. Ofer Zur: Of course it ties to genetic or to a lot of other factors. Before we get to go into more details, perhaps on a big picture, perhaps you can help us, map for us, what are some of the major approaches to somatic psychotherapy? Perhaps you can even ground us with some names of leaders that are associated with this different approach.

I know this course will cover many of these major approaches and future courses will even take a dive into other aspects of some other psychotherapy. Map for us the major approaches and the names that people can associate with these approaches.

Nick Walker: Sure. Well, somatics in modern western psychotherapy traces back to Wilhelm Reich who is a disciple of Freud's. One of the many people who was being groomed as Freud's heir and Freud's rising star who then had a giant falling out with Freud.

Dr. Ofer Zur: I know. He kicked him out because he was talking about the body and Freud didn't hear about things like that. He didn't know he had a body.

Nick Walker: Right. You can really see that. You can see that in pictures of Freud. Jung had that same problem with Freud, that same split. Reich was young and brilliant and very aware of the body. He was working off Freud's idea about sexual repression but he was seeing this repression happen in the body, in the form of chronic tension and numbness.

When he was working with his clients, especially on issues around sexuality, he was saying well, the way to approach these blockages, this

numbness, the sense of disconnection or repression or anxiety is release the tensions in the body.

He developed all these exercises that actually when you look at them, really resemble a lot of ancient yoga exercises, ancient tantric yoga exercises and how he got people breathing doing these very intense breathing exercises and rhythmically tensing and relaxing different parts of the body to restore this organic pulsation, organic flow of energy through the body.

He was a big influence and then there were also people coming in from movement backgrounds, people coming in from massage and movement who were a big influence on somatics, who maybe didn't have psychotherapy training but their work on integrated into psychotherapy later on.

Mary Ann Rosen who developed the Rosen Method was very hands on. Almost massage-like thing or movement forms like authentic movements that Janet Adler did a lot of development of. All of that came together. One of Reich's students was Alexander Lowen who developed Reich's work further into something called bioenergetics, again, about opening up energy flow in the human organism.

Right now, there are a lot of different branches and the people who are practicing somatic psychotherapists rarely are complete specialists in one form. It really becomes very eclectic. It runs on a lot of forms so I know a lot of somatic therapists who have ... they have training and movement work, authentic movement and that sort of thing.

They have training in Reich's theory. Then on various forms, a lot of good trauma is developing now. Unfortunately, trauma is a growth industry. All these returning war vets and these wars that never seem to end. Even just urban life is traumatizing so there's a lot of call for that and a lot of things have started out being work specifically aimed at trauma that's been integrated into the general field.

Pat Ogden has something called Sensorimotor Psychotherapy. That's one of my favorite based on working with trauma. Peter Levine's work is called Somatic Experiencing and that's another one that really works with the autonomic nervous system from an anxiety.

He has some very interesting thoughts. In the future, we'll do a course on somatics and trauma and definitely feature a lot of Peter's work and Pat Ogden's work.

Dr. Ofer Zur: I'm really pleased. I've worked with Peter's organization. I'm still working with them and find them so hearty and so sincere. I'm really pleased to hear that. What other names and titles of branches that the listener may want to be aware of?

Nick Walker: Eugene Gendlin has this work called focusing which is not so much about ... It's very subtle. It's not so much about dramatic alterations and moving or breathing if anything. It's just awareness.

Dr. Ofer Zur: It's awareness of the body.

Nick Walker: Body awareness. It's deep mindfulness of the body and just that active mindfulness. I mean anyone who's done Zen meditation for instance where you're watching your breathing knows, but if you just start watching some function of the body that has an effect on it.

Dr. Ofer Zur: If we move forward, it seems like one of the major applications of somatic therapy will be around trauma, and that's really becoming in the 21st century, with brain scans and the focus on trauma, becoming really huge growth industry.

By the way, I have my own little critique about how therapist often see trauma too much everywhere. September 11th, people who watched it on television, go traumatized. No, they don't deserve a PTSD diagnosis. Their life was not in danger.

We psychotherapist and psychologists and counselors and psychiatrists tend to abuse the diagnosis and see trauma and me, where there's my parents from the holocaust, my grandparents died on the holocaust and my own war experiences of traveling through Africa, I think I know the difference between trauma and trauma. This western soft culture broadens the idea of what is traumatic to a really obscene over-diagnosis.

Nick Walker: I agree many diagnosis are abused. Things are over-diagnosed, post-traumatic stress disorder is maybe over-diagnosed. At the same time, we're looking at ... With somatics, we look a lot at things that are maybe ... They're not PTSD but they're trauma, in childhood trauma especially.

People's bodies are shaped partly in childhood. The growth of their body is in the muscular tensions how they hold themselves, how they limit themselves is shaped by what does or doesn't seem safe in their environment. You can see really extreme things if there's abuse or danger in a childhood environment, but sometimes it's as simple as what is discouraged in the environment or what is not nurtured in a child.

I don't know that it's exactly trauma but the development. The body responds, the developmental environment, and people develop different capacity so there are families, for instance, where it's made very clear that children at a very early age that display exuberance and excitements are not welcome.

Dr. Ofer Zur: This is registered subjectively in the body regardless of the DSM diagnosis. This is what you can detect, as well as attend to, somatically regardless of whether it comes to the level of PTSD or not. It doesn't matter. What matters is: what's the healing process?

Nick Walker: Exactly. For instance, in my own work, I don't conduct psychotherapy. I conduct a lot of coaching with people based on principles of somatic psychology and somatic psychotherapy. I work with people for instance about they deal with conflict.

There are people who cannot stand up for themselves and assert themselves because they were harshly smacked down as children for trying to assert themselves or made it feel very guilty for trying to assert themselves.

I've trained them actually and not by giving them pep talks but actually train them in what you do with your body to assert yourself. There's a whole range of bodily styles, the ways of holding themselves aren't available to them.

They have chronic muscle tension that restricts them from standing up, straight, standing firmly, standing around, in a very literal sense. I have to teach them how to do that with their bodies. Same thing, I do a lot of work also coaching people with creativity and it's the same thing.

People's childhood creativity is discouraged if a child is over criticized. They start holding in their creative impulses with chronic tension. I work with forms like authentic movement. I do a lot of physical fear work and things like that where I get people moving their body in new ways. That starts opening up the capacity for creativity and spontaneity again.

Dr. Ofer Zur: That's beautiful. What are some of the controversy around somatic psychology? It has been around since Freud's time. Traditional healing, whether it's Native-Americans or Chinese, has been recognized for thousands of years.

Nick Walker: Yeah.

Dr. Ofer Zur: It is relatively not that new, but relatively new to Western psychology. What are some of the obstacles of this thing that makes perfect sense that stops most therapists from even going through graduate school course in somatic therapy?

So what are some of the controversies around development, acceptance and recognition of somatic psychotherapy and somatic psychology?

Nick Walker: Well, I think the primary obstacle, all of the obstacles in a way center around the fact that as a culture, westerners have this deep mind of body split that's been built into the culture since DeCarte, this Cartesian dualism of mind and body.

Also contributing to that, of course, is the religious background of the culture, that Judeo-Christian faiths are deeply suspicious of the body as there's a cultural tradition, even for those of us who don't buy into that anymore, there's such a longstanding tradition built into the culture of the body that is sinful in some way. The body's desire will lead you astray. This is a very deep, split from the body and suspicion of the body.

Dr. Ofer Zur: To say it in some regard, to say it more crudely and more precisely in some regard, western culture sexualizes the body and definitely sexualizes touch.

Nick Walker: Then the fear of sexuality.

Dr. Ofer Zur: Fear of sexuality. Again, we're living in a western culture which is highly pornographic. I'm on my way to LA and the billboards there are the most pornographic. Things that are highly pornographic, but on the other hand we are also highly phobic.

We live in a culture that splits, as you mentioned and of course as a forensic psychologist, I often encounter experts who just talk about the touch and sexuality are the same in their minds, which is so obscene in some ways. I think that the split and the sexualizing of the body and the touch are indeed the split of the body, mind and the sexualizing of almost all forms of touch.

Nick Walker: I think that these are manifestations of the split where the body is objectified. It's made into an object. We talk about my body as if we're talking about my car and my computer, that it's this object that separates who we are.

That objectification leads to ... It's most obvious. I mean in a way, the fear of the body is an objectification of the body and so is pornography. Also that's an objectification of the body, making the body an object instead of a person.

At the same time you see it even in athletics. I'm always surprised ... I have my work when I'm teaching people, whether I'm teaching them Aikido or teaching them about somatics and creativity.

I'm teaching people to feel their bodies more deeply and what surprises me is that athletes are often terribly cut off from their bodies. They've been thought to regard their bodies as ...

Dr. Ofer Zur: As a machine.

Nick Walker: ... machines.

Dr. Ofer Zur: ... high performance machines...

Nick Walker: Right.

Dr. Ofer Zur: ...that can take abuse without pain and can do things that are beyond the limit. It pushes this machine to its max.

Nick Walker: I mean, Michael Jackson's death. His body was so horribly abused. If you watch him dance, he is so graceful but he abused his body terribly doing pills to keep him from feeling the damage that he was doing to his body by not resting.

It is really this objectification that happens everywhere, that's built into the sexuality of the culture too, the body as an object of fear and also an object of desire, but not something that people actually inhabit and love and feel deeply. I think that being felt deeply is the primary need of the human body.

Dr. Ofer Zur: There is a myth in the field of psychotherapy that touch is not part of the standard of care.

Of course, many codes of ethics don't even use the word touch. Listen to those who teach risk management or the people who believe in the faulty notion of the slippery slope. Many graduate school students went through training and took so-called ethical courses that told them that touch was not within the standard of care, which is wrong, which is not true. But nevertheless, sadly, it is so highly prevalent.

What we are talking about today is really somatic psychology, which is as legitimate as psychoanalysis and in fact probably has more clinical and empirical support at psychoanalysis, because psychoanalysis is primarily based on individual case studies. We know that touch can affect brain structures and hormonal levels and et cetera.

You can just help this presentation legitimize and remind people that touch is within the standard of care and indeed is one of the most highly effective way to increase therapeutic aligns, as well as dealing with issues of trauma, anxiety, depression, reduce aggressiveness and many other goals of psychotherapy.

Nick Walker: Right. Within this course, there is an article specifically about touch and the ethics of touch. You've done a lot of work in this area, trying to get people to recognize the value of touch and stop demonizing it. There's variety in terms of how much touch is used in somatic psychotherapy.

Dr. Ofer Zur: That's what I wanted to ask you too. How much is hands on within? If we need to talk a little bit about to make sure that people understand the touch and somatic psychotherapy are legitimate, clinical, psycho therapeutic intervention, not much different in cognitive behavioral or psychoanalytic.

We need to establish it so people reduce the fear and people are open to understand. I have articles on the standard of care in psychotherapy, on the touch in psychotherapy, so it's not some pie in the sky idea. It is about the laws and where is the legality.

By the way, some insurance companies try not to cover touch, which, of course, they don't have the right to define the standard of care. It's not too prevalent but sometimes requires some fight for that. Once we establish that touch in somatic psychotherapy is within the standard of care of psychotherapy and clinical psychology, in counseling, in social work, et cetera, now, you started bringing up the issue, how much touch and do all somatic oriented psychotherapy even use physical touch?

Nick Walker: Right. Definitely not all of them do. Eugene Gendlin, who I mentioned earlier who does focusing, is all about drawing his client's awareness through their body and he'll verbally talk them through it. There's no touch there.

Dr. Ofer Zur: Just consciousness of the body and awareness.

Nick Walker:

Exactly. Babette Rothschild, who is one of the people who works with trauma, she has a wonderful book on trauma called *The Body Remembers*. She doesn't use touch at all. It would make sense for her the way she works.

Again, she'll just talk her clients through physical processes and that works for her. Of course she's often dealing with people who are severely traumatized and maybe have bad responses so touch so it makes sense for her.

On the other hand, Pat Ogden, Sensory Motor Psychotherapy, there's definitely touch. Pat Ogden for instance has this wonderful exercise she recommends that I use myself within my work, just having a client push against her hands. The therapist was holding out her hands. The client pushes against it.

It's just a way of starting, getting the traumatized client to start to feel the strength of their own body and restore a set of presence in the sense of strength. I think exercises like that are extremely valuable. There's certainly nothing sexual about that. All you're doing is touching hands and pushing on each other. Little things like that are really valuable.

The Reichians sometimes do a lot of touch. They'll really get in there and touch, push into the muscles that are tense so the client can feel where the tensions are. Then again, sometimes a little touch will do that if a person is having trouble breathing or they're dissociating, just lightly touching someone's back can help to bring them back into awareness.

Dr. Ofer Zur:

When I was back east, I was working in an area in Boston many years ago. There was an older woman in her 90s. She would come and the only thing that she really wished to have in the session was for me to hold her because she felt so untouchable.

The only touch that she received in her life was from the people in the board and care where she was and the medical touch. That was all she got. We would sit for 15 minutes with my holding her hand. I could recite the alphabet in Hebrew and she wouldn't care because she got the entire care and her body shifted.

I have no doubt if we checked her hormone levels and stress level and adrenaline, everything would've changed because for 45 minutes, I just was holding her hand sometimes in quiet, in silence, and sometimes talking but talking was completely immaterial. She came once a week for

me to hold her hand. This was her healing. She wouldn't miss it for the world.

Nick Walker: That's plainly healing. That heals really deep traumas. The brain integrates things. Babies integrate things through touch and deprived of touch. There're all sorts of things that just can't be experienced. It can't be integrated by talking.

Dr. Ofer Zur: It needs to be done. However are there some indications of what kind of client you will not use somatic or hands on actually? What kind of clients you wouldn't touch, where you will use more caution?

Nick Walker: Well, again with severe trauma, one has to use caution especially if it's a sexual assault trauma. I think as a male therapist, if I were working with a woman with sexual assault trauma, I would stay away from touch.

Dr. Ofer Zur: At least at the beginning.

Nick Walker: At the beginning or things like Babette Rothschild uses where it just palms of the hands touching.

Dr. Ofer Zur: By the way, we talk about sexual abuse. In my experience, and we have a literature and research to support it, ultimately my goal as a male therapist working with a woman who was sexually traumatized, I of course will not touch at the first phase of therapy, even if I ask permission to touch and she would say yes.

I wouldn't take the yes for an answer because it depends on her trauma and experience. She may never learn to say no, so even when she say yes, I don't move into touching on any form, not even a hand, until her consent become really authentic. But the goal, in some regard, is where this woman is to be able to be touched by a male therapist without sexualizing the relationship.

Now, this is a long term goal and not all trauma survivors are signed up for this goal, but in an ideal world, they learn that touch can be not sexualized. It can take a long time and absolutely there will not be touch in the first part, even if the woman will say yes. I will proceed with a lot of caution.

Nick Walker: Right. When I was in my clinical practicum in my somatic therapy training, I was working at a sliding scale clinic. I had a 21-year-old woman client who was a prostitute and she had a lot of sexual trauma and she had zero history of non-sexual relationship with men out from, even from child.

Every relationship with an older male was sexualized and she would be very heavily sexually exploited. In that work, I never touched her because it was important to maintain the boundary that I am a man in her life who does not desire touching her. That's not what I want from her.

Even then, there were issues. It was hard for her at first to picture, to get a sense that it wasn't sexual. Even just to be alone in a room with a man had sexual connotations for her. I actually worked with her outdoors. We went out of the office to work so she wouldn't have that association.

Dr. Ofer Zur: Beautiful. What we are emphasizing here is that when it comes to touch is not yes or no. Of course sexual touch is always unethical and illegal, needless to say, but when we come to healing touch, it really depends on the clients, the gender of the therapist, the gender of the client, sometimes sexual orientation, the settings that you are working, are you working within a clinic, working on a reservations, you're working in downtown New York City or San Francisco or in a psychiatric unit. What are the issues, background of the clients, sometimes the background of the therapists.

Some therapists are not comfortable with touch to start with. We talk about the context of therapy will determine whether you touch or not, when you touch or whether you touch, whether even you touch at all.

Nick Walker: Right. I think you raised a great point about the therapists. The therapist has to be comfortable with the touch. It's no good for the client. If there's touch going on and the therapist is cringing about it, the client will pick up on that so the therapist also has to have work through their own issues about touch.

Dr. Ofer Zur: If they are going to use touch, yeah.

Nick Walker: One more thing I want to say about touch is that in the somatic psychotherapy program at CIIS, that I'm alumni of, to get into the program, you have to be a certified massage therapist because they want to know that you understand how to touch appropriately.

Dr. Ofer Zur: How interesting. That's a fantastic qualification. I haven't heard about it. This is wonderful. This is really prescreening the therapist so they have a wide range of comfortable, non-sexualized touch.

Nick Walker: Exactly. If you can't handle the work of massaging someone, then you shouldn't be in the field. Even though most people in the program, most people did therapy where they did very little touch, they all had to know.

They all had to actually be certified massage therapist. That was the screening.

Dr. Ofer Zur:

That's wonderful. It says it all. We want people who can touch, who can heal via touch or even though massage therapy is not psychotherapy, it's healing touch of its own. You're comfortable with that, working with both genders and without sexualizing the touching relationship. That's really wonderful.

I always learn things when I talk to you. We can talk like this for hours and probably we will. Perhaps you can tell us a little bit ... you have one course lined up and more courses to come up with. Tell us a little bit about the articles and authors you have selected to include first of all in this course, of which this audiotape will be part of.

Nick Walker:

Right. This is the intro course. Any other somatics courses will be built on this. This is an intro to the basic principles so we're not going into techniques, like somatic experiencing and sensorimotor therapy. That's for more specialized applications. This is really looking at general principles.

The first section is just an introduction to somatics therapies. The first article is an overview of a bunch of the different types of body-centered therapies by Christine Caldwell who is a wonderful author. She is the founder and the chair of the Somatic Psychology Department at Naropa University in Colorado, one of the very few somatic psychology programs in the country, CISS, JFK, Naropa, not many others. She's one of the founding people in terms of somatics as an academic field. She has a wonderful book called Getting Our Bodies Back, about reclaiming the body, learning to feel the body.

This is her overview of different approaches. It gives a very basic idea of what some basic principles and basic orientations needed in somatic psychotherapy are. I followed that up with an article called Of Tissue States and Thermostats.

This is a piece that was written by Dr. Ian Grand. Ian is wonderful. He's a personal mentor of mine. He was the chair of the somatic psych program at CIIS back when I was in the program. He stepped down as the chair. He still teaches in the program.

Brilliant man. He's a direct student of some of the greats in the field, Stanley Keleman, Alexander Lowen who was a student of Wilhelm Reich who developed bioenergetic therapy. This piece Of Tissue States and

Thermostats really addresses how this idea that the body, the psyche, is organized somatically and how to look at the body and work with the body based on this idea.

I remember in fact the whole mind body but I had this big aha revelation moment in one of Ian's courses once, because he asks the class to try to come up with a definition, an easy definition of what is the basic foundation of somatic psychotherapy.

I thought I was very clever. I said that the organization of the body mirrors the organization of the psyche, and he said take it a step further. The organization of the body IS the organization of the psyche. They are the same. That was a big aha moment for me and that's really the focus of that article is that premise of overcoming that mind, body, dualism.

The next section is more about the principles of somatic psychotherapy and it starts with an article by Don Hanlon Johnson, another person who was a teacher of mine at CIIS. He founded the somatic psychology program at CIIS. He has written some extraordinary books in the field. There's a book by him that's just called Body that I highly recommend.

Dr. Ofer Zur: I know. It's beautiful.

Nick Walker: Another one called Body, Spirit and Democracy, which is about how somatics applies in a broader, social sense. A reminder of Wilhelm Reich for instance was a big social reformer. He cared a lot about social justice and did a lot of work with the poor and trying to really solve the way bodies were treated.

The culture reflected a lot about what was happening in the culture in terms of the treatment of people, the treatment of human beings and human freedom. Don writes about that a lot. He has a real deep compassion for human beings.

Dr. Ofer Zur: He is such a special person too, Don. I mean, I was there when he started the program so many years ago.

Nick Walker: He's in his 70s now.

Dr. Ofer Zur: I know. I was honored to associate with him for a while when I was teaching at CIIS. It was very special.

Nick Walker: Yeah.

Nick Walker:

I actually have 2 articles by him in this course. The next article is also by him. The 4th article in the course is called principles versus techniques toward the unity of the somatic field where he ... We started by looking at an overview of different styles, different, body centered therapies but this is where Don talks about well, let's get down to what are the unifying principles, what unites the field.

Then the last one in that section is addressing touch as we talked about, The Ethics of Touch by Christine Caldwell again. It's her take as a somatic therapist on touch, really covering a lot of what you and I talked about here.

I have in the last section called The Embodied Psyche and it's about what does it mean, what are the therapeutic implications if we say that the organization of the body is the organization of the psyche and vice versa. We have 2 more pieces by Christine Caldwell, The Body Speaks, which is about reading the body, listening to the body, understanding a client through what happening in their body, and The Cultural Body which is a very important principle that I think has to be in any intro to somatics course. It was definitely addressed. Ian Grand addresses this very strongly in his own teaching. Don Johnson addresses this idea that the body is shaped culturally. There are differences ...

Dr. Ofer Zur:

Tons of research on that, really. Such an important part of what we try to convey here is that this is a legitimate, scientifically based, clinically effective way of conducting psychotherapy, of conducting counseling, clinical psychology, social works, psychiatric work.

We an attempt to really introduce it to people who grew up with sheer analytic or sheer quality behavioral to understand the wealth of knowledge and scientifically based, ethically solid information that's available on this topic so that people can add it to their repertoire, not just through working insight, not just working through behavioral changes, not limiting themselves to cognitive restructuring, but adding the 4th component of the body.

Then in our program going to have more courses around spirituality and psychotherapy as well which is tied to that but what you're bringing here is such a missing piece in the healing process in our western psychology realm of psychotherapy.

This is just, really, really special. Then I can imagine the course will also include a wealth of resources, as your other course and all our courses include.

Nick Walker: Definitely. We'll put in a reading list. There's really some extraordinary writing on this topic anyway. Don Hanlon Johnson and a lot of the people who are pioneers in the field have produced some great writing. I'll be putting all of that in the course recommending ...

Dr. Ofer Zur: ...Further reading and a lot of links to tons of researches.

Nick Walker: There is a lot out there.

Dr. Ofer Zur: You will also help us, as you are a practitioner and a scientist, produce the resources that will be research-based and clinical-based for people to use as part of the psychotherapy or at least to keep of in their back of their mind so they can be aware of other ways of healing.

Nick Walker: The people who take this course, I think once they start exploring, once they start becoming aware of it, it opens up a whole new world. I think by providing this introduction, by providing some basic reading on the top, it opens up this whole realm of curiosity and exploration.

Dr. Ofer Zur: Hopefully. This is really the hope and there'll be a whole bunch of courses that I'm going to put together so people will have to get a certificate too. There'll be some sense of proof of competence, at least cognitive, understanding. Any other words in closing, Nick that you'd like to say?

Nick Walker: Well, I conclude this course with a final article called The Marvelous in the Real. That's another one by Dr. Ian Grand. That article, it's the longest piece in the course and I put it there really to sum things up because it addresses what I think is the most important point here, which is why do this work.

This is about the liberation of the organism that I think somatic psychologists, I think psychotherapists in general but especially somatic psychologists, ideally are really aware that their work is a work of liberation, that it is a work that people are bound and restricted by restrictive patterns of thinking, by tensions in the body and ways of carrying themselves, that people are limited by misfortunes of upbringing, fears that get ingrained in the people, they're culturally ingrained or they're ingrained in mishaps in the family.

People don't grow up able to access their full potential and their full capacity for action or for pleasure and joy and creativity in life. This is ultimately a work of liberation and of freeing people up to more of their possibilities.

Dr. Ofer Zur:

That's beautiful, Nick. I would like to thank you for joining us again and the incredible contributions that you have to our field. I mean your course on autism and neurodiversity has been really well-received.

Here's another cutting edge which has actually been with us for so many centuries but cutting edge in terms of western psychology and really helping people widen their repertoire and understanding of the process of healing and incorporating into the psychotherapy and counseling practices. Thank you so much and I'm looking forward to more contributions from you in the future.

Nick Walker:

Thank you very much. It was wonderful talking to you again.