HAKOMI AND ADOLESCENTS
by Greg Johanson and Carol Taylor

Greg Johanson, the editor of the Hakomi Forum, is a Certified Therapist and Senior Trainer of the Hakomi Institute who has experience with Hakomi in a number of mental health clinic, parish, college, public school, and hospital settings. Carol R. Taylor M.Ed. was one of the first students to study Hakomi with Ron Kurtz. She has been working with seriously emotionally disturbed students and families in public schools for over 17 years. She is also an accomplished violinist and teacher of the Suzuki Method. The article on Hakomi and adolescents here was first published in *Innovative Interventions in Child and Adolescent Therapy* edited by Charles E. Schaefer in 1988 for John Wiley and Sons of New York who own the copyright and have given permission for its use. Copies of the book can be ordered by calling 201/469-4400.

I. INTRODUCTION
Hakomi is a form of therapy developed by Ronald S. Kurtz and taught through the Hakomi Institute throughout the United States and Europe (main office Post Office Box 1873, Boulder, CO 80306, Tel: 303/443-6209). It is a therapy that has pioneered new techniques within the context of five organizing principles (unity, organicity, mind/body holism, mindfulness, and non-violence), as well as integrated elements from other therapies that have gone before it. The main sources for the therapy are *Hakomi Therapy* by Ron Kurtz, and the journal of the Institute, the *Hakomi Forum*, both available through the Institute’s main office.

What is and is not considered Hakomi is judged by a method’s or technique’s congruence with the principles. Since the principles are drawn from contemporary philosophy of science as well as major religious traditions, they are quite broad and allow for the inclusion and integration of a wide variety of methods.

The unity and organicity principles are especially important to note when applying Hakomi to work with adolescents. Following Bateson (1979), unity includes the notions that a living organic system is a whole made up of parts and that there is a force in life, negentropy (Prigogine and Stengers 1984), that persuades elements in the direction of greater complexity and wholeness. An adolescent can be thought of as made up of many organic subsystems, and as participating in larger supra-systems (Skynner 1976). Hakomi therapists consider it rowing against the stream to not take seriously as many parts of the system as possible. This would include evaluating an adolescent’s diet and metabolic dispositions as well as including as many people as possible from the family, school, church, neighborhood, juvenile department, etc. in the treatment.

Another implication of unity is that everything is connected to everything else. Bateson’s principle of organicity is that the parts must be communicating within the whole for a system to retain its organic ability to be self-directing, and self-correcting. The liver and pancreas must talk with each other through the nervous system and bloodstream. The parts of the mind must be available to each other as well as to the body. The family must communicate. The football team must huddle. One way of thinking of therapy is that of removing barriers to communication, of healing splits in consciousness (Wilber 1979), eventuating in the person’s regaining of the organic wisdom to know what is needful for him or herself.

In practice, therefore, Hakomi therapists feel both the freedom and necessity of participating in a multi-therapy approach in working with adolescents (Johanson 1984b and 1986b) so that the facilitation of communication within all levels of the system is maximized. One way to conceptualize the interplay of therapies is through the S-O-R schema of experimental psychology.

A lot of psychological research toward the beginning and middle of the century went into investigating how the environment molded behavior. This was termed S-R psychology. Stimulus one (S1) led predictably to response one (R1). The system was modified when it became apparent that S1 did not always lead to R1. Sometimes, in another subject, it
would lead to R2. For whatever reason, the presence of the same white German Shepherd dog (S1) would lead to fright in one person (R1) and attraction in another (R2). Without biasing how it happens or how best to deal with it, it becomes necessary to posit an organismic variable (O) between the S and the R, thus creating an S-O-R psychology. The ‘O’ signifies the program, filters, imagination, mindset, or whatever one calls that which is functioning within persons leading them to interpret a stimulus in such a way that disposes them toward one behavior instead of another.

Various schools of therapy have grown up around emphasizing the importance of the S, the O, or the R. In the early days, and still today in some cases, the schools were imperialistic in claiming that their emphasis was indeed the most important, crucial, deserving of study, and funding, etc. It is hard to back up such claims (Johanson 1986b). The conclusion of most research surveys of effectiveness studies in therapy is that of the Dodo bird judging the race in Alice’s Adventure in Wonderland: “Everyone has won and all must have prizes.”

For Hakomi therapists, the Dodo bird’s verdict is confirmation of the bias embedded in the principles of unity and organicity, and gives them license to be responsibly eclectic in valuing the relative merits of a wide variety of approaches. If the S-O-R schema is taken out of a linear progression and placed spatially as a triangle, a graphic representation emerges of how the environment, the mindset of the person, and the person’s behavior are all in a mutually reciprocal relationship of interdependence, implying that the various therapies aimed at each variable can all be of value.

![Diagram](en/0015.png)

For example, a fourteen year old adolescent boy sees someone he doesn’t know coming down the sidewalk toward him (S). He automatically mobilizes around thinking the person will not like him (O). He directs his gaze toward the lawn or the bird in the tree (R), as if he is preoccupied, so that he can avert the other’s gaze in a socially acceptable manner.

A number of things can effect this scenario. If the other person (S) begins to look away first, looks at the adolescent harshly, or begins to smile graciously in anticipation of a friendly greeting, any of those changes will effect the gazer’s own disposition to respond in a particular way.

It is also possible that the gazer could catch himself mobilizing around avoiding eye contact and, in a brief moment of awareness, confirm to himself, “Yes, you are a nerd nobody would want to pay any attention to,” or, “Wait a minute. We are all in this together. Nobody is better than anybody else,” or, “I’m not going to let anybody intimidate me!” All of these O possibilities could change what happens.

Different behavioral responses could also effect things. He could decide to smile at the other, even though he is scared. He could self-consciously go with looking mean and staring the person down. If he decided to smile, it is possible that this would evoke a smile in the other and change the gazer’s mindset to a degree. “Oh, some people do smile back. Maybe other people are anxious too, or maybe I’m more appealing than I think.” This change in mindset could change the way he views the next person he meets. Instead of mobilizing around the notion that this person will not like him, he might have a more open, though still cautious mobilization around the possibility that this person might or might not like him — “I wonder which way it will be?” His ability to make or initiate eye contact will have possibly shifted to include more freedom and choice in behaviors.

In its “pure” form (Barstow 1985) Hakomi majors in addressing the O variable. Hakomi facilitates characterological change by inviting people to turn their awareness inward toward present, concrete experience and explore that experience in what is termed a mindful state of consciousness. Here Hakomi is in agreement with the research findings of Eugene Gendlin (1978, 1979) who has shown that failure in psychotherapy happens when a therapist gets non-experiential responses from clients; rationalizations, justifications, stories, etc. that simply rehash what clients already know, precluding any new learnings.

When working with adults, it is common Hakomi practice to facilitate mindfulness for the bulk of a standard therapy session. Friends and family might be included in the session, evaluations by appropriate other practitioners sought, and various kinds of
homework given to deepen integration processes, but normally, the emphasis of the session is on self-exploration. When working with adolescents, the relative balance is reversed. The environment, what is done in relation to structuring school and/or family time, is crucial and a first agenda. Many therapies might be included in the overall treatment plan. Hakomi techniques, aimed at facilitating mindfulness and mining an adolescent’s inner wisdom, are placed more in the background, and held in readiness for every appropriate moment when fostering self-exploration is what is needed and possible. It is often used between the lines of other therapies, though it can also take the forefront during some individual and group sessions.

In the following section, basic Hakomi methodology will be outlined, especially as it is applicable in work with adolescents. This technique section will give some detail in relation to micro-processes of the method as well as illustrations. It is necessarily incomplete, however, and the reader is referred to the primary sources for additional information, or to the main Institute office in Boulder for information on introductory as well as 390 hour advanced trainings. The section on case illustrations will take its focus from a wider lens, providing a more general account of how Hakomi was used in specific instances in a multi-therapy approach.

II. THE TECHNIQUE
A. States of Consciousness
Hakomi, as the following two figures show, manages states of consciousness in a way that makes specific stages of a process predictable.

1. Ordinary Consciousness: In therapy with adolescents, a lot of time is necessarily spent in ordinary conversation in ordinary consciousness, which can be quite valuable (Meeks, 1971). Ordinary consciousness that people normally talk in and go to the store with has identifiable characteristics. It is governed for the most part by habits and patterns that are operating on automatic, just as our heart rate and breathing. It normally has an external orientation, is goal directed, and therefore has a narrow focus and fast pace. Ordinary consciousness provides an awareness of space and time.

When therapists experience adolescents in ordinary consciousness, they are experiencing them as they are, the adolescents using what they have, working out of whatever information is already programmed in their personal computers, their O variable. Their behavior is largely automatic and reflexive, which makes it ideal for diagnostic purposes. How the teenager dresses, how they sit, how they carry their bodies (Kurtz, 1976); what they say and don’t say, as well as how they do either; how they interact in relationships with friends, strangers, teachers, and counselors; all give clues to how they are organizing both their experience and expression in life.

Hakomi therapists are particularly interested in experiencing the person’s organization in such a way that clues begin to come together as to the organizing principles at work. Experience and expression are organized. Nothing gets to awareness without going through the filters of the imagination which take incoming stimuli and make them available to consciousness (Horner 1979, Kopp 1972, Lowen 1958 & 1975, MacKinnon and Michels 1971, Missildine 1963, Loewinger 1976, Shapiro 1965.) These organizing
The hopeful aspect of this assumption is that the same creative capacity that formed the belief can be called upon for re-examination of the belief, in the light of new information, and for the exploration of possibilities for reorganizing around more realistic, nourishing beliefs.

The assumption also implies that within the person him or herself is where the creative capacity is, where the inner wisdom lies which will lead to both what is painful and what is possible. Many of us have been far superior in therapy as diagnosticians than we have as change agents. The issue is how to empower people, old or young, to discover how they have organized themselves and what creative possibilities are open to them in the future.

It is hard to access the core organizing level of character in ordinary consciousness. That is because it is characteristically ruled by habits and patterns already formed. In ordinary consciousness people are rehashing variations on what is already known. They are doing what their computers can do, given their present programming. That is why much therapeutic conversation becomes boring. It is dealing with old, stale dated material.

2. Mindful Consciousness: The experience of Hakomi, is that learning and growth happen most easily in another state of consciousness termed mindfulness, or witnessing consciousness. Mindfulness, in contrast to ordinary consciousness, has a slow pace. It is hard to learn a new play in the middle of a game or a new way of fingering the piano in the middle of a recital. The engine isn’t rebuilt while it is running or the computer reprogrammed while it is working. Down time, quiet, relaxed, reflective, meditative time is best for curiosity and new learning.

In mindfulness, the orientation is internal as opposed to external. The hallmark of Hakomi therapy is being able to take what someone is presenting — creating — and turn that person’s awareness inward toward their immediate, felt, concrete experience of this creation. Then it becomes possible to track the

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principles can be called imaginative filters, scripts, tapes or whatever. In Hakomi they are often referred to as core organizing beliefs.

What belief is in effect which would make sense out of this adolescent’s presentation of self? “I am not welcome here”? “Nobody is ever here for me”? “You have to get them before they get you”? “I’m only liked if I jump through the right hoops”? “I have to perform well or be very interesting before people will notice and include me”?

However unconscious or unaware, miserable or unhappy, teenagers are, how they are organizing their lives is viewed by Hakomi therapists as a creative act. This does not imply that the early formation of beliefs was a conscious willful act or that they are conscious of having done so now. It does not mean that the construction of beliefs was anything short of necessary, given the situation they were confronted with. It does imply that the formation of a certain belief, from experiencing and sizing up the world and how one has to survive in it, is a creative human act.
contours and outlines of the creation back to the level of the creator.

To do this tracking it is necessary that the focus be open, open to whatever might be; exploratory, curious, experimental, like a young child at play (Johanson 1987a). Immediate agendas, normal ways of reacting, labeling, and judging need to be suspended. There needs to be faith that pre-verbal experience can be learned from, that it does contain wisdom. Indeed, mystery is a pre-requisite for learning. By definition, nobody learns from what they already know, but from what is not yet clear, understood, or labeled. When people concentrate on live, present experience, the process itself takes on a quality of aliveness, exploration, and a sense of new possibilities. Often awareness of space and time is lost.

A mindful state of consciousness is sharply distinguished from a hypnotic state, however. In hypnosis the conscious mind with all its habitual patterns and frameworks is distracted, which then allows the hypnotist to engage the unconscious mind (Erickson, 1979). In Hakomi, mindfulness allows the conscious mind to suspend its routine functions, but stay completely aware, even while exploring a deeper level of experience for normally unconscious meanings (Johanson, 1984a).

3. Riding the Rapids Consciousness: When one mindfully explores present experience, two other states of consciousness with their own attributes become possible. One is called riding the rapids. For instance, an adolescent might come for an individual session and appear a bit uneasy. If she is motivated to explore the uneasiness in a mindful way, it is possible the uneasiness might become clarified in sadness, which has a quality of grief, whose meaning is rooted in something about being left out. At this point the youngster might get so close to the underlying pain that riding the rapids occurs — a spontaneous, uncontrollable emotional release of feelings and movements, with simultaneous attempts to control the release through tensing and holding back. Though the witnessing part of consciousness is always present according to Earnest Hilgard (1965) in his research at Stanford, mindfulness is basically lost when riding the rapids. The therapist makes no attempt to utilize it at this point.

4. The Child Consciousness: Often in riding the rapids, spontaneous waves of memory will arise that are tied to the feelings and meanings present. Here, and through other circumstances, a state of consciousness with the quality of the child can emerge. In the child state of consciousness there are clear, often early memories present that bring a person back to the time and place where they created some of their core organizing beliefs about the world.

In the example we are following, the adolescent girl might have a memory wash over her of the time she was at the seashore and her brothers and father laughed at her for being afraid to go into the waves without holding hands with her brothers, who refused to do so; a time they called her a sissy, told her she would never grow up, and left her with profound feelings of humiliation and rejection. This could be a scene where it becomes quite clear to her that she made a decision never to try new things in such a way that made her look like a fool, a time when she decided it would be better to act disinterested than risk being left out or put down.

The child state of consciousness is a dual state. As in mindfulness, the current age observer is always present and knows exactly what is happening. At the same time, the memories can be so strong and vivid that persons begin experiencing them again as if they were there. They experience the pain and confusion and begin feeling, talking, and looking like the child of yesterday. In other cases, the memories are quite vivid, but the person remains outside of the actual scene, viewing what is happening in an involved way which moves them deeply.

The child state is a highly valuable place to be, therapeutically speaking. Not only can persons come to understand the pain behind their present beliefs and constructions of reality, but at this level where the beliefs became viable, they can come to explore the possibility of new beliefs. The experiences that emerge in the child state can be addressed in a way that did not happen the first time around, giving the child-client new information and support, not available at the time, information that updates the files for both inner child and contemporary person.

In our example, the young girl could entertain the possibility that in addition to the people she grew up with, who she experienced as non-supportive of her fear and excitement in relation to new endeavors, that there are others who would be supportive and understanding. There are those who understand that fear as well as excitement are natural when facing new situations, and that wanting support and reassurance is in no way cause for shame, hiding, or ridicule. The world is big enough to include many responses, some hurtful, some helpful. In the child state and in mindfulness, the girl has the opportunity to examine the barriers she has to letting in this expanded possibility. She has the opportunity to find out what she needs in order to let down her defenses to this more realistic, nourishing option. If indeed, she begins to organize herself in the world in a way that does not automati-
entially assume she will be excluded or put down when trying new things, but begins to size up reality according to multiple possibilities, a transformation has taken place.

B. Stages of the Process
To facilitate transformation through managing states of consciousness, there are particular operations that the therapist can employ at identifiable stages of the process. In the following discussion, these operations and stages are described in a linear fashion. In actual practice, the process depends on the therapist always keying off the spontaneous. The various states of consciousness might be entered into at unpredictable times, in ways neither therapist nor client expected or controlled. The therapeutic ability to key off the spontaneous, to work without preferences for an immediate goal, to be willing to do what is needful in the moment, as well as to have a general map for where the process is at at any particular point, are the hallmarks of good Hakomi therapy.

1. Safety Issues First—Non-Violence: For people to turn their awareness inward toward immediate, felt, present, concrete experience, there is a prerequisite. They must feel safe. People can not close their eyes and pay attention to their inner world, if they sense any form of danger, if they feel the necessity of keeping aware of what is going on in the external world. As Kurtz has commented, “It is like asking someone to fall asleep standing up.”

On the other hand, unless they are actively suicidal, adolescents cling to the belief that anything is possible, that there is hope. Their strong need to feel in control is moderated by their yearning for the safety of a responsible adult exercising positive, loving control on their behalf. And, there is the principle of unity at work, seeking to make a more comprehensive, satisfying whole out all the confused, painful, contradictory elements of the youngster’s life.

So, there is an opportunity for therapists to join with disturbed adolescents, who often have keen intuitive senses. If the therapist’s genuine regard is perceived through the adolescent’s sensitive screening, the therapist will be given the needed access (Taylor, 1985). Safety is the key tool when working with adolescents. As with a new sprout, one must relate to them with care, firmness, honesty, integrity, and regard. They know if these conditions prevail. Their experiential sense of safety will allow them to grow and blossom. If they feel unsafe, they will withdraw, strike out, wither, and refuse the growth possibility.

Therapists grounded personally and professionally in principles of unity, organicity, mindfulness, and non-violence will have the requisite attitude and being to bring to the therapeutic encounter. No therapist, of course, thinks of him- or herself as violent. Confrontational methods are used with integrity by many therapists, with the adolescent’s own good in view.

While the adolescent has a good capacity for mindfulness, the rate of achieving this state is at the mercy of the trust level held for the therapist by the adolescent. Here is an immediate problem. Children who legitimately qualify under state guidelines as “Seriously Emotionally Disturbed” have learned to be highly defended. They assume that finding a trustworthy adult is highly unlikely. This is especially so, given that they rarely seek out a “therapist” for help. They are normally referred to professional help by people who want them fixed, who cannot tolerate dealing with them anymore. Seldom do they make their own choice of therapists. Who they are referred to is, in most cases, chosen for them by a parent, school official, juvenile court counselor, or some other adult authority. Moreover, they feel labeled as “crazy,” “sick,” “troublemaker,” “misfit,” or “weak.” Seldom does their social sense allow them to own that time spent with a concerned, well trained therapist could make a difference in their lives. Not unlike adults, they would rather solve their own problems and not have others “tell them what to do,” or “tell them what is best for them.” Some of the previous “help” they have experienced might have had the quality of helping the helper by finding ways to “shape up” the helpee.

Non-violence in the context of Hakomi refers to a high degree of faith in the client’s organic ability to be self-directing and self-correcting. This means a high degree of trust in their inner wisdom, in their being able to find the inner meaning of their pain, and to discern what is needed for them to deal with their pain and grow toward a more open future. Hakomi therapists do not major in solving problems or in giving advice. The emphasis is on empowering people through helping them get in touch with their own organic sense of direction. This is no small gift or task. Adolescents respond well when they sense that the therapist is truly on their side, wants to help empower them for their own benefit, and is not making judgments, or setting up agendas that are only self-serving to the therapist or the institution she represents.

2. Making Contact: The general goal in Hakomi, beginning with the first meeting with an adolescent, and continuing throughout the process, is that of establishing safety and trust. No therapeutic alliance is possible without it. The main tool is that of making contact.
The process of making contact takes much insight from all that Harry Stack Sullivan (1953, 54, 56), Carl Rogers (1942, 51, 61) and Virginia Satir (1972, 75) have taught about interpersonal relationships and helpful human interactions.

Therapy with adolescents is a wonderful dance, a dance matched to the tempo of the young person’s heart beat (Bandler and Grinder, 1975a). It is a dance where the moves are often quick and surprising. It is often a masked ball. As the dancers whirl and twirl to the tunes of their own inner music, one waits in anticipation for the masks to be gently, willingly removed, and the real people to unfold, in the safety of a specially chosen and constructed space.

Contact is what makes the dance a mutual, creative enterprise. It is what lets the adolescent know the therapist is dancing to the same music. It is what helps change the tempo so that, even if for a brief moment, the dance goes from the isolated, unpredictable movements of adolescent hard rock, to the more synchronous movements of a waltz, a two person movement where the therapist is allowed the privilege of becoming the responsible partner, leading and guiding in a way that helps the young person to experience his or her own unaccessed potential.

Contact statements in Hakomi come from tracking the signs of immediate, present experience in the other, as well as the internal state of the therapist. Contact statements are normally best when shortest. They attempt to acknowledge the gist, the core, the overall meaning of what might have been a long communication on the part of the other: "Sad, huh?" "So, pretty disappointing, huh?" "A really happy time, huh?" "So, pretty suspicious right now. Checking me out pretty closely, huh?"

If the therapist’s contact statement is “on,” it lets the adolescent know that the therapist is paying attention, is keyed in to their reality, and is acknowledging their reality without judgment. A good contact statement does not call attention to itself and often passes without notice. It does not have the quality of analysis, of the therapist piling up knowledge, like a doctor who is then going to fix something. It is a simple acknowledgment of what is most presently and spontaneously real, voiced in a manner that implies both therapist and adolescent are joined in paying respectful attention to the adolescent’s reality.

When the contact is sharp, catching the nuances of change from one moment to another — "Now a little anxiety imagining that, huh?" — the adolescent will feel engaged. If they do not experience the contact conveying some ulterior motive, other than under-standing and respecting them, they will welcome it on some level.

The “huh?” (or some equivalent) at the end of the statement is important. It conveys the message that the therapist is not invested in his or her interpretation, is not invested in telling the adolescent how they are feeling, and is willing to be corrected. The main agenda is simply exploring with the adolescent his or her current reality, whatever that might be.

If the therapist is right on with a particular word, that’s good. If something is happening that the therapist is not clear on, general words can be used: "Some emotion comes up around that, huh?" If the therapist is wrong, and tracks a reaction in the adolescent that says so, then that can be contacted: "No, sadness isn’t quite right. What’s a better word for what you are experiencing?"

The sequence of 1) doing or saying something, 2) tracking the response, and 3) contacting it, is considered a “ball bearing” in Hakomi that keeps the wheels of the process turning smoothly.

Again, the adolescent is a creative being. Every word, every action an adolescent experiences sets off ripples in their consciousness. It is like dropping a pebble into a pond. The ripples happen automatically, spontaneously. The person can watch them but does not have to self-consciously create them. They are produced automatically. These sensations, feelings, thoughts, and memories that arise by themselves reflect the primary organizing done by the core organizing beliefs. The secondary explanations or justifications that come a second later are an overlay. Hakomi is interested in the characterological issues that flow from the core organizing beliefs. By paying exquisite attention to the little unconscious reactions that go across an adolescent’s face in a quarter of a second, clues to primary process can be picked up. By contacting these clues, the therapist assists the adolescent in making the unconscious conscious. Contact draws attention to something, gives it significance, and invites further exploration which can empower the person with more self-knowledge.

Th: Roy, have you considered talking to your dad about that the next time you see him?

Ad: Naw.

Th: I notice some moisture comes into your eyes when you think about that (??)

Ad: Oh, I don’t know. It’s like we don’t talk so easy.

Th: Is that like, sadness, you have about that?
Ad: Not exactly. It’s more like...uh,...I don’t know, like something I lost somehow.

Th: Oh, like a quality of grief maybe?

Ad: Yah.

Th: Well, maybe that would be worthwhile exploring some more. Maybe you can just hang out with the grief and it will tell you more about itself, what the quality of it is...grief like you lost something, or something died, or...whatever(??)

In this little example, the moisture in the eyes reflects some important underlying feelings. Contacting the moisture focuses the session on something alive, present, and real to both therapist and adolescent. The symbol (??), at the end of the therapist’s acknowledgment of the moisture reflects a connotation in the therapist’s voice that, “this is not something I’m just curious about, but maybe it is something you are curious about?” The voice invites the adolescent to be curious about himself (Johanson, 1987a). It hopes to hook his own motivation for exploring, and for providing the energy to carry the process.

When Roy responds here with a “naw” and an “Oh, I don’t know. It’s like we don’t talk so easily,” he is saying he is ready and willing to brush off this little matter. The therapist continues to respect the wisdom of Roy’s experience more than Roy does, by keeping the focus there: “Is that like some sadness you have about that?” Roy directs his awareness inside and comes up with a modification about the word “sadness.” It is more like he has lost something. This demonstrates that the therapist does not have to be totally accurate. The process is self correcting when there is the proper trust. The therapist’s attempt at understanding functions to invite Roy to find a more precise understanding. By accepting the invitation to explore the sadness, Roy also demonstrates that he is actually willing and wanting to go deeper into this issue of his relationship to his father. He accepts the therapist’s lead in the dance.

Though it is active, the therapist’s intervention is also non-violent in that it goes in a direction Roy wants to go. The therapist was dancing to a deeper, more unconscious part of the melody, which the Roy’s unconscious confirmed through continuing to cooperate. If the therapist had been simply ego-involved and forceful communicating, “Well, I think exploring your relationship to your father is important, even if you don’t,” the process would not have gone anywhere. (Though it is important to note that a therapist can get away with all kinds of outrageous, provocative, confrontive responses, if there is the underlying trust relationship present to support it.) Notice the deepening that occurred was a result of a ball bearing interaction. 1) The therapist mentions Roy’s father, which goes through Roy’s creative processing, visibly influencing both his experience and expression. 2) The therapist tracks the results and 3) contacts part of it. The process develops a thread of meaning that leads to a deepening of the process. This would not have happened if both therapist and Roy had simply agreed to go on to some new topic.

In focusing on the eyes, the therapist made a choice out of all the material the adolescent presented. He felt he had enough contact and trust to invite Roy into a deepening process. He also had the faith that all roads lead home. There was something about Roy that the therapist read as a grief theme. He chose to access through the eyes. Accessing the grief could have happened through other avenues at other times as well, like through how Roy felt about an upcoming date. If the theory is correct that people are creative beings, then following the thread of any particular part of their creation should lead back to the level of the creator. If someone is deeply involved in unresolved grief, it is reasonable that he would show subtle signs of it when going to the grocery store, the ball game, working on homework, thinking about a date, or whatever. (But, if someone scratches his nose, it might just be that it was itchy.)

3. Accessing: The last few paragraphs demonstrate the move from the contact stage to accessing. Making contact properly, which can take a few seconds or few years, depending on the situation, functions to establish a number of things: Safety is demonstrated and communicated. The therapist demonstrates she is following the client’s experience. The client is enabled to come into contact with herself, to come into present experience, and to be ready to move on.

To move on means to go into a mindful state of consciousness and explore whatever is of present concern. Assuming safety issues are taken care of, and the client feels the therapist is both a safe being and is operating in a safe setting, there are many ways to induce mindfulness. They all function by asking for present, concrete experience. They all function by going slowly, gently, with an open, exploratory attitude. They all invite people to suspend habitual ways of judging, labeling, or categorizing their experience. They invite people to savor their experience, to linger longer with an experience so that something more can be learned from it. They all function to turn the process from an interpersonal discussion about something in ordinary consciousness, to a mindful intra-personal dialogue within the client, that the therapist over-
hears from the sidelines. Clients are encouraged to comment on their experience while remaining in immediate contact with it, as opposed to contacting their experience and then popping out of it to report it conversationally to the therapist.

Methods of inducing mindfulness all invite the person to study the organization of their experience. Hakomi is not interested in just talking about a person’s experience, or in having the person emote for the sake of drama, for the sake of drumming up an experience. Persons are experiencing at every moment. As human beings we have the gift of reflective reason, at least by age seven or so. Unlike a two year old who might simply strike out when a child takes his toy, a seven year old has the capacity to witness anger rising within him, and make a choice about whether to hit or do something else. The Hakomi method strives to help people focus on their present, concrete experience so that it is live, as opposed to academic history, and to then stand back from it enough in a passive witnessing posture, to study how they have organized it; to be in their experience but not at the mercy of it (Kurtz, 1985).

It is important that the therapist model the behavior wanted from the client. The therapist’s own voice and manner should slow down and express creative curiosity. To ask a client to openly, leisurely, and curiously explore their anxiety, using a hurry up, urgent, overly concerned voice, induces a contradictory bind.

One way to help someone access their deeper wisdom is to ask a series of right brain questions, questions that force a person to mindfully check their inner experience to find an answer. Notice where awareness has to go to deal with a question like, “Is your right ear or left ear the warmest right now?” Awareness takes a different route in relation to analytic questions such as, “Why do you think one ear is warmer than another?” The right brain questions honor present experience as a teacher, and do not presume to know everything ahead of time.

If a contact statement is confirmed such as “A little anxious, huh?”, there are many options to follow. The contact statement itself can lead to deepening, if there is that (?) connotation at the end which invites them to be curious about their own experience. Right brain questions such as “Where is the anxiety in your body(?)” ... Is it just in the stomach or does it go up into your chest(?) ... What is the quality of the anxiety(?) ... What does the anxiety seem to be saying(?) ... Anxious about what _____(?)” (Bandler and Grinder, 1975b) all invite awareness to turn inward.

Sometimes direct instructions can be given: “Why don’t you just hang out with your sense of anxiety and check if it will tell you more about itself(?)” Following Gendlin, an entire situation can become the focus of awareness. “Let this whole situation with your home room teacher be the focus of your awareness. Notice how you sense it in your body and see if any words come up that make sense out it.”

There are a number of ways to access through the body outlined by Kurtz in Hakomi Therapy. The example of Roy in the last section called attention to moisture in the eyes. Bodily movements and postures can be contacted. “When you talk about your anxiety, the right corner of your mouth extends to the side a little. Can you do that again and study it(?)” Maybe the meaning of it will emerge if we just hang out with it for awhile.”

Encouraging mindfulness in a seriously emotionally disturbed child can be a great challenge. Why should this population be mindful of anything — least of all themselves? Mindfulness has meant to them much pain and futility. They know pain, and they don’t need a vehicle to provide more of it (Taylor, 1985). Indeed, the very noisy life style of youth can be highly purposeful. The noisier life is, through literal noise from blasting music, from constant movement, activity, watching TV, and so forth, the less the youngster must experience his or her own pain and frustrated sense of their future. To induce an adolescent to become mindful, thereby lowering the noise level so that the internal signals that are within to guide them may become conscious, some straight teaching often needs to be done. Some “bridge thoughts” need to be offered that help the adolescent know that mindfulness is a powerful tool they have available to themselves which can lead them to positive growth, and a way out of their pain.

There are many approaches to this kind of teaching. Sometimes a simple chalk talk like the following does it: “Collier, I do very little in the way of advice-giving or problem-solving, though I’m willing to explore whatever you want. One thing I can do, that some people have found helpful, is to help you mine the wisdom of your own experience. It’s like we all run on programing inside, like computers. Well, we can be experimenters together and check out what programs are running and which ones you might want to update, if they are no longer serving you well. We do that by setting up little experiments. For instance, if you are a little confused about whether to go to your dad’s this summer or not, we can explore that. I can invite you to just hang out with that situation, to close your eyes so you can pay better attention to yourself instead of focusing on the room here and me, and to just notice how you experience
the possibility of going or not going in your body; to check out what words come up that seem to fit the experience; and to learn from what comes up. It's a kind of process you can do by yourself too, but it's nice to do together. Sometimes I can be helpful by you allowing me to listen in on your internal dialogue and ask some questions that help you clarify aspects that might be confusing to begin with. When we do this kind of stuff, we both know exactly what is happening, and nothing happens that you don't want to happen. You come to your own conclusions for what needs to happen next."

That kind of paragraph becomes a pebble in Collier's pond of consciousness. Again, the therapist would track Collier's reaction, make contact with it, and continue the process from whatever is spontaneous in Collier's response. "A little suspicious, huh? What does your experience tell you is out of whack with what I just said? Let's listen real closely to the objections you experience."

Here again, even if Collier wants to make an interpersonal confrontation out of it, the therapist's first choice is to make the process intra-psychic, turning Collier's awareness inward toward his own experience. The therapist acts out his faith in Collier's organismic integrity, as opposed to defending his methods or confronting with ultimatums.

If Collier is willing to get mindful about his objections, instead of automatically acting out of an assumption of their unquestioned validity, the process is off and running. If not, as is true whenever a process bogs down, the therapist goes back to making contact with what is present, concrete experience.

Th: So, it's like we are a little stuck here, huh? Like you're not sure you can trust me enough to not lie about what day it is.

Ad: Something like that, man.

Th: Do you have a sense of what seems most untrustworthy between you and me right now? Maybe it would be good if you checked me out some more, asked me any questions you have about what I'm up to.

Ad: Like what?

Th: You have to check your own curiosity for the what. But, like maybe, who gets to know what about what we talk about?

Ad: Yah. Tell me more about that.

In some settings and situations it is not possible to think in terms of the extended use of mindfulness. Sometimes the focus is on some other kind of work, like family therapy, and Hakom methodology can only be used in brief, timely moments. Sometimes, as in the two examples offered immediately below, it is a group setting with younger adolescents working on behavioral contracts for change. It is very difficult to cultivate mindfulness in this setting because of the safety issue. It is so easy for hurting youngsters to defensively foster further hurt with each other, putting each other down, being sarcastic and brutal when any member offers the slightest opportunity. If groups must be set up this way, it is best to do some kind of special trust building retreat to form group rapport, and norms of respect and support. That was not possible with the groups these examples came out of, and so, mini-versions of mindfulness were used, which still fostered the general aims of the method.

Th: So, what do you think is going on with you when you don’t hand in your reading assignments, Ron?

Ad: I don’t know.

Th: Think about it for a minute. You must be trying to accomplish something. What could it be?

Ad: I can’t think.

Th: Uh huh, and Babe Ruth can’t hit. You have used all kinds of smarts to get this far. Let’s struggle with it a bit. We are not trying to find out stuff to throw you in jail with, you know. You think we are up to something funny here?

Ad: Not really.

Th: Okay. Like with everyone else, we are trying to help you find out more about yourself, so you have more freedom to make choices. Are you buying that? Do you think this group wants the best for you, even though folks get kind of ornery and mean once in awhile?

Ad: Yah, I suppose.

Th: All right. Let me give you a choice, and you figure out which one seems to fit best. You can think by just listening to your inner voice and which choice it says “yes” or “no” to the loudest. You are the world’s expert on what’s going on inside you. So, when you don’t hand in reading assignments, are you being more self-destructive, or more self-protective?
Ad: What do you mean?

Th: I mean is it more like you are screwing yourself, saying to yourself “I’m no good anyway. Everybody knows it. I might as well prove it, since that’s what he thinks anyway.” That would be self-destructive. Or is it more like, “I’m not going to let anybody push me around. He can’t have control over my life. I’ll show him by not turning in this stuff he wants.” That would be self-protective. You are trying to protect your spirit, your self-image.

Ad: It is more like self-protective, I guess.

Th: Oh, so it’s more like you are trying to get him, and not have him get you, huh?

Ad: Yah. He’s a bum! He doesn’t care about me, and I don’t care if he does! He can just stick it.

Th: Some real anger, huh? ... Well, I like you wanting to protect yourself and not get trampled on.

Ad: For all the good it does.

Th: Yah, there does seem to be a problem here, of you sticking yourself in the process. You’ll never get into the Navy or be a diesel mechanic, either one, if you don’t get to reading better.

Ad: Well, who does he think he is, anyway, God Almighty?

Th: You do seem to have given him some power, but he isn’t here to deal with right now, and I’m more concerned about you at the moment. Let me toss out another thought and possibility to you, and you check inside yourself to see if it fits for you or not. Is that okay?

Ad: Go ahead. Why not?

Th: This is a little hard for anybody as young as you to consider, but if you know what you want, like graduating and doing mechanical work in the Navy, you might consider sizing people up in terms of whether they are helping you or getting in your way. If you don’t think your reading teacher is for you, you might want to be sure you did well in his class in particular, just to show him you are not going to let anybody get in your way. Does that make any sense?

Ad: Yah. You mean like don’t let him have the power by throwing the class down the tubes; like he keeps his fat job whether I graduate or not!

Th: Quick thinking. What do you think, group?

Could he be strong enough with some support from us to hang in there and go for what he wants despite other people who don’t seem to be supportive? And where do you think Ron will need the most support? How is he most likely to get in his own way on this one? Is it okay if we talk about that as a group Ron?

Ad: Yah. Go for it. These idiots know me pretty well.

In this case, as in others, the therapist has to decide when to bring up reality questions, as in whether in fact this teacher is against the student or not, and when to simply use what the student presents. Notice the therapist also uses the student’s present beliefs about power as leverage, as opposed to exploring them mindfully, which didn’t seem like a viable choice in this particular group. The therapist also frames what the student is doing in positive terms, so there can be a discussion of better ways to achieve the desired outcome. Finally, in terms of mindfulness, it is common to need to suggest choices to adolescents to get them started. They have to get mindful to evaluate the choices, and they will often come up with a third choice closer to the mark, which is good (Johanson, 1987b).

In the next mini-version example, the therapist was discussing with a student how he got in the way of his own progress with grades. The student mentioned that sometimes he would just blank out in class and stare out the window looking nowhere.

Th: Do you understand the blanking out? Do you know when it most commonly occurs?

Ad: No.

Th: Well, let me give you two possibilities and you check inside yourself with your own experience to check which one seems to fit best. Okay?

Ad: Okay.

Th: Alright. Does your inner wisdom tell you it is a better hunch that you blank out when things get simpler and boring, or harder and more complex?

Ad: Harder and more complex.

Th: Pretty quick with the answer, huh? That is real clear to you?

Ad: Yah. That’s when it happens. I get nervous about getting it, and nervous about guys passing notes and talking, and then I end up getting yelled at to wake up when I’m spaced out.
Th: Okay. And in the same way, does your inner sense tell you that it is okay with you to do as well as you’re able in school, or is there a part of you that thinks you should be doing real well?

Ad: I should be doing real well.

Th: Uh huh. Have any hunches about that? Where is that voice coming from((?))

Ad: I don’t know. I’m not sure.

Th: Okay. One more decision. Check whether you think your dad would be more likely to say to you 1) “It’s okay with me for you to simply do as well as is right for you.” or 2) “You have to do better than I did even.”

Ad: Better than me even.

All this confirmed for the therapist the observation that while this was a kid who looked laid back and disinterested on the surface, underneath there was a lot of tension and drive. He had been talking previously of how high-powered and successful both his father and grandfather were, and how much he admired them. But the student’s hunch about what the father would say seemed distorted somehow. The therapist encouraged him to have an actual conversation with his father and mother about the subject. He did, and reported back that yes, his father did want him to do better than he himself had done. The reason, however, was not that dad had done well and wanted his son to do even better. It turned out dad had been a flake in school, even though he was successful later, and wanted his son to get on board from the start and do it the easy way. The student was able to relax more and blank out less.

That is an example of accessing some O variable material (feeling driven to meet high expectations), encouraging some new behavior R (talking directly with father as opposed to assuming what he thought), and changing the environment S (parents now being more aware of the pressure the son was feeling, that was getting in his way.)

4. Processing-Deepening: Once someone is accessing, exploring something in a mindful state of consciousness, the next stage is to keep them doing it. Unless someone has an unusual background, mindfulness is not a common state to be in. There is a temptation to go into it and discover something, and then pop out of it quickly to discuss the something in ordinary consciousness. The process issue becomes that of deepening, that of keeping someone hanging out with their experience long enough for it to teach them something, to lead them where they need to go.

When a person begins accessing, he or she can report a wide variety of responses in terms of what comes into consciousness next: feelings, words, thoughts, memories, images; physical changes such as tensions, sensations, facial expressions, or altered breathing patterns; spontaneous movements or impulses; or signs of the inner child. Ogden (1983) has developed a chart with some fifty of the myriad ways of responding to these various reports. They all promote deepening by asking questions or giving instructions that keep the person studying their experience for more information. The answer to any specific therapeutic question is secondary and unimportant. The therapist is not collecting information to feed into a computer. The questions serve their function if they invite the person to explore the wisdom of their own experience further.

“What kind of sadness is that((?))” “How does your body participate in the sadness((?))” “What is the quality of that voice you hear that says ‘it’s no use’((?))” “What color are the walls in the memory. Who’s there with you((?))” “How old are you feeling inside((?))” “What other muscles participate when you tighten your neck((?))” “Notice what it is like to repeat that gesture in slow motion((?))” “What would make it safe for that impulse to emerge((?))” “What does the child want or need in this memory that it didn’t get((?))”

There is often a progression through a hierarchy of experience. A thought becomes grounded in a bodily sensation, which when attended to leads to a feeling, which develops into a more specific meaning, which can open up corresponding memories. In the example of Roy back in the contact section, the thought of Roy talking with his father brings up moisture in the eyes, which deepens into a confused sadness or grief, that has the quality of having lost something.

5. Processing-Probes: Following the thread of someone’s experience can often lead into core material by itself. It is also possible to set up more structured experiments in awareness. Kurtz (1983) has pioneered the use of “probes,” which are experiments in awareness that can take many forms, but which normally have the following three-part structure: 1) An invitation into mindfulness. “Notice what happens within you, spontaneously, automatically, — thoughts, feelings, sensations, memories, or whatever — when I say (or do, or when you focus your awareness on saying, doing, or experiencing)” .... 2) A pause to allow the person to be centered in a witnessing state of mind .... 3) The experimental words, touch, or whatever. A probe allows the therapist to check out a hunch, to direct the process along a specific track that might lead the process
more quickly toward the core. A probe is always experimental, with both therapist and client open to whatever ripples it might produce. The therapist picks the probe for good reason, but is willing to work without preferences, is willing to have the probe be mistaken or to lead in a different direction than the original hunch.

Probes can be used for accessing. A student could study how they organize around a probe such as “The history paper is due Friday,” or “The date with Terri on Saturday.” When in the processing stage, the therapist is often interested in, and getting clearer about, core organizing beliefs that are running the client’s life.

In the example of Roy again, the therapist was reading from Roy’s way of relating to him and to Roy’s peers, from the quality of Roy’s voice and the way he carried his body, from reports of past interactions, that Roy was operating out of some kind of core organizing belief that was both pessimistic and angry about Roy’s worth in world. When he asked Roy to hang out with his sense of grief to get more information about its quality, nothing emerged very clearly. There seemed to be an overall sense of emptiness, bitterness, and hopelessness. So, the therapist decided to experiment with a probe.

Probes are normally put in what is theoretically a potentially nourishing form. Probes designed to access the core level of organization are often constructed around words that reflect precisely what the person does not believe at a core level, the opposite of what they believe. Since the probe is designed this way, it is predictable that a correct probe will evoke an automatic, spontaneous rejection of some sort. For instance, to use a probe such as “You are welcome here” with someone with schizoid tendencies will predictably evoke a physical shudder and tightening, along with a corresponding voice in the head that says “Oh, no I’m not!” in no uncertain terms. Thus, though the probe is theoretically positive (and will have a pleasant or neutral effect on someone who has no problem believing it), it can evoke considerable emotion and distress as the person gets in touch with the pain they have with that issue in their lives.

When this pain and negativity is accessed, people are at what is termed “the barrier” in Hakomi. This is a highly creative place to be, therapeutically speaking. If the therapist can non-violently assume that there is much good reason and wisdom in the negativity, pain and resistance, the client can be led to explore it in a way that leads to what is needed for satisfaction and nourishment. The possibility of re-organizing around more realistic, helpful beliefs emerges.

Hakomi has many methods for working with barriers and a theory of the sensitivity cycle that deals with predictable barriers. There are some simple, yet necessary, functions in life that guide people in an organically satisfying way to increasing levels of sensitivity and efficiency. Relaxation allows quietness and
sensitivity for the signals of organic needs to emerge (being hungry). Relaxation then leads to the possibility of clarity about what can fill the need (a nice green salad with some cheese). Clarity promotes effectiveness of response and action (going to the kitchen and making it). Effective action sets up the possibility of satisfaction (being nourished by the meal). Satisfaction leads to more relaxation and increased sensitivity for being aware of the next organic need to emerge (going for a walk, taking a rest, calling a friend, working on a project). Here the system is in fine tune directing and correcting itself as needed.

Adults and adolescents can be evaluated in terms of what barriers arise that keep the cycle from properly functioning. Some people have an insight barrier to getting clarity. Perhaps they have experienced the world as harsh and it is too painful to want to be aware of what is real. Others have a measure of insight, but have a response barrier to moving directly and openly toward getting what they need. They might have experienced a lot of guilt from independent actions that seem to hurt or incur the displeasure of meaningful others, so they operate passively-aggressively to get what they want. Different persons might act more manipulatively, and seductively to engineer situations where people give them what they want without them having to ask. They have experienced shame and manipulation in relation to the vulnerability of their needs. A nourishment barrier prevents the taking in of satisfaction, even when it is realistically present. People with this barrier might have been raised to be insecure in their needing. They are suspicious, even when emotional support and feeding are available, thinking it cannot be counted on, or isn’t genuine, or might go away at any moment. Some people experiencing a completion barrier to letting go and surrendering to a state of relaxation. Perhaps they think their self-worth is dependent on achievement, so there is always the next goal to accomplish. There is no time to savor what just happened. Their underlying anxiety about their acceptance arises whenever they begin to relax, and so they take refuge in action.

When barriers to the sensitivity functions arise, the cycle can become a “dumb cycle.” Roy had an insight barrier to facing some painful issues about his sense of worth which resulted in much underlying anger. The actions he took in relation to his peers didn’t effectively touch his need at all. They aggravated things. He would assault others verbally, hurl insults, declare disinterest, withdraw from joint activities. The negative responses he got in return didn’t satisfy anything, of course. He became more tight, more confused, and the cycle spiraled downward.

The probe the therapist used deepened the process and opened up Roy’s issues. The therapist said “Let’s do a little word experiment. I’ll say a sentence to you and you simply notice what reaction it stirs up inside you. I’m not trying to talk you into anything with the words. I’m not asking you to believe them or not believe them. Just be open to noticing what ever comes up by itself, automatically. It will tell you something about how you have yourself wired. Okay?” When he was ready, the therapist delivered the probe, “Roy, you are a worthwhile, lovable person.”

The barrier was struck instantly. There was an immediate response of strong hurt and pain that Roy tightened against with all the strength of his body. His head became so red it looked like it could blow off like a cork. The therapist contacted the response with a simple

Th: A lot of pain and hurt comes up around that possibility, huh(??)

Ad: It’s not true! I’m trash!

Th: Trash(??) Where does that come from? Is that a voice you hear in your head(??)

Ad: I just know it.

6. Processing-Taking Over: At this point Roy is on the verge of riding the rapids. He is half in, half out because of the tremendous muscle control he is exerting against the spontaneous flood of emotion arising. There is no special virtue in Hakomi of getting into emotional release for the sake of drama. In this situation, though, the muscle tension throughout Roy’s body is creating so much noise, that there is no room for sensitivity, for learning from the signals trying to be heard.

Kurtz has also pioneered a number of “taking over” techniques useful in similar situations to that of Roy’s. When people physically tighten against knowledge or expression, when they cover their eyes saying non-verbally that they don’t want to see, it could be viewed as resistance. Kurtz views it as an organic expression of the overall process; resistance against the pain certainly, but not resistance to the therapeutic flow. If the resistances are confronted, it would likely heighten the noise level, entrench the resistances, and produce a power struggle between therapist and client.

Kurtz’s taking over techniques are an application of the non-violence principle, the principle that values going with the flow of experience, as opposed to against it. If someone covers their eyes when things
get painful, Kurtz would characteristically help them cover their eyes and say to them “You don’t have to see anything you are not ready to see.” If they tighten their shoulder against some inner impulse he physically takes over the tightening for them. If they hear a voice in their head saying “You have to do it yourself, you can count on others,” he or an assistant would take over the voice and say it for them.

There are many variations and possibilities for actively or passively taking over defenses. They all serve to join someone’s process by doing for them what they are already doing for themselves. Nothing new is added. What is happening is that the defenses are being maintained, supported, and heightened, as opposed to confronted or torn down. The paradoxical result is that when people know their defenses are safely in place, they can release the energy and investment they have in them to continue the process. The person who didn’t want to see develops awareness. The person who was busy imprisoning their impulses with tight shoulders begins to identify with the prisoner within. The person who heard “You have to do it yourself” hears another thought arise, “Well, maybe some people can be there.” Again, safety is the key throughout the Hakomi method.

With adolescents, one cannot always use the full spectrum of body oriented techniques developed in Hakomi. One of the hallmarks of Hakomi is the mindful exploration of the mind-body interface. Hakomi Therapy and Hakomi workshops contain a great deal of material on ways to use the body as an access route to core organizing beliefs, as another royal road to the unconscious. Some body-oriented interventions can be used with discretion with youth, though often it is necessary to employ a wider variety of imagery techniques than would be the case in adult settings (Gallegos 1985, Gallegos and Rennick 1984, Lazarus 1977).

With Roy, the therapist noted that he had his forearm resting on his notebook with a clenched fist looking like he would like to smash the notebook with heavy blows, but was holding the impulse back.

Th: Roy, it looks like you are holding back a lot of energy in your arm. How would it be if I did that for you. I’ll take over holding the arm in check and you can notice whatever else wants to happen.

Ad: (Roy agrees with a non-verbal look and gesture. He and the therapist have the kind of relationship that makes this technique possible. The therapist reaches over and puts a powerful hold with both hands on Roy’s forearm just as it is resting on the notebook. Roy moves the forearm hesitantly for a moment, and then when he is feels secure of the therapist’s hold, he begins trying to smash the notebook against the resistance of the hold. Tears begin to flow. Roy’s breath starts to come out in gasps and then in a few moments he screams through clenched teeth “I hate him! I hate him!”

Th: Him? Your dad?

Ad: Yes, the SOB! He lied to me! He didn’t care! He never cared! He’s trash!

7. Processing-The Child: With people riding the rapids the main task of the therapist becomes simply supporting spontaneous behavior and being aware of openings to move things back to mindfulness or into the child state.

With Roy, transformation around a new belief of being a more worthwhile, lovable person could have taken many possible routes while processing in mindfulness. Most routes take the form of studying and respecting the barriers to new beliefs, and noting what the elements of the barrier need to be willing to let down. Again, one of the most powerful routes to transformation is through the child state.

Roy got into a quasi-child state of consciousness when the therapist asked him if some particular memories were coming back about times his dad lied to him. Roy came up with two that he bounced back and forth between. Roy was presently fourteen. When he calmed down enough to just sit with the therapist’s supporting hand on his back (not a pitying or condescending hand), he told the therapist of memories from age ten and age eleven and a half.

At age ten he visited his father, the summer after his parents had divorced the previous fall. During and after the divorce Roy had heard talk of his father being trash, a no good alcoholic. When he visited his father he talked with him about how much that bothered him. His father responded by saying people might make mistakes, but they were never trash as long as they cared for other people. He promised Roy that he cared for him, and that if he were ever sick or in trouble, that he would come to him.

Roy returned home a staunch defender of his father, ready to take on anybody who said differently. Then when he was eleven and a half he became so seriously ill with pneumonia, that he had to be hospitalized. He knew his father would come to him, and he waited expectantly. The father never showed up. Roy was devastated. He decided his father was trash. He lied. He never cared. He also decided that he himself was trash. He didn’t care either. He hated his father — when he had the energy. Normally, he felt
he couldn’t care less. The world sucked. Nobody cared.

As Roy recounted all this, the therapist functioned as what Hakomi terms “A Magical Stranger.” Children do not need therapists. They only need compassionate adults who will talk with them honestly and truthfully. Children can tolerate an incredible range of pain if they are supported and understood in the process. The long-term effect of sexual abuse, for instance, does not come from the physical acts themselves. It comes from the denial, discounting, and blaming that happens afterward when the child tries to talk about it.

The child state of consciousness is such that it allows the therapist to enter in on the memory of yesteryear as a new factor, as a stranger, as the compassionate adult who was not there the first time. When allowed access to Roy’s memory, the therapist was able to talk to both the younger Roy, with the contemporary Roy present, letting him/them know things about alcoholism and troubles parents get in, letting him know how understandable it now appeared that Roy came up with negative beliefs about himself, recounting the historical effects those beliefs led to, and talking about how different the world and Roy really were from the way younger Roy had decided. Throughout the whole process of talking to Roy in this special state, which makes the common words being used accessible to a normally non-receptive consciousness, the therapist was constantly tracking how Roy was taking in the information, stopping when there were questions, and making contact as appropriate.

8. Processing-Integration: Once transformation around a new belief has been explored in mindfulness, the process moves toward integration. The belief must be stabilized and supported. Ways of carrying it home and nurturing it need to be strategized. Indeed, if the old belief is one that goes deep, it will take another five years of cultivating the new belief before the client turns around and notices one day that the old issue is no longer an active force in their life.

There are many techniques for helping to integrate. Reliving one’s past life or projecting one’s future life in terms of the new belief is one way (Cameron-Bandler 1978). Story telling can be an effective tool with children, adolescents, and adults, though junior high students are sometimes put off by anything that smacks of being childish.

With Roy, the therapist asked him if he could tell him a little story that reflected something of Roy’s experience. Roy agreed. The therapist knew that one satisfying thing Roy had to cling to in his life was working in the garden with his mother. There they could cooperate and feel good about each other, though they didn’t say much verbally. The therapist told a story about a wildflower which grew high in the mountains. It was especially hardy and beautiful with bright blue, purple, and yellow colors. But it was growing on a steep bank by an especially treacherous, curving, climbing trail, so nobody ever noticed the flower and its beauty, because all the hikers were looking down, worrying about the trail ahead. The flower didn’t understand that, and thought it was being ignored and snubbed. It became angry and tried to dislodge pebbles and gravel with its roots, to roll down and make the trail worse for the hikers. This of course made it even more unlikely that anyone would ever discover the flower and its hardy beauty. One day however, a group of kids were climbing. The boy in front was getting so tired that he decided to call a rest right in front of the flower, even though it wasn’t a great place to rest. Then he saw the flower and was so excited he called everybody else over to see it. They all were happy and thankful for the flower’s beauty, and the flower was so happy it almost cried, for the joy of finding out it wasn’t an outcast after all. After that, the flower went to work concentrating on spreading over the bank as much as possible, filling the bare places, and securing the ground with its roots, so things wouldn’t fall on the trail for climbers to worry about. Many other climbers went by. Some were still so concerned with their own balance, they never saw the flower. The flower understood they had their own things to think about. A number of the climbers did see the flower, and marveled at their good fortune. And the flower was happy for the joy it could give.

Hakomi values keeping consciousness on board throughout a process. Here the story is used at the integration phase. The analogy of the flower to Roy is close enough that Roy understands what is being said and that he is being offered a metaphor with another dimension to help him (Weiss 1987). This is a different approach than others who try to work on the unconscious, by making the analogy far enough removed so that the person’s consciousness does not pick up that they are being addressed by the story (Gordon 1978).

For homework, the therapist invited Roy to report back after sizing up the people around him in terms of what kind of flower they seemed to be and what would cause that in a person. Why were some people undiscovered wildflowers; some pretty, but with thorns that said not to come close; some growing wildly, overgrowing everyone else like they felt they wouldn’t be recognized otherwise; some dependable, coming to bloom every year; some happy to be in the garden with everybody else, etc.? Roy
also agreed to talk to the guidance counselor about the possibility of getting into a junior college course on landscaping, which would give him additional motivation for learning reading, writing, accounting, drafting, etc.

III. CASE ILLUSTRATIONS

A. Jake.
Jake was a fifteen year old boy who was a student in an adolescent treatment program. He was an only child. His mother, Sherrill, was a protective, overweight woman who had devoted her life to being the family caretaker. His father, Ralph, was seriously physically disabled and had been unemployed and home most of Jake’s growing up years.

Reading Jake’s school history was like reading a very long and gross description of a child out of control all of his recorded school life. Hyperactivity was only one of many terms used to describe Jake. Disobedient, out of control, dangerous, abusive, self-destructive, disrespectful, were only a few of the terms of endearment.

Jake came to the treatment center frustrated, angry with the system, angry with himself, and most of all, angry with his parents. He came totally out of control. In studying Jake’s history, the therapist discovered that he too suffered from the same debilitating disease that his father suffered from, myotonic dystrophy. Jake’s mood swings and unpredictable rage proved to him conclusively that the world was truly out to get him. His actions demonstrated a “Why me?” attitude. Jake shouted his unwillingness to accept this fate by acting as aggressive and out of control as one could imagine.

In beginning to work with Jake, many things had to occur. First of all, he was classified as dangerous. He had earned his way out of the public school by wielding a knife at a group of students at a football game. On many occasions he had also threatened both students and faculty on the school grounds. The first step the therapist took with Jake was to establish herself as safe to be with. This meant it was essential to communicate to Jake, that 1) she was not afraid of him, and 2) she believed in him and his possibility for hope and change.

Together, they agreed to a three-step program. The first step was to enroll him in a classroom that had a strong behavior management system built around assuring success. The class made it extraordinarily safe for Jake by describing exactly what he could do and not do. It took over for him a lot of his need for structure and security.

Second, they developed an individual therapy proposal directed toward helping him deal with his rage, and his pain around simply existing.

Third, the family was involved in weekly therapy sessions in which the goals were to strengthen the parental sub-system, and give some new parenting skills more relevant to the issues they were now confronting with their teenage son. Overall, it was an ambitious undertaking.

Jake expressed his rage through movement: hitting, running, striking and kicking; movement so intense that it often resulted in losing his conscious self to what he described as some outside “monster.” As he talked, it became clear that at these times Jake experienced what might be termed an out-of-the-body experience. He would experience two selves, a stronger self bent on destruction, and a weaker self, an observer watching from a safe distance in awe and surprise at the destruction wrought by the stronger self. Jake also spoke of the quiet times, the times when, after he finished running, he was quiet. He chose to spend this time walking; walking in the woods close to his home was his favorite thing to do.

The therapist and Jake spent their first sessions walking and talking; always moving, sometimes just being quiet together, and in that way, trust was formed. Ron was the initial guide. The therapist became the careful, observant listener, tracking carefully, contacting, hoping for Jake to teach her an access route to unlocking the demons within.

In addition to this supportive time with the therapist, Jake learned that he was safely supported within the school environment. He bought the system of earning points and positive reinforcers. He like earning what he got. He liked the fact that the system guaranteed a specific outcome, providing he played the game. Power struggles were eliminated.

His parents also began to join in the change. For the first time in many years, the phone was quiet. The school no longer called their home reporting their son’s most recent hassle. For the first time they stopped and had time to discover and contemplate their own relationship. This was both good and bad, because as they had more time for themselves, it became increasingly clearer that their son’s outrageous behavior had truly been the focus of their own existence. Family therapy became critical in this developmental process.

One day when Jake and the therapist had returned from a walk and were sitting together, the therapist asked him to close his eyes and report to her what he would like more than anything in all the world to
hear someone say to him. With little or no waiting he responded by saying how he wished to hear that “everything would be okay.” The therapist asked him to imagine that he was floating in space, being the observer he often reported himself to be in one of his rages. When she observed his eyelids beginning to flutter, she knew he had gone into a mindful state. Immediately after posing the probe, “What do you notice happening inside you when you hear me say... everything will be okay?”, Jake began to weep. Tears came out of his inner depths, unshed tears, tears stopped and choked off by years of rage. Within the safety of the room and the therapist’s presence, Jake gave in to the painful experience of his frustrated existence. He reported to the therapist how that existence was for him and had it acknowledged. Jake and the therapist rode the rapids of painful awareness.

As Jake refocused his energies back into the room, in ordinary consciousness, he looked at the therapist, smiled, and reached out for a giant but quick hug. It was for both a beautiful sharing, and then quickly, a time to move on. It was a good struggle. It “hurt good” as Jake reported.

Jake illustrates how working with young people requires essential timing. The dance is a fast one. Just a moment for waltzing in mindfulness appears. The therapist enters the moment promoting the young person’s self discovery and empowerment, and the moment is gone. Jake has an “ah ha” experience and the therapist escorts him back to the safety of his most predictable classroom, and more math and English. It was important that Jake’s integrity was maintained, that he not feel that displaying emotion did anything to prostitute himself. The therapist helped Jake to walk out of the therapy session with a sense that this was a dance that even his friends could learn. It was natural, understandable, real, and something they could do again.

B. Robert.
Robert walked into the therapist’s office for the first time. He was referred by his school counselor. He was described as being extraordinarily complicated, bright, but totally passive-resistant. His teachers viewed him as a class nuisance. They had long ago given up on the fact that this young man had an I.Q. of over 120. According to one teacher, she was simply relieved when Paul sat quietly in class and spaced out, which he continuously did.

The first moment when client and therapist view one another can contain a magical energy exchange in which joining occurs. The therapist can help orchestrate this joining with an element of surprise. In Robert’s case, the therapist said “Please look at me, check me out and decide whether I am trustworthy or not.” Robert, who was so used to resisting, was empowered by that question.

“Yah, you’re alright,” he said.

Within seconds Robert and the therapist made a contract to begin work in an area that, up to that point, Robert had strongly resisted. In the early seconds of greeting, the therapist’s goals had been twofold: 1) To say to Robert that she trusted him to know certain things about himself in relation to his safety needs. 2) To say she believed he had the power to do work for himself, if given the opportunity. She trusted Robert’s ability to depend on his own intuitive knowing. Few words were necessary. With the trust established, work was ready to begin.

The therapist had been given the assignment by Robert’s school counselor to shape up this resistive kid. He was capable of being successful in school and something was obviously influencing him to be unsuccessful.

Robert’s home environment was complicated. He was the oldest of two children. He lived with his natural mom, stepdad, and stepbrother, dad’s son from a previous marriage. Natural father had always been out of the picture, living in another state. Both boys were considered problem children by school and parents alike. The whole family was experiencing a great deal of stress and pain at the time of Robert’s referral. Paul described dad as “too strict,” mom as “cool, but,” and brother James as a “total jerk,” a description seconded by educational authorities previously involved with the family.

As they talked, it became clear to the therapist that Robert could and would, if given a chance, know exactly what he needed and wanted to do with his life. He could be guided through whatever rapids were necessary and set loose. Robert put it this way to the therapist: “I want to get rid of this crap.”

Without even asking him to be particularly mindful, the therapist responded by asking, “What do you experience when you hear me say to you... You can get rid of the crap. Everything will be fine(?)” Robert was ready for things to get better. He just needed permission for them to be that way. He became animated with the probe, though it was suggesting what he had previously ruled out as impossible, that things could be alright. The power of the probe came from the agreement of Robert’s unconscious, and from the therapist’s willingness to go with the flow of Robert’s process as it was emerging. She was repeating the lines he was feeding her.
To begin with, the therapist and Robert worked out a plan for school to give him more of a sense of empowerment. Home complications were bracketed and put on the shelf for the time being. She asked him to simply “hang out” in his classes for a week, step back in his mind, and just passively observe what went on in class that disposed him to be unsuccessful. Was it too hard, too easy, too noisy, what? Here she was supporting a defensive behavior he had been using for years, as opposed to pushing for its removal.

Operating with a sense of freedom and support, Robert returned in a week with a highly creative plan. It involved working in the computer lab with a teacher willing to help him create a self-teaching program for the two classes he was currently flunking. He also had clarified some of the reasons behind his poor academic performance, boredom being high on the list. Robert and the computer teacher worked on his plan, and Robert passed those two classes.

Home issues were the next issue to be tackled together. The therapist began exploring this dimension with Robert using the same probe, “Everything will be fine.” The barrier arose immediately in Robert, saying this could not ever be true. The therapist explored the barrier further by asking Robert to check inside and find out what he would like to hear that would open the door for change at home. He quickly responded by saying that he wished his dad (step-dad) would say “You’re okay,” that all he ever did was yell and send him to his room, and compare him to his little brother, who was a “creep.”

Robert was trusting the therapist at a deep level, and it was crucial not to betray the trust. One can never say anything to client that is not true. The therapist talked to Robert a little about mindfulness and how it could help bring up the programming of our personal computers. She invited him to sit back and be both relaxed and alert. When he was ready she asked him, “What happens Robert, what do you become aware of, whatever that might be, when you hear me say to you ... I think you are really okay(??)”

The gate was open, and the tears flowed. The tears went to natural dad and whether he knew Robert was okay. They went to stepdad and the loneliness and need that Robert had about wanting him to provide something he needed from his natural dad, and his expecting him to know this somehow. The tears brought with them a new kind of dawn. Robert moved quickly into another mode and suggested they talk with his mom. Perhaps she could help. An appointment was set for the next week to meet with Robert and his mother. The whole session had been only thirty minutes.

The report the following week from school was that a miracle had occurred. Robert’s school behavior had drastically changed. The meeting with Robert and his mom was likewise miraculous. She had no idea what her son had been experiencing. Once allowed into his inner world in the safety of the therapeutic setting, she was able, with the willing help of her husband, to make some changes at home that reassured Robert he was okay. Robert was able to provide guidance about what he needed. The expectations of the parents did not change. Their understanding of him was markedly altered, and their approach to him, because of their new understanding, became far different.

IV. SUMMARY AND CONCLUSION
Hakomi operates out of principles of unity and organicity which non-violently honor the wisdom of an adolescent’s experience. Mindfulness is the major means for promoting the study of one’s organization of experience and what is needed to foster the communication of all the parts within the whole. Hakomi majors in accessing core levels of belief within a person, at the same time that it acknowledges the inter-relationships and interdependence of environmental and behavior variables, cooperating with therapies aimed these factors.

In terms of research, Eugene Gendlin has many helpful suggestions (1986) that are consistent with Hakomi principles, of which only a few can be mentioned here. One is giving up attempts to pit entire therapies against each other in terms of effectiveness. They are too large, global, diffuse, and contaminated with elements held in common. Do assume the unity of cognition, feeling, imagery, and behavior, and assume they will react with and change each other if tested together. Do a lot of informal experimenting and testing of hypotheses in the field and share the results. Keep live cassette and video tapes of clearly successful cases when possible. Define micro-processes of a therapy and check to see if they are properly carried out in experiments. Don’t assume they are. Get research, training and practice closer together by using the same outlines and definitions of processes in each setting. Employ, teach, use, and study micro-processes of a therapy in larger social settings, not restricting them to therapy settings. Study how to change the process of a therapy to make it more regularly successful for more people. Certainly, give up loyalty to strict party lines, and be willing to incorporate what seems to work.
REFERENCES


