



## CHAPTER 1

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# Introduction

Maci Daye

MINDFULNESS HAS GONE viral. Open any psychotherapy journal or conference brochure and you will likely find something with “mindfulness” in the title. So pervasive is this trend that an issue of *Psychotherapy Networker* magazine was dedicated to the “mindfulness explosion.” It’s hard to remember when the term “mindfulness” entered the vernacular of psychotherapy, but in recent years it has spread to every therapeutic modality, many of which now allege to be “mindfulness-based,” simply to establish land rights on this fruitful turf. But, in 1980, when the Hakomi Institute was formed, only Buddhists and forward-thinking physicians training in Jon Kabat-Zinn’s mindfulness-based stress reduction knew the term.

Now, with enough publications on the subject to fill a virtual warehouse, one wonders, “What more can be said?” While many authors cite growing evidence that a regular mindfulness practice can regulate emotions, increase happiness, and inoculate against stress, few describe how mindfulness can promote deep characterological transformation. As pioneers in the use of mindfulness in psychodynamic therapy, Hakomi therapists do just that.

Hakomi is a form of guided self-study that uses mindfulness to access the memory system where our most fundamental, wide-reaching beliefs are implicitly encoded. These beliefs, which lie below the level of conscious choosing, condition our perceptions and responses to all aspects of life. New research suggests that we can reshape our neural hardware and shift these organizers of experience through the function of attention. This book will show you how.

Hakomi began with one man's vision, found its name in another man's dream (see Appendix 3) and was refined and expanded upon by a cadre of passionate pilgrims who set forth on a journey that has spanned five continents and three decades. Thousands of practitioners now make their living using Hakomi, as trainers and therapists, so why isn't our approach better known?

Like many indigenous teachings, Hakomi has been transmitted to clients and practitioners who are drawn to our purported willingness to welcome rather than reject the qualities that make us most human: vulnerability, uncertainty, contradiction, and pain. Our guiding mantra—pause and study, rather than fix—is a balm for road-weary seekers of healing and personal growth, who have attempted to eliminate rather than befriend their troublesome parts.

It sounds counterintuitive, but Carl Rogers once said, “The curious paradox is that when I accept myself just as I am, then I can change.” He was echoing Lao-tzu, who some 2,600 years earlier wrote in more poetic terms: “If you want to shrink something, you must first allow it to expand. If you want to get rid of something, you must first allow it to flourish. If you want to take something, you must first allow it to be given. This is called the subtle perception of the way things are.”

Hakomi integrates the perennial wisdom of Buddhism and Taoism with modern scientific findings on how the brain changes itself through experience rather than reflection. It also balances the aware and compassionate qualities of larger self-states with the realities of the historically conditioned ego. Simply put, our knowledge often outpaces our readiness to put this knowledge into practice, and our self-acceptance can be obscured by feelings of unworthiness.

Hakomi is at once idealistic in its belief that humans have the capacity to be aware of themselves and, therefore, less bound by their automatic reactions; and simultaneously realistic, in that we accept that it takes time and a particular attitude and state of consciousness to do so. This attitude requires going beyond judgment, toward understanding and integration, since the “war on self” is clearly not working. Instead of polarizing against the parts of the self that seem to sabotage our happiness, we may need to befriend all parts, especially the most difficult and intractable.

The first step is to slow down and turn inward in a calm and curious way. Admittedly, step one may be a hurdle for those of us who function at Mach speed or prefer to turn away from or, worse, eliminate the parts of ourselves that give us trouble. What's more, our species has never been great at relaxing into and embracing discomfort. Our preference for anesthetizing ourselves via distraction, or sidestepping rather than encountering difficult experience, is legendary.

Second, we must suspend attachment to what we think we already know, choosing instead to learn from the pregnant mystery of the not-yet-named aspects of our felt experience. This requires exploring the many realms of our existence instead of granting favor to cognition. For too long, under the sway of our Cartesian heritage, we have attempted to know ourselves by splitting wholes into parts, focusing more on our thoughts than our feelings and bodies. However, as Rob Fisher asserts in the section that follows, “People are

adept at using words to dissemble, but the body is far more direct in communicating our inner states to those who are willing to listen.”

Fortunately, the tides are beginning to turn: As we move into what might be termed the age of integration, many people are beginning to appreciate that the part can only be informed by the whole. This integrative ontology is the crux of Hakomi, whose principles of mind-body holism and unity acknowledge our multiply determined selves and the larger context within which they relate.

Consistent with our integrative approach, this book is a symphony of voices rather than a solo composition. Since differentiation promotes integration, several members of the Hakomi faculty have coauthored this book. Some writers have chosen to explore the tail, others the trunk of the Hakomi method, each trying to provide as good an understanding as words on a page can give of the felt sense of this experiential approach.

We began soliciting submissions in 2005, and then bit our knuckles as more books on mindfulness and psychotherapy hit the shelves. To quiet our anxiety, we reminded ourselves that to know oneself requires slowing down and trusting the intrinsic readiness to move forward. Now, after nearly 10 years of reflective writing about thirty-plus years of clinical and training experience, we are ready to move Hakomi into the forefront of the mindfulness explosion, by showcasing our considerable expertise on core-level change. Toward this end, we offer readers a guide to our unique mindfulness-centered, somatic approach with plentiful references to the mainline literature in psychology and counseling.

Specifically, this volume provides:

1. An understanding of how the perennial wisdom traditions and the sciences of complexity can help clinicians establish the requisite conditions for deep transformation and characterological change.
2. A view of human change processes that embraces the coexistence of contradictory impulses both to maintain a stable and coherent core and to grow to higher levels of complexity.
3. A way to join with our clients’ organic impulses to heal, by working nonviolently with their barriers to change, and by gently integrating new potentialities into their everyday lives.
4. A rationale and specific guidelines for integrating the body in psychotherapy, including instances of trauma.
5. An understanding of how the early learning system stores memories subcortically, and a detailed process to transform a person’s relationship to these preconscious memories.
6. Guiding principles that increase trust in each person’s internal blueprint for growing and becoming that also shape the personhood of the therapist to be a compassionate and healing instrument of change.

For those who want to jump in and learn the technique, we direct you to Section IV, which outlines our basic skills and therapeutic process (Chapters 14–24). For those who

prefer to read about the overarching principles and theoretical underpinnings of the method, go to Sections II and III (Chapters 4–13). For the social scientists, who like to know what historical developments shaped the method, go to Appendix 3. To get a glimpse of the Hakomi method in clinical practice, view the section that follows: “Psychotherapy Beyond Conversation: The Psychodynamic Use of Mindfulness and the Body,” as well as Appendix 2.

As there is no substitute for direct experience, we invite you to participate in a workshop if what you read here interests you. To access a worldwide calendar of Hakomi events, go to the Hakomi Institute website ([www.hakomiinstitute.com](http://www.hakomiinstitute.com) or [www.hakomi.org](http://www.hakomi.org)).

### **A Hakomi Case Illustration: Psychotherapy Beyond Conversation— the Psychodynamic Use of Mindfulness and the Body**

Rob Fisher

As I opened the door to my office for our first appointment, Jane said a curt hello before I could greet her, and walked in ahead of me.<sup>1</sup> There was a soldierly rigidity to her walk that immediately left me feeling a bit shut out. She greeted my smile with a slight scowl as she told me, without preamble, what had brought her to therapy. She was tired, she said, of being so alone in her life.

“Even when I’m with my husband, I’m alone,” she said. She had tried talk therapies and appreciated the insight she’d gained, but said, “I just keep doing the same things I’ve always done to push people away from me.”

Successful in her career as a physician in a small town, 57-year-old Jane found herself returning to her house in the evenings to watch TV alone while her husband tinkered in the garage. She routinely rebuffed kindly overtures of support from others without really knowing why—which enabled her to say, truthfully, that she got “very little help from anyone.” For instance, before dinner was finished, she would jump up from the table and wash the dishes, feeling resentful while preempting her husband from helping her. Of the implicit, but ironclad, rules that dominated her somatic and emotional life, however, she was almost entirely unconscious.

She spoke with an air of independence, and I had the distinct impression that she suspected that I would only be marginally useful to her, if at all. Her straight posture, stiff carriage, and severe mouth communicated—more than her words could—that she was struggling to rely only on herself.

As typically happens with clients in a first session, taking in Jane’s verbal pace, posture, and facial expression, I found myself formulating some initial questions about the formative experiences and inner templates that shaped her approach to life and her habit of

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1. Originally printed in *Psychotherapy Networker*, July/August 2011. Article entitled “Psychotherapy Beyond Conversation: The Psychodynamic Use of Mindfulness.”

removing herself from contact. What must her world be like that she walked with such purpose and didn't respond to my smile? What had happened to her that made it a good idea for her to be so tough?

### Accessing Implicit Knowledge

Hakomi gently and safely encourages clients to use the power of present emotional and somatic experience to explore the unconscious models of reality that dictate how they live their lives and engage in relationships. It relies on a form of body-based mindfulness as a primary tool to explore the implicit beliefs that organize life experiences and address attachment injuries that shape our emotional realities. While people are adept at using words to dissemble, the body is far more direct in communicating our inner states to those who are willing to listen. Through the way we move and hold ourselves, we reveal the internalized working models of the world and self that are unconsciously encoded in our brains, which govern our behavior, perceptions, and feelings.

One such cardinal, implicit rule Jane had learned early in life was never to rely on others. In her unconsciously established worldview, nobody could be trusted to give her what she needed or wanted. Jane's dismissive style and rigid posture were part of a character strategy designed to protect her from the wounds of massive disappointment—not needing or depending on others was an attempt to save herself from further injury. As I watched Jane caught in the tyranny of her toughness, it was clear to me that while she knew how to be strong, she didn't know how to be connected to people. In some ways, her strategy of insulation was functional, but overused. It had become a life sentence of separation. Part of the job of therapy would be to make Jane's implicit and somatically held knowledge consciously available to her, then to provide experiences in the present that would challenge some of her self-limiting beliefs, and finally, to offer new options for both perception and behavior.

### Attachment in the Present Moment

Clients' attachment styles originate in early interactions with primary caregivers and often endure into adulthood. Deficiencies in attachment can be transformed later in life as a consequence of nourishing and attuned relationships with partners, friends, and therapists, but this requires experiential events, not just word-bound conversations. One of the most powerful ways for a therapist to establish an experiential, relational state of attunement is through mindfulness—both the clinician's and the client's.

While mindfulness starts with the ability to attend to the many details that make up the present moment, most of us can easily be transported away from the experience of the moment, especially by the content of conversation. Studies have shown that 70–80% of communication occurs through mostly unconscious somatic signals—pace, posture, gestures, voice quality, breathing patterns, changes in energy, and skin coloration. These signals arise directly from the core beliefs and models of the world that the client holds. By not allowing ourselves to be carried away with the content of a client's story, we can begin

to notice the many other ways in which a client communicates. The process of noticing and joining with a client at this level generates the kind of nonverbal attunement—normally supplied by good early parenting—that can build secure attachment and begin to address the early injuries that occur often in preverbal life.

During our first session, Jane told me in a flat voice that her husband had decided, without consulting her, to accept a more “responsible position” (meaning many more hours away from home) at his law firm. She roughly pulled a tissue from the box. Noticing the vehement gesture, I said, “You’re mad at him, huh?” “Yes,” she replied, “he’s always like this.” There was a flash of grief on her face, followed by a dismissive movement with her hands as she turned away her face.

Rather than following the content by asking, “He’s done this before?” I responded by reflecting back her current experience again, saying, “You’re pushing away with your hands, huh?” I left it to her to tell me what she was pushing away—her husband or her feelings. What she offered was a gesture, a demonstration of the impulse to push away and turn away. It seemed important, as it was performed with some energy, and it was consistent with her predisposition toward self-reliance.

Focusing on the gesture caught her attention. I suggested she could do it again, but slowly, really taking time to notice the details of her experience, the subtleties that get lost in ordinary consciousness and conversation. As she did so, she said, “You just can’t count on anyone.” She grimaced as if the words tasted bitter.

I responded, “You feel betrayed and bitter, huh?” I wanted to contact what was stirring inside, beneath the impulse to push away. Contacting her emotional experience here opened a door—her eyes welled up with tears and her lower lip began to quiver. I responded, “These are some strong feelings. It looks like you’re fighting with them a bit.” As she tried to answer, something softened inside her, and she began to weep.

Part of the process of healing for someone who’s been entranced by a belief structure like Jane’s is risking the emotional vulnerability that can lead to a response from another person that supplies a missing experience different from the neglect of childhood. Without pushing in any way for increased abreaction, this recognition of the internal battle between expression and containment shifted the balance toward the former, and allowed Jane to show me more of her vulnerability.

Much of trauma’s impact stems from isolation. Telling one’s story to an attentive, warm listener will begin, in and of itself, to reconsolidate how the memory is held. While we can’t change the past, we can offer a place in which it’s no longer held alone, but in relationship. This also builds attachment.

### Studying in Mindfulness

Studying an experience while it’s happening presents many opportunities that are missing in ordinary conversation. One important element in Jane’s internal model of relationship was how she held herself apart from others. In a later session, I wanted to construct a therapeutic experience of mindfulness that would enable her to experientially explore her need to be invulnerable.

“Jane, I have an idea,” I said. “I’ll say something to you, and you can notice where it lands inside. Notice the response. It could be a thought, a feeling, a sensation, an impulse, a memory, a fantasy, music, or nothing at all. Would that be okay?”

Asking permission is always important in establishing a genuinely collaborative relationship based on safety and equality. Once she agreed, I let myself shift into a slower, more mindful state in which I could begin to notice the details of my own internal world and start to even more precisely track her moment-to-moment experiences. With the help of limbic resonance and the activation of mirror neurons, she began to let her attention focus inwardly.

“Okay,” I said, “let your attention go inside so you can notice whatever happens when I say these words . . . [pause]: ‘Jane, your needs are important.’” I said this not to elicit agreement, but quite the opposite: I was looking for the parts that disagreed. Again, this was guided by the knowledge that people who have a set of implicit rules of relationship like Jane’s have a tendency to protectively deny their needs. I wanted to bring this into Jane’s conscious awareness.

She opened her eyes for a moment. “Yeah, sure!” she mumbled sarcastically, more to herself than to me. Now, emerging in consciousness, we had the part of her that dictated toughness.

“Great!” I said. “Let’s invite that part to be here. It sounds like a street fighter.”

“Yeah,” she replied. “Needs are the same as disappointment.”

I asked Jane to turn her attention inside and let her own words echo—“Needs are the same as disappointment”—and notice what experience emerged. In this kind of mindful exploration, the therapist can track external signs of internal experience in the fine changes in the client’s face, emotional temperature, breathing, and voice quality. As both participants carefully attend to present experience, something deeper than left-brain conjecture can occur.

In this case, Jane said, “I feel really hot!” She looked down, and her shoulders and the top of her chest were turning red. As with many clients beginning to explore unfamiliar territory, it was easier for her to recognize the sensation than the underlying emotion. I encouraged her to stay with the heat and the redness, and asked her to notice the mood that went with it. She said, with surprised consternation, but also curiosity, “Oh, I’m ashamed . . . of my needs!”

There are, of course, contraindications to this procedure. Immersing a client in a trauma memory, for instance, risks his or her hyper- or hypoarousal—becoming flooded or immobilized—and retraumatized. It’s important for the therapist to carefully track the client, be alert to signs of dissociation and disconnection from the therapist, and titrate the immersion in immediate experience to avoid overwhelming the client. Exploring experiences slowly in homeopathic doses, and noticing the fine grain of sensations and motor activity in particular, can yield more information and change in the long term than dramatic, multiple-tissues-in-the-garbage-can sessions that raise explosive emotions. Before, and alternating with, immersion in traumatic or negative memories, clients should be focused on the felt experience of their own resources—the places, people, things, and experiences that bring comfort, a sense of self-confidence, and expansiveness.

Every experience we have, conscious or unconscious, is a mix of other, underlying experiences—many of which are unconscious—stored in the neural networks of implicit memory. Jane’s sense of invulnerability was composed of many associated cognitive, emotional, and somatic experiences, including tension in her muscles, a rigid posture, a belief that to show softness exposed her to danger, and a memory of being shamed for her vulnerability. Consciousness of one part of the neural network tends to evoke related parts.

“Let’s make lots of room for shame,” I said. “We can hold it gently. Just let a little bit of it be here. Go ahead and stay with it, and let’s see where it takes you.”

I was intending to follow her lead, but the suggestion took us to what appeared to be a dead end. The feelings stopped and she sat up straight, wiping her eyes. As Jane started to explore the feeling of shame, something inside her obviously shut down. On a somatic level, her posture shifted—she sat up straight, no longer resting against the back of the couch.

Drawing on Jane’s immediate present experience for clues about where to go next, I said, “You’re sitting really straight, and it seems like your feelings just went away. Let yourself be with that uprightness, feel all the muscles involved, and notice what they remember.” Eliciting a memory, in effect, from the feeling in her muscles, she saw the memory of when her father taught her about the limits of trust: he told the seven-year-old Jane to jump from a kitchen counter into his arms, and then purposefully let her fall, without trying to catch her. “Never trust anyone,” he instructed her. She learned this lesson well.

To ensure that no one ever had the same kind of power over her again, she’d adopted a strategy, a relational model, requiring her to rely only on herself and no one else. While superficially functional—she could protect herself from being hurt—this strategy also sentenced her to the feeling of lonely disconnection that had finally brought her to therapy. In fact, this kind of strategy tends to recruit others to act in predictable ways that reinforce the underlying beliefs—Jane preempted anybody from doing anything generous toward her, which reinforced her distrust of others.

As her feelings began to ebb, I commented, “You learned not to rely on anything or anyone, huh? Not even the back of the couch. How about we start by supporting your back, so it doesn’t have to hold you up all on your own?”

I was speaking somatically and metaphorically here. Could she risk taking in support after many betrayals of her trust? This experience was designed to challenge the habitual neural pathways that led her to self-reliance, and to help her develop a new set of neuronal firings that would permit greater nourishment and support in her life. Jane began to experiment with just leaning back and trusting the couch. While she explored the simple, metaphorical act of leaning, I encouraged her to slowly and mindfully notice her subtle internal reactions. As she did so, I could see her gradually relax her body, as she realized she could lean a little on the couch without losing herself.

### Transformation and Integration

Several weeks later, I noticed that as Jane talked to me, she looked at me slightly out of the corners of her eyes. I was still looking for signs of the old patterns—compulsive

self-reliance and the dismissal of human warmth—so I said, “Sometimes you look right at me, and sometimes you look from the side of your eyes. How about we explore the difference between the two looks?”

She agreed, and I asked her to turn her attention inward, noticing the thoughts, feelings, sensations, memories, and images that arose as she tried each way of looking. She reported that when she looked directly at me, she felt vulnerable, and when she looked at me somewhat sideways, she felt more protected, though lonely. I told her that she was entitled to look at me any way she wanted, and that she could decide which she wanted to do now, to exercise her choice. She decided to look directly at me, and as she did, she smiled and then started to chuckle.

She said, “I feel a bit scared, but this is really what I want.” Next, the goal was to help her stabilize this resourceful experience. I asked her to really take her time, to make room for this mirth bubbling up and the sense of connection, to notice how it lived in her body, and the words and impulses that came with it—this was more important to follow than fear. By having the client immerse herself in the new experience, new neural pathways can be built. Immersion in expansive experiences is as, if not more, important than immersion in the experience of wounds and limitations.

During ensuing sessions, we returned many times to this constellation of issues. Each new pass helped Jane to clarify the implicit beliefs structuring her reality and the risks she could take to create new experiences and generate new models of the world. She practiced allowing herself to depend more on me without losing her self-reliance. She looked at me directly without losing her choice to withdraw when she wanted. Then Jane became increasingly able to transfer the vulnerability she showed in sessions to her relationship with her husband. She gained the ability to ask him for more time and closeness in a way that engaged him because of its genuineness and lack of hostility, which previously accompanied her demands. He started to find her more interesting than the car engines he’d previously found so absorbing.

At this point, she suggested it might be helpful to invite him to one session to help consolidate her gains in therapy. This is the integration stage, in which it is important to assist clients to weave their newfound options and ways of behaving into the fabric of their social and professional lives. Frequently, relationship partners have a homeostatic reaction to changes in their relationship and can undercut therapy. When Charles arrived, his eyes looked big and hypervigilant, unsure of what to expect. I welcomed him warmly. He seemed more scared than oppositional to his wife’s new way of being. After checking in with him conversationally about how he experienced the changes in Jane, she brought up the feeling that she “could not lean on him.” Unsure whether she was referring to her inability to lean or his inability to support her, I suggested we try this out in mindfulness to see what the effect might be on each of them—to have her actually practice leaning physically on him. It turned out that it was hard for her to do this as it involved facing the demons of disappointment in all the people who had failed her in the past. When she finally succeeded and let her head come to rest on his shoulder, he breathed a big sigh of relief. I said, “Feels good, huh?” He said, “Yeah, I finally feel useful to her and less like she is looking for trouble.” I asked him to tell this to her directly, which was challenging to his

tendency to withdraw, but he was inspired by her smile and able to tell her about his discomfort. As it was beyond the work of an adjunctive session, I gently suggested that it might be helpful for him to continue with this theme in individual therapy with someone else. As she became more able to hold a new model of support in her life and integrate it into her relationships, it was time to start thinking about bringing therapy to a close.

### Conclusion

Jane arrived in therapy determined to feel less isolated. We could see how her implicit belief in the unreliability of support, and her tendency to look tough and pretend that she had no needs, pushed others away. This guided the interventions over the next few months. Rather than being remote and barely accessible, her unconscious spoke of its implicit models of the world in many ways: in gestures, posture, in the style of her relating to the therapist in the present moment. Each session exposed new experiential doorways to this material. Over time, we continued to assess the progressive changes that eventually translated into her personal life. I was also able to create an experience of attunement that slowly allowed her to feel safe and held in the therapeutic relationship, something that hadn't happened for her as a child. By asking her to mindfully explore her organizing beliefs as they revealed themselves in the present moment, she accessed memories and resources that touched her deeply and allowed her to experiment with new ways of being inside and outside of therapy.