

HAKOMI FORUM

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EDITORIAL:

Ripples from a Life Lived

Ron Kurtz—1934-2011

When someone dies and there are people who gather at the grave to laugh, cry, stamp their feet, feel their hearts, their grief, stand quietly while remembering, be nourished by the presence of others, share outrageous stories, and walk into the future with hope, one knows that life has happened. Love has happened. Connections have been made and communion has been encouraged, which in many traditions is considered a spiritual happening. Such was the response to the life of Ron Kurtz—originator of Hakomi Therapy and founder of the Hakomi Institute—after he died January 4, 2011.

This special double-edition of the *Hakomi Forum* is in honor of Ron and contains a special tribute section. Since Ron was the master teacher of contact statements, he left instructions thirty years ago of what should be chiseled on his tombstone: “*Dead, huh?*”

Teaching both clients and therapists how to be mindful within therapeutic sessions was one of Ron's lasting contributions to the field of psychotherapy that has taken 40-some years to catch up with his pioneering insight. When introducing someone to the skill of mindfulness, we often use the metaphor of a person standing quietly beside a pond and simply being aware of the ripples that happen when a fish jumps in the water. Another way to appraise someone's life is to take note of the ripples created when they dived into the pond of human existence.

To study the ripples of Ron's life is impossible and incalculable, of course, since he influenced an unknowable number of clients, students, teachers, trainer, colleagues, friends, and family who in turn touched others. Each person necessarily holds unique memories of their encounters with him in whatever direct or indirect way it was.

One obvious massive ripple is that despite his enormous and unique personal charisma, humor, and brilliance, he was able to craft and pass on a work that carries on without him. He was always generous in giving away the work, empowering others to teach and train, and encouraging them to take it wherever their energy led them. Ron and a core of founding trainers in Colorado founded the Hakomi Institute. It was established as a non-profit educational corporation in 1981 for the teaching of Hakomi Therapy, and has continued its mission world-wide ever since. New trainers of the Hakomi Institute are voted in unanimously by the international faculty of trainers, and up to his death were required to study with Ron personally, who always retained veto power over every trainer accepted before and after he resigned as the Director of the Hakomi Institute. Still, there are untold numbers of students who have benefited from the Hakomi Method in workshops and trainings who never met him at all, as this cadre of trainers spread out to lead events on their own where Ron may or may not have had the opportunity to join in.

Likewise, the principles of Hakomi that Ron developed from the sciences of complex living systems and ancient wisdom traditions (unity, organicity, mind-body holism, mindfulness and non-violence) have been broad and cogent enough to invite eclectic dialogue and integration with widespread conversation partners. A number of the articles published here in the *Hakomi Forum* are by those in the larger field of psychology with whom we share common concerns, and seek to make common cause.

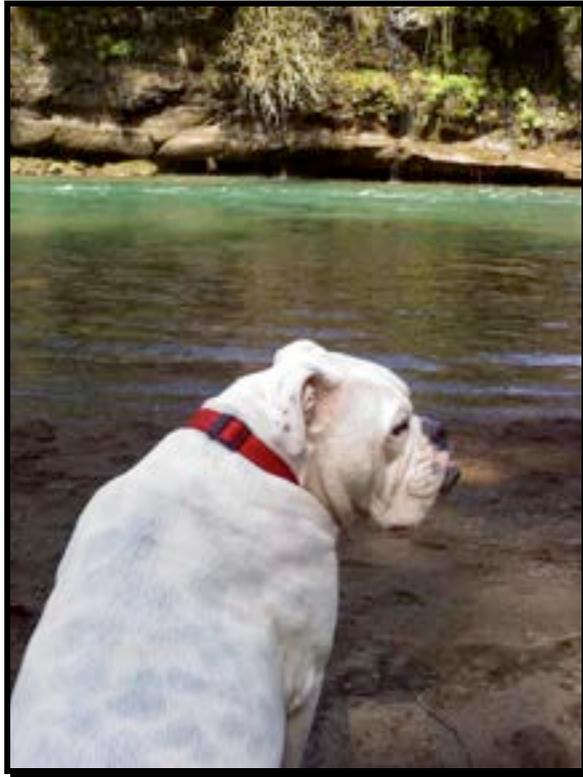
The ripple of Ron's curiosity that impelled him to be a life-long learner and integrator has washed over the Hakomi Institute faculty as well. While core Hakomi Institute curriculum for every training world-wide is continually affirmed in annual faculty meetings, specific trainings weave in the particular interests various faculty members have developed in such things as dance/movement therapy, Re-Creation of the Self, Internal Family Systems Therapy, psychodrama, music therapy, Chinese Medicine, Diamond Heart, trauma, early childhood development, Hellinger's Family Constellation work, Levine's Sensory Experiencing, Fosha's Accelerated Experiential Dynamic Psychotherapy (AEDP), or many other possibilities. Some things, such as elements of interpersonal neurobiology, trauma, and attachment theory have been incorporated into the common curriculum.

Some faculty delved deeply enough into specific content areas that their interests rippled into separate or parallel trainings. Pat Ogden synthesized Hakomi with trauma therapy to the extent that she created a new approach that is one of the most respected in the field: Sensorimotor Psychotherapy. Cedar Barstow worked on a relational approach to ethics termed *The Right Use of Power* that now has its own book and training structure. Jon Eisman's exploration of self-states resulted in a coherent approach he titled Re-creation of the Self (RCS), that can be taught alone or integrated with Hakomi. Amina Knowlan concentrated on group work that evolved into the Matrix Leadership Institute. Mukara Meredith developed Matrixworks trainings, a Hakomi approach focused on human potential in the workplace, now taught in major corporations, including The Gap, Proctor and Gamble, General Mills, and Mattel. Halko Weiss worked with colleagues to develop an approach to teaching emotional intelligence to corporate executives. Weiss also developed a training that worked with partners in relationship, with special workshops integrating mindfulness and erotic relationships. Rob Fisher's specialization in couples work resulted in the publication of his 2002 book *Experiential Psychotherapy with Couples: A Guide for the Creative Pragmatist*. Lorena Monda integrated her background with Thich Nhat Hanh, Yvonne Agazarian, Gabrielle Roth, Hakomi, and Oriental Medicine into a book called *The Practice of Wholeness: Spiritual Transformation in Everyday Life*, along with a specialized training. Richard A. Heckler brought Hakomi sensibilities and curiosity to researching two books: *Waking Up Alive: The Descent, the Suicide Attempt, and the Return to Life*; and *Crossings: Everyday People, Unexpected Events, and Life-Affirming Change*.

In 2001 Ron called together an international network of those teachers and trainers that had studied closely his latest developments of the method that he termed “simplified Hakomi,” and later the “refined Hakomi method.” The name adopted was the Hakomi Educational Network or HEN. Today there are various HEN centers in a number of countries that can be contacted individually.

A final ripple in this blatantly non-exhaustive list that I would like to highlight is that Ron's unique and masterful way of combining right and left brain functions, highly experiential work with high-level reflection and theory, has inspired others to go and do likewise. I want to personally thank all those who have furthered Hakomi over the years by writing in this journal of the Hakomi Institute, trained in the Hakomi Method and creatively explored its interface with various clinical populations, other modalities, and other thought systems that enrich us all while developing the work. I look forward to welcoming new contributions as we all walk into the future with thankfulness for a big life lived and a big gift given.

Greg Johanson, Ph.D., Editor, *Hakomi Forum*



Dead, huh? Sorry to see ya go man.

Touch In Therapy and the Standard of Care in Psychotherapy and Counseling: Bringing Clarity to Illusive Relationships

Ofer Zur, Ph.D.

Editor's note: This article is reprinted from *The USABP Journal, Vol.6(2)*, pp. 61-93, and is used with permission. It can also be found on the Zur Institute website at <http://www.zurinstitute.com/articles.html#touchsub>. It is perhaps the most complete and best-referenced article on the psychotherapeutic use of touch and the standard of care available today from which Hakomi therapists and practitioners can benefit greatly. For those readers interested in additional material on the use of touch see also the article "Helping Through Touch: The Embodiment of Caring" by Suzanne M. Peloquin in the 1990 Issue 8 of the *Hakomi Forum*, available on the www.hakomi.org website.

Ofer Zur, Ph.D. is a consultant, licensed psychologist, writer, forensic consultant and lecturer from Sonoma, CA. He is a pioneer in the development of the ethical and effective managed-care-free psychotherapy practice and is a prolific writer and researcher. Dr. Zur taught for many years at several Bay Area, CA graduate schools. He has trained thousands of psychotherapists in his seminars, lectures, and private consultations on ethics with soul, therapeutic boundaries, HIPAA, dual relationships, standard of care, domestic violence, speed and technology, victims, and many other topics. He has published dozens of cutting-edge and widely cited articles and book chapters on therapeutic ethics, standard of care, boundaries, and dual relationships. His latest book, *Boundaries In Psychotherapy*, the most comprehensive book on therapeutic boundaries to date, was published in 2007 by APA Books. Dr. Zur is the director of the Zur Institute, which offers a unique and innovative online continuing education to psychologists, social workers, MFTs and counselors. Hakomi practitioners are encouraged to participate in his offerings. He is one of the most prominent consultants and forensic experts in the area of therapeutic boundaries. The website for the Zur Institute is <http://www.zurinstitute.com/index.html> and Dr. Zur can be contacted by email at info@zurinstitute.com.

ABSTRACT: The question of touch in therapy has been debated since the inception of the field early in the last century. The main concern about physical contact in therapy has focused on sexually exploitative therapists and the concern that a client may interpret touch as having sexual intent. Ignoring years of clinical and developmental research, many risk management experts, traditional psychoanalysts, consumer protection agencies, insurance companies, and malpractice attorneys have promoted the notion that any touch beyond a handshake is clinically inappropriate, unethical, or below the standard of care. Drawing on the faulty slippery slope theory that even appropriate boundary crossings are likely to lead to boundary violations, they assert that even scientifically proven, appropriate, and clinically helpful touch is likely to lead to unethical sexual touch. The aim of this paper is to clarify the relationship between professional therapeutic touch and the standard of care. To achieve this goal the paper defines the standard of care in psychotherapy, details the elements of the standard, and articulates what the standard is and is not. It then briefly reviews the clinical research on touch in therapy and identifies the different types of touch employed in therapy. It is then articulated, in detail, how non-sexual, clinically appropriate, and therapeutic touch falls within the standard of care of psychotherapy and counseling. Additionally, issues related to touch in therapy, of theoretical orientation, codes of ethics, risk management, differences between sexual and non-sexual touch, and a review of the slippery slope are discussed. Finally, an outline of how therapists who appropriately use touch in therapy can demonstrate compliance with the standard of care is provided.

KEY WORDS: professional therapeutic touch, psychotherapy, standard of care, codes of ethics, risk management

Introduction: Forces and Influences in the Battle of Touch

While touch has been part of most healing traditions throughout human history, it has been controversial in western medicine and more so within the field of psychotherapy and counseling (Aposhyan, 2004; Smith, Clance, & Imes, 1998; Totton, 2005; Young, 2005). The main concern around the issue of therapeutic touch has been that psychotherapists and counselors may use their power and influence to sexually exploit their clients (Pope & Vasquez, 2007; Rutter, 1989). The second concern has been that a client may interpret touch as having sexual intent. As a result, since the field's inception, the application of touch in psychotherapy has been one of the most hotly debated topics (Hunter & Struve, 1998; Zur, 2007).

While Freud initially endorsed the use of touch as part of psychotherapy, he changed his position entirely in the early 1920s when he became worried how the use of touch might tarnish the reputation of the new field. The issue erupted when Freud, back in 1931, scolded his star student and disciple, Ferenczi, for letting a female client kiss him (Young, 2005). Freud felt that physical contact would lead to sexual enactments, and, by his own admission, he was equally concerned with the reputation of psychoanalysis, thus forcing the issue of touch to go underground. Ferenczi refused to stop touching his clients altogether and was subsequently expelled from the ranks of orthodox psychoanalysis (Fosshage, 2000). Wilhelm Reich (1972), who developed the most comprehensive method of clinical touch, was, like Ferenczi, one of Freud's inner circle and prominent in the prestigious International Psychoanalytic Association (IPA). He, too was ousted from the International Psychoanalytic Association for his professional stance on touch in therapy.

As Fosshage (2000) asserts, while Freud's rule of abstinence on touch has, thus, predominated in the psychoanalytic literature, there have been more notable exceptions where physical touch is seen as not only appropriate, but as necessary when dealing with periods of severe regression (Balint, 1952; Winnicott, 1958), with psychotic anxieties and delusional transference (Little, 1990), and with disturbed patients (see Mintz, 1969, who describes the work of Fromm-Reichman and Searles). However, as psychoanalysis emerged, an analytic ideology was created around the prohibition of touch. It was based on the conviction that any touch is likely to gratify sexual and instinctual infantile longings or drives, subsequently contaminating the analytic container and nullifying the possibilities for analysis to help the clients work through their issues (Langs, 1982; Simon, 1994).

The conflict around the use of touch in therapy has stayed with the field since that time. In recent years the primary tension has been between, on one side, the long-established scientific knowledge that has consistently proven that touch is essential for healthy human development and human relationships, and, on the other side, the ethical concerns with exploitative and harmful sexual touching of clients by therapists. A great amount of scientific data has been acquired in the last half century on the importance of touch for human development, bonding, communication and healing by the classic work of Bowlby (1969), Harlow (1971), and Montagu (1986), and more recently, the extremely prestigious Field (2003). The clinical use of touch in therapy has also been studied extensively and has conclusively determined that touch can enhance the therapeutic alliance as well as increase a sense of trust, calm, and safety (Smith, et al., 1998). Touch has also been shown to be effective in the treatment of depression, anxiety, PTSD, and other mental disorders and conditions (e.g., Aposhyan, 2004; Field, 1998, 2003; Hunter & Struve, 1998; May, 2005; Young, 2005). On the other side there is a major concern, raised mainly by risk management experts, ethical review boards, insurance companies, and consumer protection agencies, that nonsexual touch can lead to sexual touch and exploitation of clients (Bersoff, 1999; Gabbard, 1994; Pope & Vasquez, 2007; Rutter, 1989; Simon, 1991, 1994). There is little evidence for this fear, though. As in any profession, an occasional therapist has been successfully charged with inappropriate touch.

Another rift in the field stems from different therapeutic philosophies. On one side there are the analytic practitioners, on another those who focus on biological-pharmacological intervention, and who advocate a hands-off approach for philosophical-clinical reasons. On another side of the debate are humanistic, group, family, cognitive-behavioral, and feminist therapists who see value in appropriate touch and other boundary crossings, such as self-disclosure, gift exchange, bartering, and dual relationships (Williams, 1997; Zur, 2007). These greatly outnumber the first group. Body psychotherapists, many of whom use touch as a primary clinical tool, obviously believe in the importance of touch in general and in its scientifically established clinical utility in particular (Aposhyan, 2004; Nordmarken & Zur, 2004; Young, 2005).

Several psychotherapists' surveys over the years revealed that 87% of therapists touch their clients (Tirnauer, Smith, & Foster, 1996), 85% hug their clients (Pope, Tabachnick, & Keith-Spiegel, 1987), and 65% approve of touch as an adjunct to verbal psychotherapy (Schultz, 1975). In a more recent survey, Stenzel and Rupert (2004) reported a decrease in the general reporting of the use of touch in therapy, which they, reasonably, partly attributed to the increase in the dominance of risk management training.

They also reported a significant increase in reporting of female therapists touching female clients. The reported decrease may also be the result of a biased sample, as more therapists are not only trained in risk management but also have been intimidated by it and, therefore, are less likely to admit to touching clients, by either refusing to participate or by declining to admit to touch practices.

Some of the negative and frightening messages regarding touch that psychotherapists have been inundated with come from prominent therapists, many of whom are psychoanalytically oriented. One example is Menninger (1958) who asserts that physical contact with a patient is “evidence of incompetence or criminal ruthlessness of the analysts” (cited in Horton, Clance, Sterk-Elifson, & Emshoff, 1995, p. 444). Simon, in a similar vein, instructs therapists to “Foster psychological separateness of the patient. . . interact only verbally with clients. . . minimize physical contact” (1994, p. 514). Wolberg (1967) agrees: “Physical contact with the patient is absolutely a taboo (since it may) mobilize sexual feelings in the patient and the therapist, or bring forth violent outbursts of anger” (p. 606). These extremely small, but biased perspectives, have created an inappropriately weighted bias, both in the minds of professionals and the public.

Similarly to the psychoanalytic attitude towards touch in therapy, strong messages were pronounced by risk management or defensive medicine experts who often placed touch at the top of the “Do not do” list. “From the viewpoint of current risk-management principles,” Gutheil and Gabbard (1993) stated, “a handshake is about the limit of social physical contact at this time” (1993, p. 195). Similarly, the popular Web site, WebMD (1992), announced “A Hug-Free Zone: The threat of lawsuits, the already strong language in the APA code, and the general litigiousness of society have prompted many therapists to erect barriers between themselves and their clients when it comes to any physical contact. No more hugs for a sobbing client. No encouraging pats on the back” (section 2, para. 1). Risk management has been defined in realistic and pragmatic terms by Gutheil and Gabbard (1993) and Williams (1997, 2003) as the course by which therapists refrain from implementing certain interventions because they may be misinterpreted and questioned by boards, ethics committees, and courts. Obviously, these practices almost exclusively serve to protect the practitioners, not the consumers. At the core of the risk management injunctions against touch in therapy is the belief in the slippery slope. This is the idea that failure to adhere to hands-off, rigid standards will most likely lead to therapist-client sexual relationships.

Historically, the 1960s and 1970s witnessed a general increase in litigious attitudes in the culture at large and in the rise of defensive medicine and risk management

practices in the field of medicine, including psychotherapy and counseling. Following the sexual revolution of the 1960s and sexual digressions by some sections of Gestalt Therapy and Humanistic Psychology at Esalen in CA, risk-management teachings have strongly encouraged psychotherapists to avoid almost all forms of touch and most other boundary crossings or deviation from analytic hands-off practices. The concern during this time, as was also reflected in the professional associations’ codes of ethics, was that any deviation from analytic-type practices were likely to lead to sexual and other violations of clients by permissible therapists. A “bogey-man” attitude had therefore been created, based almost totally on bias and fears of litigation.

At the end of the 20th century and the beginning of the new millennium, there have been two significant and contradictory forces that have affected the relationships between boundaries in general, including touch and the attitudes towards therapeutic boundaries, and the perception of the standard of care. On the one hand, risk management in regard to touch issues and other boundary considerations, has continued to be a concern for professional organizations and consumer protection agencies. On the other hand, there has been a significant increase in the number of publications that associate boundary crossings with increased therapeutic effectiveness (e.g., Younggren & Gottlieb, 2004; Zur, 2007). During this period of time we also saw shifts within the analytic community towards more openness regarding the clinical utility of touch. In addition to Fosshage (2000), other reports of the facilitative use of touch have emerged in the analytic literature by scholars, such as Bacal (1997), Hamilton (1996), LaPierre (2003), and McLaughlin (1995). As articulated below, a similar shift has taken place regarding touch in therapy as illustrated by the 1998 *American Psychologist* publication of Field’s article, “Massage Therapy Effects,” and several other publications (e.g., Hunter & Struve, 1998; Smith, et al., 1998; White, 2002; Young, 2005), along with the establishment of *United States Association of Body Psychotherapists Journal* and the European Association of Body Psychotherapists, which both advocate that properly trained, body-oriented psychotherapists are not only the only people “qualified” to touch, but that a body-oriented approach which might involve touch is considerably as effective, and some (i.e., Young, 2005) say even more effective than a psychotherapy that totally ignores or that does not relate to the patient’s body in any way.

Therapeutic Boundaries and Touch in Therapy

Boundaries in therapy, including the boundary issues that involve touch, are extremely important. They define the therapeutic fiduciary relationships and distinguish

psychotherapy from social, sexual, business, and many other types of relationships also having a direct impact on the effectiveness of therapy. There are two types of boundaries. One type is where boundaries are drawn around the therapeutic relationship and involve issues of fees, privacy and confidentiality, and place and time of therapy. Boundaries of another sort are drawn between therapist and client rather than around them. Touch between therapist and client is an obvious boundary of this latter kind as well as therapists' self-disclosure and giving and receiving gifts (Gutheil & Gabbard, 1993). Touch between therapist and client represents one of the most recognized psychotherapeutic boundaries, as it reaches across the professional-interpersonal space separating therapist and client (Zur, 2007).

Boundaries in therapy have been regarded as the "edge" of appropriate behavior (Gutheil & Gabbard, 1993) and involve two types of boundaries: boundary violations and boundary crossings. A boundary violation occurs when a therapist crosses the line of decency and integrity and misuses his/her power to exploit a client for the therapist's own benefit. Therapist-client sexual relationships are a prime example of boundary violations. Such violations may also involve any exploitive business or other relationships and are always counter-clinical, unethical, and are often illegal. In contrast, boundary crossings involve courtesy or ritualistic gestures, such as a handshake or a pat on the back. They have been defined as any deviation from traditional psychoanalytic practices (Zur, 2007). Boundary crossings also involve clinically effective interventions and are part of a well-constructed treatment plan, such as clinically and ethically appropriate self-disclosure, home visits, gift exchange or bartering (Herlihy & Corey, 2006; Lazarus & Zur, 2002). As will be articulated in this paper, while boundary violations are inherently unethical and always below the standard of care, boundary crossings are neither unethical nor below the standard of care.

Boundary crossings are often an integrated part of most practiced therapeutic modalities, such as humanistic, somatic, cognitive behavioral, or group therapy. Following are just a few examples of beneficial boundary crossings and the corresponding theoretical orientations that are likely to support them. Behavioral therapy readily endorses flying on an airplane with a fear-of-flying client as part of an exposure or in-vivo intervention. Cognitive, behavioral, and cognitive-behavioral therapies endorse self-disclosure as a way of modeling, offering an alternative perspective, or exemplifying cognitive flexibility. Humanistic, feminist, and existential therapies endorse self-disclosure as a way of enhancing authentic connections and increasing therapeutic alliance, the best predictor of therapeutic success. A client-initiated handshake at the beginning or end of a session, an appropriate and encouraging pat on the client's back, supportive handholding or a nonsexual hug can be

exceedingly clinically helpful. They are all considered boundary crossings and are endorsed by most therapeutic modalities. Not to put a consoling arm around a client who has suddenly burst into tears might be seen, not only as uncaring, but in fact a rigid application of therapeutic boundaries. Additionally, specially trained body psychotherapists, such as Reichian or bioenergetic therapists, who use thoroughly researched and established hands-on techniques, are also engaged in therapeutic boundary crossings.

Dual relationships are a type of boundary consideration that often has been misunderstood and mischaracterized. Dual relationships take place when therapists and clients engage in additional social, business, or professional relationships other than the traditional one-on-one therapist-client relationship (Lazarus & Zur, 2002). Sexual relationships between therapists and current clients are obviously totally inappropriate dual relationships and are also boundary violations, always counter-clinical, unethical, and illegal in most states (Pope & Vasquez, 2007). Non-sexual and non-exploitative social and other dual relationships are often unavoidable in rural communities, university and college campuses, and other small communities, and they can also be beneficial to therapy (Herlihy & Corey, 2006; Schank & Skovholt, 2006; Younggren & Gottlieb, 2004; Zur, 2007). While ethical or unavoidable dual relationships are technically boundary crossings, exploitative dual relationships, including sexual dual relationships, are definitely boundary violations. It is important to understand that therapeutic and ethical touch, like clinically appropriate boundary crossings, such as self-disclosure or making a home visit (done exclusively for clinical reasons and are not involved in a secondary relationship), are neither dual relationships nor unethical.

The difference between boundary crossings and boundary violations when it comes to touch often relates to the differences between sexual and non-sexual touch (Pope, Sonne, & Holroyd, 1993; Zur, 2007). Some differentiations between sexual and nonsexual touch in therapy focus on the areas touched (i.e., hand vs. genitals), others focus on whether the intent is to sexually arouse the client or the therapist, and yet others propose an encompassing view that "erotic touch" is any behavior that leads to sexual arousal (e.g., Brodsky, 1985). A few analytically oriented scholars take the extreme position that—in the context of transference—even what attempts to be a nonsexual touch is almost inevitably sexual or erotic (Gabbard, 1996; Wrye & Welles, 1994). However, this is a perspective that is almost exclusive to the pure, traditional psychoanalysis. Help with differentiation between sexual and nonsexual touch in therapy comes from one of the key studies that found correlations between nonsexual touch and sexual touch. The study showed that the sexual boundary violation was positively correlated, not with touch per se, but with the

frequency that therapists touched clients of the opposite sex in comparison with the frequency of touch of clients of the same sex (Holroyd & Brodsky, 1980). The important conclusion of these findings was that therapists' own attitudes towards touch and whether they tend to generally sexualize all forms of touch is the determining factor in whether they are likely to blur sexual and nonsexual forms of touch. Therefore the most productive preventative measure is probably good therapist education in appropriate use of therapeutic use of touch.

As was noted above, professional attitudes towards therapeutic boundaries in general has shifted significantly during the end of the last century and the beginning of the 21st century. An increase in the number of publications that associate boundary crossings and touch to increased therapeutic effectiveness has linked them to the most commonly practiced theoretical orientations, such as cognitive, cognitive-behavioral, and humanistic psychotherapies (Williams, 1997). Illustrating the shift in mainstream psychology and counseling towards more context-based and less rigid attitudes towards boundaries is the flexibility advocated by American Psychological Association's (APA) revised code of ethics of 2002 and similar changes included in the American Counseling Association's (ACA) code of ethics of 2005. Just as telling is the fact that the APA and ACA have published several texts in the beginning of the 21st century that have taken a clear, flexible, and context-based stance in regard to therapeutic boundaries (i.e., Herlihy & Corey, 2006; Knapp & VandeCreek, 2006; Schank & Skovholt, 2006; Zur, 2007). Additionally, during this period there was an increased realization of the potentially immense clinical usefulness or benefit of ethical professional touch (Field, 1998, 2003; Hunter & Struve, 1998; May, 2005; Smith, et al., 1998; Young, 2005). In the beginning of the new century there were a few influential papers that re-introduced the importance and clinical utility of touch within the analytic context (i.e., Fosshage, 2000; LaPierre, 2003; Schore, 2003; Toronto, 2001). The *United States Association of Body Psychotherapy Journal*, created in 2002, has made a continuous and extensive contribution to the professional literature on clinical, ethical, and legal issues that pertain to touch in therapy. An additional rich resource of body psychotherapy has become available through European Body-Psychotherapists (2006).

The Standard of Care: What it is and What it is Not

The standard of care is one of the most important constructs in medicine and mental health. It guides practitioners in their practices, provides a minimum professional standard, and is an essential element in malpractice suits and hearings

of state licensing boards. Because the standard of care is both important and elusive, it is the subject of much debate and controversy. Surprisingly, there is no one national or universally accepted standard of care that can be found in any agreed upon text. The standard of care is primarily determined in courts by juries, judges, and by licensing board hearings, which often rely on the testimony of expert witnesses. In these hearings attorneys on both sides routinely present conflicting expert testimonies about the standard of care (Gutheil, 1998; Hedges, Hilton, Hilton, & Caudill, 1997). The fact that there are hundreds of different psychotherapeutic orientations (Lambert, 1991) and as many different types of settings, communities, cultures, and subcultures makes the concept of a psychotherapeutic standard of care extremely complicated and controversial (Caudill, 2004; Williams, 1997). It seems that beyond "do no harm," "do not engage in sexual relationships with current clients" and "preserve clients' dignity and protect their privacy when possible," there is very little agreement on what falls within the accepted understanding of standard of care.

The standard of care is a legal term and has been defined as the customary professional practice in the community. It describes the qualities and conditions that prevail, or should prevail, in a particular (mental health) service that a reasonable or average practitioner follows. Most commonly, the standard is defined in legal terms as, "that degree of care which a reasonably prudent person would exercise in the same or similar circumstances" (Black, 1990, p. 1405). As a legal term, the standard of care is subject to state laws and, accordingly, the official definition of the standard of care varies somewhat from state to state. Massachusetts case law, for example, defines the standard of care as, "the average reasonable practitioner at that time and under the circumstances and taken into account the advances in the field" (Gutheil, 1998, p. 44). The standard of care is thus largely a standard of reasonable care and a professional duty of psychotherapists to their clients once the therapist-patient relationship has been established (Simon, 2001). Several scholars emphasize that the standard is based on community and professional standards, and as such, professionals are held to the same standard as others of the same profession or discipline with comparable qualifications in similar localities (Bersoff, 2003; Caudill, 2004; Doverspike, 1999; Woody, 1998).

It is very important to understand that the standard of care is a minimum and reasonable standard. It is neither an ideal standard nor a standard of perfection (Gutheil, 1998). It calls on practitioners to act in a reasonable, average, or "good enough" manner rather than in ideal or perfect ways. An error in judgment or simply making a common, careless mistake does not automatically put a therapist's actions below the standard of care (Simon, 2001). However, making a careless mistake or several careless mistakes that

probably would not have been made by reasonable practitioners *does* put a therapist below the standard of care. Gross negligence, which is an extreme departure from the standard of care, has been differentiated from a simple departure from the standard and from common or normal, unavoidable mistakes or errors in judgment.

Basic Elements of the Standard of Care

The standard of care is derived from the following six elements: state law, licensing board regulations, professional organization codes of ethics, case laws, consensus of the professionals, and consensus in the community.

1. Statutes: Each state has many statutes concerning child abuse, elder abuse, domestic violence reporting and other issues. If the statute mandates that therapists do not act or should act in a certain way, such as reporting a suspicion of child abuse, acting against that prohibition, or neglecting to so act, is clearly below the statutory standard of care.

2. Licensing board regulations: In most states there are extensive regulations governing many aspects of mental health practices. These often include rules for continuing education, supervision, etc. Some licensing boards have adopted numerous additional regulations that range from how to engage in e-counseling or telehealth, to how to respond to a client who discloses in therapy that he or she had sexual relations with a former therapist. In all states and in the District of Columbia, there are strict regulations against a therapist having sexual relationships with a current psychotherapy client.

3. Ethical codes of professional associations: The codes of ethics of professional associations are another important component of the general standard of care, however, they are also controversial. In most situations, codes of ethics of professional organizations apply to members and non-members of the organization. APA (2002), National Association of Social Workers (NASW, 1999), ACA (2005), and the American Association of Marriage and Family Therapists (AAMFT, 2001) ethical principles apply to all licensed psychologists, social workers, counselors, and marriage and family therapists, respectively, regardless of whether they are members of the organizations or not, unless there is a state law or board regulation stating otherwise. Some states adopted other professional organizations' codes of ethics as their standard. An example is the California Board of Behavioral Sciences (CA-BBS)—which regulates California Marriage and Family Therapists (MFTs)—adopted the California Marriage and Family Therapists Association (CAMFT) code of ethics as their standard rather than the AAMFT code of ethics.

Translating most codes of ethics or licensing board regulations, or using them to clarify the standard of care can be a complex and challenging task. The codes are generally not specific about which behaviors are prohibited, and most codes include aspirational goals, which must be viewed differently than the enforceable ones (Bersoff, 1994; Fleer, 2000; Williams, 2003). While many state licensing boards have adopted the codes of ethics of major professional organizations as their enforceable guidelines, the APA Ethics Code of 2002 clearly states, “The Ethics Code is not intended to be a basis of civil liability” (p. 1061). In other words, the codes of ethics are not supposed to be simply equated with the standard of care, which is the basis for civil liability.

Another area of uncertainty is whether practitioners who practice in a more specialized field or present themselves as specialists are to be held, not only to national professional organization ethical standards (i.e., AAMFT, ACA, APA, NASW, NBCC), but also to standards put forth by their specialty (i.e., child custody evaluation, forensic psychology), specialized professional association (i.e., U.S. Association of Body Psychotherapists; Academy of Sports Psychology) or institutions they are closely affiliated with (i.e., Jung Institute of San Francisco, Gestalt Institute of Los Angeles, The Reichian Institute of Sacramento).

4. Case law: Case law is one of the cornerstones of the standard of care. No case is more famous for having created a duty (to warn) for psychotherapists than the Tarasoff decision of the California Supreme Court in *Tarasoff v. Regents of the University California* (1976).

5. Consensus of the professionals: In a field that is comprised of hundreds of therapeutic orientations and even more jurisdictions, consensus among professionals is hard to come by. Thus, it follows that consensus among professionals is a rather vague aspect of the standard of care. It is primarily derived from a wide range of diverse professional publications (Younggren & Gottlieb, 2004), as well as professional association guidelines and presentations at professional conferences. An additional complexity of this part of the standard is what has been called the “respectable minority.” This doctrine may apply when there is significant support for a certain type of treatment of a certain disorder, or if the scientific or research support of the technique is not well established (Reid, 1998; Simon, 2001).

6. Consensus in the community: While some scholars emphasize the general, unified, or global aspects of the standard of care across settings, others emphasize the importance of community, local culture, and setting in determining the standard. Following the latter line of thought highlights that different settings and communities which abide by different cultural customs and values have different standards. For example, the exchange of gifts and

attending ceremonies and rituals are normal and expected in Hispanic or American Indian communities, but not necessarily in an upper class suburban clinic (Lazarus & Zur, 2002; Zur, 2001). Complex dual relationships between therapists and clients are inherent, and, in fact, mandated by law in the military and are common in rural areas, but are infrequent in urban areas (Zur, 2007).

What the Standard of Care is Not

The standard of care has often been viewed in several inaccurate ways, some of which have had a direct implication in understanding the relationship between touch and the standard of care. Following is a non-exhaustive list of what the standard of care is not:

1. It is not a standard of perfection. It is the standard based on the average practitioner and on reasonable or “good enough” actions. Caudill (2004) described it as a ‘C’ student’s standard. Simply making a common or ordinary mistake or common error in judgment does not automatically put a therapist’s actions below the standard of care (Simon, 2001).

2. It is not an either/or standard. Compliance or non-compliance with the standard of care has gradations or shades of deviation from the standard. Most commonly, three terms have been used to describe the range of practices: gross negligence, simple departure from the standard of care, and mistakes or errors in judgment. Gross negligence has often been defined as an extreme departure from the ordinary standard of practice in the community. Gross negligence often involves a pattern of systematic and/or extreme departure from the minimum and reasonable standard of practice. Gross negligence is almost always one of the key components of malpractice suits and licensing board hearings. The next level, a simple departure from the standard of practice, has been called “ordinary negligence.” The third level, the most common one, is a simple mistake or error in judgment, which is an unavoidable part of human nature and of the practice of psychotherapy and does not constitute departure from the standard of practice.

3. It is not guided by risk management principles. One of the most significant errors by expert witnesses, attorneys, courts, and licensing boards has been confusing the standard of care with risk management principles (Lazarus & Zur, 2002; Williams, 1997). While the standard is based on legal-professional-communal principles, risk management guidelines are primarily enforced to reduce the risk of malpractice accusations for therapists (Gutheil & Gabbard, 1993; Williams, 2003; Zur, 2007). While the standard of care focuses on what is good for the patient, risk management guidelines have too often come to focus on preemptive protection of therapists and reducing insurance companies’ financial liability.

4. It does not follow any particular therapeutic modality or theoretical orientation. The standard of care is theoretically blind and philosophically neutral. It is not based on psychiatric, biological, analytic, or any other therapeutic modality or theoretical orientation. Attorneys and experts have often presented the psychoanalytic guidelines as the basis for the standard of care (Williams, 1997). Gutheil (1989) accurately pointed out: “It seems that professionals who belong to a school of thought that rejects the idea of transference, behaviorists, or psychiatrists who provide only drug treatment, are being held to a standard of care they do not acknowledge” (p. 31).

5. It is not determined by outcome. Interventions by therapists who do not violate the law or board regulations and use “good enough” decision-making processes are most likely to fall within the standard of care, even if the outcome is negative. An unfortunate outcome, such as suicide, divorce or depression, does not necessarily translate to substandard care (Baerger, 2001; Simon, 2001).

6. It is not permanent or fixed. The standard of care is a dynamic standard that continues to evolve over time. Obviously, new statutes and new case laws change the standard. Then, as more practitioners practice in new or modified ways, the standard changes, too. HIPAA law is an example of how new regulations significantly impact the standard of care (Zur, 2005). The continuously revised professional ethics codes, publication of new research findings, new practice guidelines, or new theoretical breakthroughs all can affect the standard.

Touch in Psychotherapy

The importance of touch for human development, communicating, bonding, and healing has been scientifically studied and documented for the last half century by culturally iconic figures, such as Bowlby (1952), Harlow (1971), and Montagu (1986), and more recently by Tiffany Field (1998, 2003). Ample research has demonstrated that tactile stimulation is extremely important for development and maintenance of physiological and psychological regulation in infants, children, and adults (Field, 1998, 2003; Heller, 1997; LaPierre, 2006). Touch has been an essential part of ancient healing practices and is reported to have been an integral part of health care practices and medicine since the beginning of time (Levitan & Johnson, 1986; Smith, et al., 1998). In his seminal work, *Touching: The Human Significance of the Skin*, Ashley Montagu brings together a vast array of studies shedding light on the role of skin and physical touch in human development. He illuminates how the sensory system, the skin, is the most important organ system of the body. “Among all the senses,” Montagu states, “touch stands paramount” (1986, p. 17). He concludes: “When the need for touch remains

unsatisfied, abnormal behavior will result” (1986, p. 46). Indeed, touch deprivation has been consistently linked to aggression, delinquency, social isolation, and depression in children and adults (Field, 2003).

Recent research has demonstrated that touch triggers a cascade of chemical responses including a decrease in urinary stress hormones (i.e., cortisol, catecholamines, norepinephrine, epinephrine) and an increase in serotonin and dopamine levels (LaPierre, 2006). The shift in these bio-chemicals has been proven to decrease depression (Field, 2003). Touch is, obviously, good medicine. It also enhances the immune system by increasing natural killer cells and killer cell activity, balancing the ratio of cd4 cells and cd4/cd8 cells. The immune system's cytotoxic capacity increases with touch, thus helping the body maintain its defense against pathogens (Field, 1998).

The utility of psychotherapeutic touch has been extensively documented. Generally, touch has been reported to effectively reduce stress, anxiety, dissociation, and depression, and can be very effective in the treatment of Post Traumatic Stress Disorder. It has also been repeatedly reported that touch in therapy positively influences bonding between therapists and clients and increases the therapeutic alliance, the best predictor of positive therapeutic outcome. At this point we must differentiate between “therapy” and “psychotherapy.” While there are many therapies that legitimately involve touch, like physiotherapy and massage, they are not considered psychotherapy. Accordingly, the focus of this paper is on psychotherapy or counseling. Obviously, psychotherapy per se does not necessarily involve touch, even though most therapists (85%) hug their clients rarely or sometimes (Pope et al., 1987), and almost all shake hands with their clients (Smith et al., 1998). Body psychotherapy defines itself as involving the potential for appropriate professional touch (Young, 2005) and, accordingly, most body psychotherapists are specifically trained to employ touch as part of psychotherapy.

While review of the literature of the effectiveness of touch in mental health services is beyond the scope of this paper, extensive reviews of the research on touch can be found in the works of Durana (1998), Field (2003), Heler (1997), Hunter and Struve (1998), Marten (2006), May (2005), McNeil-Haber (2004), Nordmarken and Zur (2004), Smith, et al., (1998), and Young (2005).

In this article, touch refers to any physical contact occurring between a psychotherapist and a client or patient in the context of psychotherapy. Generally, there are three types of touch in psychotherapy: touch that is used as an adjunct to verbal psychotherapy, systematic touch that is used by specially trained body psychotherapists, and inappropriate touch. Following are detailed descriptions of the three types of touch in therapy.

The first type of touch includes touch employed as an adjunct to verbal psychotherapy. These forms of touch are intentionally and strategically used to enhance a sense of connection with the client and to soothe, greet, relax or reassure the client. Their use is also intended to reduce anxiety, slow heartbeat, physically and emotionally calm the client, or assist the client in moving out of a dissociative state. It also includes culturally appropriate touch. Therapeutic touch in this context most often includes a hug, light touch, handholding, or rubbing. The places of contact are usually on a client's back, shoulder, or arm. Based partly on formulations by Downey (2001), Nordmarken and Zur (2004), Smith, et al., (1998), and Zur (2007), these forms of touch may fall under the following categories:

- **Ritualistic or socially accepted gestures for greeting and goodbye upon arrival and departure:** These gestures figure significantly among most cultures and include handshakes, a greeting or farewell embrace, and other culturally accepted gestures.
- **Conversational marker:** This form of light touch on the arm, hand, back, or shoulder is intended to make or highlight a point and can also take place at times of stillness, with the purpose of accentuating the therapist's presence and conveying attention.
- **Consolatory touch:** This important form of touch, holding the hands or shoulders of a client, or providing a comforting hug, is most likely to enhance therapeutic alliance.
- **Reassuring touch:** This form of touch is geared to encouraging and reassuring clients and usually involves a pat on the back or shoulder.
- **Playful touch:** This form of touch, mostly of hand, shoulders, or head, may take place while playing a game with a child or adolescent client.
- **Grounding or reorienting touch:** This form of touch is intended to help clients reduce anxiety or dissociation by using touch to the hand or arm, or by leading them to touch their own hand or arm.
- **Task-oriented touch:** This involves touch that is merely ancillary to the task at hand, such as offering a hand to help someone stand up or bracing an arm around a client's shoulders to keep the client from falling.
- **Corrective experience:** This form of touch may involve the holding of an adult or rocking of a child by a therapist who practices forms of therapy that emphasize the importance of corrective experiences.
- **Instructional or modeling touch:** Therapists may model how to touch or respond to touch by demonstrating a firm handshake, holding an agitated child, or responding to unwanted touch.
- **Celebratory or congratulatory touch:** The therapist may give a pat on the back or a

congratulatory hug to a client who has achieved a goal.

- **Experiential touch:** This form of touch usually takes place when the therapist conducts an experiential exercise. For example, when teaching gestures during assertiveness training; or in family sculpturing in which family members are asked to assume certain positions in relationship to each other.
- **Referential touch:** This is often done in group or family therapy when the therapist lightly taps the arm or shoulder of a client, indicating that he or she can take a turn or be silent.
- **Inadvertent touch:** This is unintentional, involuntary, and unpremeditated touch, such as an inadvertent brush against a client by the therapist.
- **Touch intended to prevent a client from hurting him- or herself:** This type of touch is intended to stop self-harming behaviors, such as head banging, self-hitting, or self-cutting.
- **Touch intended to prevent someone from hurting another:** This form of touch is intended to stop or restrain someone from hurting another person, as sometimes happens in family, couple, or group therapy, or when working with extremely volatile clients.
- **Touch in therapist's self-defense:** This form of touch is used by a therapist to physically defend him- or herself from the assault of a violent client by using self-defense techniques that restrain clients with minimum force.

(Zur, 2007, p. 173-174)

The second type of touch in therapy includes therapeutic touch by body psychotherapists. This is different than the use of touch as an adjunct to verbal psychotherapy. Most somatic and body psychotherapists who are specially trained in these modalities regularly use touch as part of their theoretically prescribed clinical interventions. These psychotherapies can include Reichian (LaTorre, 2005; Reich, 1972), Bioenergetics (Lowen, 1958), Somatic Experiencing (Levine & Frederick, 1997), Rubinfeld Synergy, Hakomi, Biodynamic Psychotherapy, Biosynthesis, among the many other modalities described by Barshop (2005), Aposhyan (2004), and others. Young (1997) reviewed the history of body psychotherapy and the definition articulated by the United States Association of Body Psychotherapy (USABP, 2006) and the European Association of Body-Psychotherapy (EABP, 2006).

The third type of touch includes inappropriate forms of touch, and is in contrast to the aforementioned forms of touch. The following three forms of touch in psychotherapy are unethical, considered as boundary violations, and, depending on the state, are often illegal (Smith, et al., 1998; Zur, 2007). They are counter-clinical and should always be

avoided. They include:

- **Sexual touch**
- **Hostile or violent touch**
- **Punishing touch**

While this paper focuses on touch that is initiated by the therapist, it is quite usual for clients to initiate touch. The most common client-initiated touch is a handshake. McNeil-Harber (2004) discussed touch that is initiated by child-patients usually differentiates between aggressive, oversexualized, inappropriate, and appropriate touch. When a client initiates or requests touch, the therapist must use his or her clinical judgment to ascertain whether providing or withholding touch is ethical, and if it is clinically advantageous in each therapeutic situation.

In summary, touch has been indisputably important for human development, bonding, and healing. Touch is being extensively employed in a variety of ways as an adjunct to verbal psychotherapy and in many long-established and well-researched body psychotherapy modalities.

Therapeutic Touch and the Standard of Care

With the demystification of the standard of care and the summary of the general issues involved in psychotherapy, it is now appropriate for a discussion of the specific application of the elements that comprise the standard of care to non-sexual touch in psychotherapy. As sexual touch between therapists and current clients is always unethical and illegal in most states, the discussion below, like the focus of this paper, is about non-sexual touch.

When it comes to the standard of care, it is very clear that there are no statutes, licensing board regulations, or ethics codes of any major professional association that prohibit non-sexual, clinically appropriate touch. State and federal laws, licensing board regulations, and professional organization codes of ethics do not even mention, regulate, or prohibit non-sexual, ethical therapeutic touch. As was noted above, state and federal laws, board regulations, and codes of ethics are all modality neutral. Therefore, the applications of touch as an adjunct to verbal psychotherapy (e.g., supportive touch at times of distress, an appropriate hug at the end of a session) are treated by federal and state laws, licensing boards, or codes of ethics no differently than any other appropriate boundary crossing (e.g., self-disclosure, gifts). Similarly, somatic and body psychotherapy interventions (e.g., Bioenergetics, Orgonomy, Somatic Experiencing) are treated by federal and state laws, licensing boards, and codes of ethics no differently than any other therapeutic technique (e.g., Cognitive-behavioral, Gestalt).

Evaluating the issue of case law is highly complicated when it comes to touch in therapy. The main reason for this is that experts testifying for plaintiffs have often erroneously argued that non-sexual touch is likely to lead to sexual touch, and therefore is below the standard of care (Zur, 2007). Another common erroneous argument has been the fact that patients who have reported they were aroused by a therapist's touch meant that the touch-intervention was below the standard of care (Williams, 2000). While the former argument is based on the fallacious slippery slope argument; the latter erroneously claims that therapists are to be judged by the outcome of treatment rather than by the process of decision-making and adherence to laws and regulations. To my knowledge there has not been any case law that mandated the avoidance of all non-sexual touch in therapy.

The standard of care element that refers to consensus among professionals is highly relevant to therapeutic touch. As was cited above, there is a vast body of literature that supports the importance of touch as an adjunct to verbal psychotherapy (see summaries in Fields, 2003; Hunter & Struve, 1998; Smith, et al., 1998) and as a discipline of its own, as embodied in body psychotherapy. The "respectable minority" provision discussed above is also highly relevant to touch in therapy as it establishes that the many less-established and less-researched varieties of body psychotherapy, and the many forms of ethical touch employed as an adjunct to verbal psychotherapy, do not necessarily fall below the standard of care.

The part of the standard of care that states that it is bound by community norms is also applicable to touch in psychotherapy. Practicing in certain Latin, African American, French, or Jewish communities or rehabilitation centers often involves culturally or community-appropriate touch between therapists and clients. A full-body hug, or a peck on both cheeks ("European kiss") is often the culturally appropriate greeting ritual within these communities or settings. This element of the standard of care clearly establishes that different settings and communities which abide by different cultural customs and values often have different standards, including different therapeutic standards of care in regard to touch. For example, extensive physical touch may be employed in adventure therapy or sport psychology. The community standard is also applied where therapists are working in certain settings that focus on somatic or body psychotherapy. For example, therapists who practice in training institutions that focus on Reichian therapy or somatic experiencing are likely to use these touch-based techniques extensively. To comply with these professional standards, clients may be asked to sign special informed consent forms in regard to touch.

As was discussed above, the standard is neither guided by risk management principles of avoiding touching a client beyond a handshake, nor by the physically distanced approach of the psychoanalytically based modalities. Therefore, risk management and analytic yardsticks are not applicable to appropriate, ethical, and clinically driven therapeutic touch.

Highly relevant to the issue of touch is the fact that the standard of care is not determined by outcome. As in a previous example in which a client's suicide does not necessarily mean that the therapist operated below the standard of care, a client's sexual feelings in response to a therapist's touch does not necessarily mean that the therapist was engaged in sexual touch. What is relevant to the standard of care is the therapist's clinical rationale for the touch, the client's consent, as well as the clinically appropriate evaluation of the impact of the touch, and the therapist's appropriate follow-up. Also relevant is the therapist's ethical decision-making process that led to the touch and understanding how the touch fit within the original treatment plan. In other words, the sheer fact that a client felt sexually aroused does not mean that the therapist operated below the standard of care. As with any other intervention, it is the responsibility of the therapist to conduct a competent evaluation of the effect of the touch by observing the client, asking the client for feedback, or by other means. If a therapist realizes that the touch resulted in unintended sexual arousal, it is his or her responsibility to attend to that in a clinically appropriate manner. This may include discussing it with the client, stopping or changing the touch, or other clinically appropriate responses.

Ethics of Touch

The question of the ethics of touch has often been raised in relation to therapeutic touch. The APA Ethics Code (APA, 2002), as is true for the ethics codes of all major psychotherapy professional associations—the AAMFT (2001), the ACA (2005), and the NASW (1999)—neither specifically mentions nor prohibits the use of appropriate, non-sexual touch in therapy. All psychotherapy professional codes of ethics view sexual touch with a current client as unethical. The answer to whether touch is ethical is simple and clear: clinically appropriate touch in psychotherapy is neither unethical nor below the standard of care.

Historically, unethical sexual touch in therapy received extensive attention (i.e., Pope, 1990; Pope, Sonne, & Holroyd, 1993; Rutter, 1989; Simon, 1994), and increased numbers of publications have attended to the ethics of touch in more recent years (i.e., Durana, 1998; Herlihy & Corey, 2006; Hunter & Struve, 1998; Marten, 2006; McNeil-Haber, 2004; Nordmarken & Zur, 2004; Smith, et al., 1998; White, 2002; Young, 2005; Zur, 2007). These authors discussed

the importance of taking into consideration client factors, such as history of abuse, gender, culture, attitude towards touch, presenting problem, as well as the setting of therapy, therapeutic modality employed, nature of the therapeutic relationship and therapist's training, culture, gender, and attitude towards touch. Appropriate use of consultation and client consent was also emphasized.

Obviously, the ethics of touch has received the most extensive coverage from the USABP (2001). Their guidelines clearly articulate the ethical use of touch in therapy, the importance of informed consent, and concerns regarding respect, diversity, consultation, record keeping, treatment plans, and many other pertinent issues. Most body psychotherapists use actual touch as their primary tool in psychotherapy, therefore an extra focus on the ethics of touch is called for in their therapist's training (Caldwell, 1997; Durana, 1998; LaPierre, 2003; Phillips, 2002; Smith, et al., 1998; Young, 1997).

Partly in respond to testimonies by psychoanalytically oriented and risk management expert witnesses against boundary crossing in general including testimonies disparaging clinically appropriate and ethical touch, a much-needed clarification of "reasonable" was added to the APA Ethics Code of 2002, as shown in this excerpt from the Introduction and Applicability section:

The modifiers used in some of the standards of this Ethics Code (e.g., *reasonably*, *appropriate*, *potentially*) are included in the standards when they would (1) allow professional judgment on the part of psychologists, (2) eliminate injustice or inequality that would occur without the modifier, (3) ensure applicability across the broad range of activities conducted by psychologists, or (4) guard against a set of rigid rules that might be quickly outdated. As used in this Ethics Code, the term *reasonable* means the prevailing professional judgment of psychologists engaged in similar activities in similar circumstances, given the knowledge the psychologist had or should have had at the time. (p. 162)

Clearly, one of the intentions of this statement is this: No longer will courts and licensing boards that define the standard of care use any one particular modality or orientation as the yard stick to measure interventions that are rooted in other disciplines. This means analytic or risk management principles legitimately may not apply to a body psychotherapy situation. The APA statement acknowledges that some clinical situation boundary crossings, such as gifts, bartering, or dual relationships, may be appropriate, clinically beneficial, and unavoidable. This statement is relevant to touch in psychotherapy and clearly implies that the evaluation of the appropriateness of touch in therapy must be according to the "... prevailing professional

judgment of psychologists engaged in similar activities in similar circumstances . . .," which means the "prevailing professional judgment" of other psychologists who use touch with similar client populations and in similar settings. For the first time this paragraph actually makes it unethical for a testifying psychologist-expert to use psychoanalytic, psycho-pharmacological, or other therapeutic orientations to determine that clinically appropriate and ethical touch supported by other established orientations is below the standard of care.

Risk Management Practices, Slippery Slope Claims, Sexualization of Touch, and Risk-Benefits Analysis

At the core of the risk management injunction against touch in psychotherapy is an assumption about a slippery slope. This refers to the idea that failure to adhere to hands-off, rigid standards will most likely lead to therapist-client sexual relationships. This process is described by Gabbard (1994) as follows: "... the crossing of one boundary without obvious catastrophic results (making) it easier to cross the next boundary" (p. 284). This fear-based view has been most dominant in the discussion of employing or incorporating touch in psychotherapy as it asserts that a pat on the back, hand-holding, non-sexual supportive or a greeting hug are all just the first downhill steps towards inevitable deterioration of ethical conduct and towards sexual relationships.

Pope (1990), whose endorsement of the slippery slope idea has significantly contributed to its popularity, stated: "... non-sexual dual relationships, while not unethical and harmful per se, foster sexual dual relationships" (p. 688). Similarly, Strasburger, Jorgenson, and Sutherland (1992) concluded, "Obviously, the best advice to therapists is not to start (down) the slippery slope, and to avoid boundary violations or dual relationships with patients" (p. 547-548). Also in agreement was Simon (1991), who decreed: "The boundary violation precursors of therapist-patient sex can be as psychologically damaging as the actual sexual involvement itself" (p. 614). These poignant restrictive statements summarize the slippery slope idea and its derivative risk management stance that the chance of exploitation and harm is significantly reduced or nullified by simply refraining from engaging in any boundary crossing, including any form of non-sexual touch, regardless of its clinical effectiveness. This is a false argument and contains an unproven non-sequitur.

A careful review of the slippery slope argument reveals that it is founded primarily on the (somewhat paranoid) assumption that any boundary crossing, however trivial, inevitably leads to boundary violations and sex (Lazarus &

Zur, 2002; Zur, 2007). The slippery slope argument claims to get support from the fact that most sexual exploitations of clients have started with non-sexual or ethical boundary crossing. While it may be true that abusive therapists might have introduced themselves with a handshake, it does not follow that this leads to sexual relationships; a vastly significant number of therapists have also introduced themselves with a handshake to no ill effect.

Furthermore, to assert that self-disclosure is likely to lead to social relationships, that an appropriate hug is most likely to end with intercourse, or accepting a gift is the first step towards inevitable inappropriate business relationships, is irrational and illogical. Sonne (1994) discussed how a therapist and client who were sport teammates might easily move their relationship to encompass activities such as carpooling or drinking. She concluded that, "With the blurring of the expected functions and responsibilities of the therapist and client comes the breakdown of the boundaries of the professional relationship itself" (p. 338). Along these lines Woody (1998) asserted, "In order to minimize the risk of sexual conduct, policies must prohibit a practitioner from having any contact with the client outside the treatment context and must preclude any type of dual relationships" (p. 188). The risk management literature is saturated with articles and books describing therapists' behaviors (e.g., self-disclosure, hugs, home visits, socializing, longer sessions, lunching, exchanging gifts, walks, playing in recreational leagues) that the authors contended were precursors to or on the slippery slope to sexual or other harmful dual relationships (Borys & Pope, 1989; Craig, 1991; Koocher & Keith-Spiegel 1998; Lakin, 1991; Pope, 1990; Pope & Vasquez, 2007; Rutter, 1989; St. Germaine, 1996).

The belief in the slippery slope is a part of the more widespread cultural and professional problem, which includes risk management experts' tendency to sexualize boundaries in general and touch in particular (Dineen, 1996; Zur, 2007). This so-called "prudence" is akin to prudery, where the sin lies more in the eye of the beholder than in the mind of the enactor. It must be challenged wherever it tries to circumscribe. But there is also a wider issue: why do touch taboos exist and why is there such touch illiteracy. Field (2003) notes that social attitudes to touch have changed, from the "laying-on" of hands (common in the Bible, Middle Ages, and still found in some religions), to touch becoming sexual in the 19th century (as everything was, even the sight of a woman's ankle), to touch being now "more associated with criminality in increasingly frequent court cases on sexual harassment, sexual abuse, child-care hysteria, and kindergarten and lower grade teachers' avoidance of any form of touch beyond a handshake"

When it comes to touch in therapy, the slippery slope idea basically claims that there is no meaningful differentiation

between non-sexual touch and sexual touch because one inevitably or very likely leads to the other. Again, there is little real evidence put forward for this claim. In a critical examination of the slippery slope argument, Zur (2000) reflected that to assert, as most proponents of the slippery slope idea do, that self-disclosure, a home visit, a hug, or accepting a gift were actions likely to lead to sex was like saying that doctors' visits cause death because most people see a doctor before they die. Lazarus called this thinking "an extreme form of syllogistic reasoning" (1994, p. 257). We learn in school that sequential statistical relationships (correlations) cannot simply be translated into causal ones. Despite the popularity of the term, the slippery slope is a paranoid, baseless and illogical construct claiming that any deviation from risk management or rigid analytic guidelines is likely to lead to harm, exploitation, and sex.

While all risk management and most ethics texts appropriately emphasize the important risk-benefits analysis for touch or any other clinical intervention, very few address the risk-benefits analysis of "in-action" or the avoidance of certain interventions (Zur, 2007). While risk-management focus is, obviously, on risk avoidance, and most ethical decision-making processes emphasize the risk-benefits analysis of touching, rarely mentioned is the equally important risk-benefits analysis of avoiding touch at all cost. Along these lines the author has reflected on his experience of avoidance of touch at all cost:

For example, I have been working with a woman who, 10 years prior to our first session, lost her infant son in an automobile accident. In an emergency appointment with a psychiatrist right after the death of her son, as she sobbed uncontrollably, she begged him to hold her. He refused, citing something about professional boundaries. Instead, he prescribed Valium. Eight years later, addicted to Valium and alcohol, she began therapy with me. After an intense few months of therapy, we visited her son's grave. It was the first time she had visited the grave. There we stood, holding each other and both weeping as she finally started facing her baby's death and grieving for him and for her years lost in drugged denial. While the psychiatrist followed risk management guidelines to perfection, he also may have inflicted immense harm. Did he sacrifice his humanity and the core of his professional being, to heartless protocol? (Nordmarken & Zur, 2004)

Risk-benefits analysis of actions or inactions brings to the forefront the contexts of therapy (i.e., client factors, setting, therapy, and therapist factors). Such risk-benefits must be included in treatment planning for the use of touch or any other interventions. The rarely acknowledged fact is that all clinical interventions also contain risk. As a matter of fact,

any human action as well as any human inaction is associated with some level of risk. Therefore, a thorough risk-benefits analysis does not simply reject boundary crossings, such as touch, because it involves risk; instead therapists are invited to ask the question, “Do these risks outweigh the benefits?” or “Are these risks justified?” Therapists must always take into consideration that they can actually *do* harm through inaction and the avoidance of touch in the attempt to avoid harm (Fay, 2002; Lazarus & Zur, 2002).

When it comes to risk management in regard to touch, the question then becomes, “*what can be done to reduce any inherent risks to a reasonable and appropriate level?*” The “solution” to the “problem” (which exists in a very small minority of therapists, and thus the risk is very small) is not to restrict all therapists by penalizing codes, but simply to ensure they are educated better and aware of appropriate boundaries, and perhaps even supervise them a little more regularly.

There is an additional sociological question, “*Why are behaviors and interventions, such as touch, that are known to be clinically helpful, as well as very natural elements of human interaction, being looked at as suspicious and driven underground?*” The answer lies partially in the concept, practice, and teaching of defensive medicine or risk management. Reflecting on the analytic touch taboo, Lapierre asserts, “From this perspective, the touch taboo and the resulting touch illiteracy limit our psychotherapeutic horizons and rob us of effective, perhaps critical, forms of clinical reparation interventions and interactive couple and caregiver education” (2003, p. 5). This paper demonstrates that from a standard of care point of view, ethical touch, which is based on a thorough risk-benefits analysis and is the result of a sound ethical decision-making process, inevitably falls within the standard of care.

Touch in Context

The clinical application of touch in psychotherapy can only be understood within the context of the therapy. Accordingly, whether therapeutic touch falls within the standard of care or not can also be understood within the context that it is employed. Touch, when viewed through the prism of client factors, therapeutic setting, therapeutic orientation, therapeutic relationship, and therapist factors, can have radically different contextual meanings (Hedges, et al., 1997; Koocher & Keith-Spiegel, 1998; Phillips, 2002; Smith, et al., 1998; Young, 2005; Zur, 2007).

Former APA president and leading ethicist Gerry Koocher provides a vivid example of how professionals tend prematurely to judge touch and other boundary crossings without taking the context into consideration.

On occasion I tell my students and professional audiences that I once spent an entire psychotherapy session holding hands with a 26-year-old woman together in a quiet darkened room. That disclosure usually elicits more than a few gasps and grimaces. When I add that I could not bring myself to end the session after 50 minutes and stayed with the young woman holding hands for another half hour, and when I add the fact that I never billed for the extra time, eyes roll.

Then, I explain that the young woman had cystic fibrosis with severe pulmonary disease and panic-inducing air hunger. She had to struggle through three breaths on an oxygen line before she could speak a sentence. I had come into her room, sat down by her bedside, and asked how I might help her. She grabbed my hand and said, “Don’t let go.” When the time came for another appointment, I called a nurse to take my place. By this point in my story most listeners, who had felt critical of or offended by the “hand holding,” have moved from an assumption of sexualized impropriety to one of empathy and compassion. (2006, p. xxii)

Following are descriptions of the five factors that can help to define the relationship to touch in the context of therapy.

Client Factors

This factor includes the client’s age, gender, presenting problem, diagnosis, personality, personal touch history, culture, and class. These are all highly relevant to the meaning and potential healing effect of touch in therapy. What is particularly appropriate and effective with one client may be clinically inappropriate and even damaging with another. Letting a young child jump into the therapist’s lap in the midst of family therapy may be very appropriate, but it is generally not permissible with an adult client. Reaching out gently and respectfully to hold the hand of a grieving mother may not have the intended positive effect if the same is done in early stages of therapy with a survivor of sexual abuse. The client’s past experiences with touch are important and so are their present attitudes towards touch. Elements of personal space are defined within a culture and affect the interpretation of therapeutic touch. In this context a therapist’s touch or lack of touch may be seen as distant, respectful, or invasive depending on the socialization, culture, and experience of the individual client (Aponte & Wohl, 2000; Smith, et al., 1998; Sue & Sue, 2003).

Gender issues are also extremely important in understanding the context of touch. Touch in psychotherapy occurs between therapists of both sexes and their female and male clients as well as same-sex therapist-client dyads (Brodsky, 1985). Research has confirmed that women responded more

positively to touch than did men (Hunter & Struve, 1998). From birth, American females received more affectionate touch from males and females and were given greater permission to touch either gender and be touched by either gender. They were more likely to have and expect a broader repertoire of touch, and were less likely than men to perceive sexual intent in men when touched by them (Downey, 2001; Smith, et al., 1998).

The use of touch with survivors of childhood trauma has been much debated. Whereas some authors asserted that touch in any form should never be used with this population, many others agreed that the clinically appropriate and ethical use of touch with survivors of childhood abuse, when applied cautiously, could be invaluable in helping them heal and recover from their traumatic experiences. The concern was the possibility that touch used with these clients may have recreated, evoked, or re-traumatized previous client-experienced dynamics of victimization (Lawry, 1998). Cornell (1997) stated that once a strong therapeutic alliance had been formed, “the use of touch will evoke, address and hopefully help correct such historical experiences and distortion” (p. 33). What seemed to be of the highest importance was that the client wanted to be touched and understood the concepts of choice and personal empowerment before it was clinically or ethically appropriate to begin the use of touch in session. Research has also found that sexually abused clients were more likely to attribute a corrective or educative role to touch in therapy than were non-abused clients. Of these clients, 71% reported that appropriate touch repaired self-esteem, trust, and a sense of their own power or agency, especially in setting limits and asking for what they needed (Smith, et al., 1998).

Consistent with the pattern in the general culture, therapists tend to touch young clients more often than they do their adult clients, and female therapists touch child clients more often than do male therapists (Hunter & Struve, 1998). Research has demonstrated that when the staff of an adolescent treatment program modeled nonsexual, nonviolent touch and incorporated physical contact as an acceptable aspect of the milieu, the adolescents demonstrated a marked decrease in violent and sexual behaviors (Dunne, Bruggen, & O’Brien, 1982). Touch is usually contraindicated for clients who are actively paranoid, hostile and aggressive, or who implicitly or explicitly demand touch (Durana, 1998). Most people experience some diminution in physical faculties and perceptual skills as they age, but the sense of touch generally remains intact and is valued as increasingly important as a source of contact and communication. The soothing, affirming experience of touch is most important at the beginning and end of one’s life and generous, nurturing touch can gently facilitate the process of aging and dying with dignity (Hollinger, 1986).

Setting Factor

The setting of therapy is profoundly important in evaluating the efficacy and meaning of touch. Some settings, such as prisons, are likely to restrict touch, whereas clinics for children or hospice are likely to encourage it. Obviously, sport psychology, adventure therapy—such as rope courses or flying trapeze—and adolescent programs that involve sports and camping, often involve extensive forms of touch (Zur, 2007). Practicing in different cultural milieus is likely to result in different attitudes and use of touch. Latino or Middle Eastern clients are likely to endorse and expect physical touch more than Northern European, Japanese, or North American clients (Smith, et al., 1998). With levels of class and authority, it often moves from higher to lower; that is, a higher ranking individual may initiate touch of a subordinate but not vice versa. The same is true of male-to-female interaction in some societies (Halbrook & Duplechin, 1994). Touch as an aspect of group therapy or in a therapeutic community is probably more accepted and more often found than in one-to-one therapy.

Therapeutic Relationship (Therapeutic Alliance) Factors

The therapeutic relationship between therapists and clients, or the nature and quality of the therapeutic alliance, are among the most important factors determining the potential efficacy of the use of touch in therapy. A therapist-client relationship of trust and of long duration is more likely to create a familiar and safe context for effective use of touch in therapy. In contrast, a shorter or conflictual or confrontational relationship is less likely to be conducive to it. The relationship between touch and the therapeutic alliance seems to be bidirectional; as appropriate and “in-tune” touch significantly enhances a positive therapeutic alliance (Horton, et al., 1995; Smith, et al., 1998) and, in return, creates a further atmosphere of trust and the possibility of the further use of clinically appropriate touch. Given that most research studies indicate that the therapeutic alliance is one of the most significant factors in respect of efficacy, one can then argue that, where appropriate and enhancing, touch can be seen as a significant factor in promoting the alliance and thus the efficacy of the therapy. It may even follow that “lack of touch” might diminish efficacy and thus standard of care.

Therapeutic Orientation

As with any boundary consideration, therapeutic orientation or modality is exceptionally relevant in the clinical usefulness of touch in therapy. Body psychotherapists with clinical orientation, such as Reichian (Reich, 1972) or Bioenergetics (Lowen, 1976), often use touch as their primary tool in psychotherapy. In contrast, most traditional psychoanalysts are generally opposed to any form of touch in therapy (Menninger, 1958; Smith, et al., 1988; Wolberg, 1967). Generally, humanistically oriented therapies are

more likely to endorse appropriate, non-erotic touch as they view it as an enhancement of the therapist-client connection (Hunter & Struve, 1998; Williams 1997). Rogers (1970) discussed the value of touch and specifically described how he soothed clients by holding, embracing, and kissing them. Gestalt therapy incorporates numerous forms of touch as an integral part of therapy (Perls, 1973). Gestalt practitioners place a special importance on nonverbal communication and nonverbal intervention. Unfortunately, gestalt practices in the 1960s and early 1970s, under Perls's leadership, went too far and at times included unethical sexual touch in conjunction with therapy (Hunter & Struve, 1998). Family therapists, including Satir (1972), often used touch as an element of engaging clients in therapy (Holub & Lee, 1990). Behavioral and cognitive-behavioral therapists were likely to incorporate touch or any boundary crossing into therapy if it fit with their interventions, such as modeling or reinforcement (Zur, 2007). Orientations, such as feminist and group therapy, supported the clinically appropriate use of touch (Milakovitch, 1993; Williams, 1997). A few modern analysts, such as Fosshage (2000), have differed with mainstream analytic doctrine and advocated the incorporation of clinically responsible use of touch in psychoanalytical and psychodynamically oriented therapies.

Consistent with the theoretical literature, Holroyd and Brodsky (1977) found that humanistic psychologists were more likely to engage in non-erotic touch than those of other orientations. Similarly, Pope, et al., (1987) reported that therapists of differing theoretical orientations have very different beliefs about the effect and practice of touching clients. They reported that 30% of humanistic therapists indicated that non-erotic hugging, kissing, and affectionate touching might frequently benefit clients in psychotherapy. In contrast, only 6% of psychodynamic therapists indicated the same. Whereas most psychodynamic therapists thought touch could be easily misunderstood, humanistic therapists did not share this view. Similarly, Milakovitch (1993) compared therapists who use or did not use touch and reported that therapists who used touch were likely to subscribe to a humanistic theoretical orientation, whereas therapists who did not use touch usually subscribed to a psychodynamic orientation. Clients who chose those therapists might have similar differences.

Therapist Factors

Therapists' culture, age, and professional socializations are likely to affect their use of clinical touch. Older therapists were professionally socialized to practice with less fear of boundary crossing, were not trained in risk management practices, and were more likely to use touch more casually than younger ones whose training included much more focus on risk management and defensive medicine (Williams, 1977). Therapists' own cultural background was very likely to affect their personal comfort with touch and,

therefore, its use in the clinical settings. Milakovitch (1993) compared therapists who touched and those who did not touch and found that besides the therapeutic orientation factor, therapists who touched obviously valued touch in therapy and believed that gratifying the need to be touched was important. Therapists who did not touch believed that gratifying the need to be touched was detrimental to therapy and the client. Unlike therapists who did not touch, therapists who touched were more likely to be touched by their own therapists and had supervisors and professors who believed in the legitimacy of touch as a therapeutic tool. Therapists who touched were more likely to experience body psychotherapies as clients than therapists who did not touch.

Gender of therapists (and clients) seemed to impact the use of non-erotic touch. Stake and Oliver (1991) found that female psychologists reported more touching of female than male clients. Male psychologists, on the other hand, reported more touching of male clients on the shoulders, arm, hand, or knee, but more touching of female clients in ways such as hugging, holding hands, or touching face, hair or neck. These findings seemed consistent with Holroyd and Brodsky's (1977) finding that non-erotic touching occurred more frequently in female dyads than male dyads.

Demonstrating Compliance with the Standard of Care

Compliance with the standard of care, in general, as well as with touch issues means that therapists have acted in a professionally reasonable manner and followed community and professional standards as have others of the same profession or discipline with comparable qualifications in similar situations. Due to the professional and public concern with therapeutic touch, demonstrating compliance is very important. One of the primary ways for therapists to demonstrate compliance with the standard of care is accomplished primarily by means of documentation in clinical records (Caudill, 2004; Hedges, 2000; Gutheil, 1998). Good records go hand-in-hand with quality care.

At the minimum, records for each client, couple, or family should include: Diagnosis impression (does not need to be a DSM diagnosis; it can be developmental, familial, or other impressions); initial assessment of mental status; details of the presenting problem; relevant biographical background information, treatment planning, including rationale for treatment and revised treatment plans; and as necessary, progress notes and termination notes. When therapists choose not to use widely used, mainstream, or standard interventions, they must articulate their clinical rationale for their choice of treatment and demonstrate their awareness and consideration of different treatment options. Extra

documentation is often required in cases of emergencies, crisis intervention, violence and abuse situations, mandated reporting, extensive touch, dual relationships, and abrupt termination. Signed informed consents might be considered as more important when it comes to body psychotherapy practices and other therapies that employ touch extensively. Finally, consultations on relevant clinical, legal, and ethical cases should be used when necessary and documented as part of the records (Younggren & Gottlieb, 2004). Consultation with experts is one of the best ways to establish that the standard of care is met (Younggren & Gottlieb, 2004). Such consultations with experts or regular supervision allows the psychotherapist to demonstrate that the clinical intervention he or she is engaged in is reported to be similar to what other reasonable psychotherapists would do under similar circumstances.

One way for psychotherapists to evaluate if their conduct is within the standard of care is to ask themselves several questions, such as: Does my conduct violate state or federal law or licensing board regulations? Does my conduct breach an ethical principle? Is there a court ruling that imposes a duty on me that is relevant to my conduct? What is the best way to help this particular client, taking into consideration the context of the professional relationship? What should I do to help? What should I not do to help? What are the ramifications of not doing certain things? And what would an average peer, who uses a similar theoretical orientation, working with a similar type of client, with a similar diagnosis or problem, in a comparable type of community, say about my conduct? When appropriate, the records should reflect therapist's responses or contemplation of these questions. Many of these questions will also get asked in regular supervision, which in some settings is seen as a useful and necessary adjunct to the therapy.

Ethical decision-making in psychotherapy has received much attention because a thorough decision-making process is the important phase in the development of a treatment plan and essential for demonstrating compliance with the standard of care. Many texts have focused on the principles of ethics in psychology (e.g., Beauchamp & Childress, 2001). As with the general principles of the APA (2002) Ethics Code, many ethicists view the following five moral principles as the foundation of ethical decision-making: autonomy, nonmaleficence (i.e., do no harm), beneficence (commitment to benefit the client), justice, and fidelity. Several texts outlined ethical decision-making for psychotherapists as being broad and inclusive (e.g., Canter, Bennett, Jones, & Nagy, 1996; Corey, Corey, & Callahan, 2003; Herlihy & Corey, 2006; Knapp & VandeCreek, 2006). Other texts focused on ethical decision-making and guidelines with regard to boundary crossings (i.e., Corey, et al., 2003; Gutheil & Gabbard, 1993; Herlihy & Corey, 2006; Knapp & VandeCreek, 2006; Koocher & Keith-Spiegel, 1998; Reamer, 2001; Welfel, 2002). Still others

have provided more specific guidelines, such as those for handling nonsexual touch (Durana, 1998; Hunter & Struve, 1998; McNeil-Haber, 2004; Nordmarken & Zur, 2004; Smith, et al., 1998; Zur, 2007), and some explore the whole issue of ethical touch in psychotherapy (Young, 2005; Zur, 2007).

Demonstrating compliance with the standard of care around touch issues is essentially no different than any other intervention. What may be more relevant to the employment of touch is the issue of consent. Consent to minor and intermittent touch, such as a pat on the back or a hug at the end of the session, can be implied or achieved verbally or non-verbally if the client initiates it or seems to respond positively. Any consistent touch beyond a handshake, such as greeting and departing hugs, or hand holding that is repeated in each or most sessions, may be documented in the record with a brief note of explanation for its clinical rationale. Systematic employment of body psychotherapy methods requires both signed written consent by clients and clear documentation of the methods employed in the clinical records.

Summary

The standard of care is a legal term and has been defined as the customary professional practice in the community. It describes the qualities and conditions that prevail, or should prevail, in a particular mental health service that a reasonable or average practitioner follows. Most commonly, the standard is defined in legal terms as "that degree of care which a reasonably prudent person would exercise in the same or similar circumstances" (Black, 1990, p. 1405, in Baerger, 2001). It is very important to understand that the standard of care is a minimum and reasonable standard, not a standard of perfection. The standard of care is neither determined by the outcome of therapy, nor is it based on analytic or risk management principles. It calls on practitioners to act in a reasonable, average, or "good enough" manner rather than in ideal or perfect ways. The standard of care is derived from the following six elements: state law, licensing board regulations, professional organization codes of ethics, case laws, consensus of the professionals, and consensus in the community.

Touch in psychotherapy is a boundary issue. While sexual touch with current clients is a boundary violation and always below the standard of care, non-sexual, clinically appropriate touch is boundary crossing and has wide utility in the treatment of anxiety, depression, trauma, and many other mental ailments. Clinically appropriate and ethical touch clearly falls within the standard of care. Clinicians who employ touch in therapy must make sure it is clinically appropriate given the client's history, age, gender, sexual

orientation, culture, and presenting problem. They also must take into consideration the type of setting, the quality of the therapeutic relationship, their own comfort and attitudes towards touch and, of course, their training and scope of practice. Consulting with experts can be very beneficial and obtaining some form of consent from their clients is important. When using techniques that involve touch, it is essential to ensure that appropriate training and supervision has been received. Extensive and systematic use of touch may require signed written informed consent and a rationale given in the clinical records.

In summary, when touch in psychotherapy is employed in clinically and ethically appropriate ways, it clearly falls within the standard of care and has high clinical utility for healing a wide range of ailments and mental disorders.

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The Pax Medica and Brain-Based Therapy

Lloyd Linford, Ph.D. and John Arden, Ph.D.

Editor's note: This article is reprinted with permission from *Psychotherapy in Australia*, 15(3), (2009):16-23. It is a highly influential essay that calls into question the current mainline way of doing therapeutic work, what the authors term the *Pax Medica*, and pioneers a new way based on brain research that incorporates a number of suggestions important to Hakomi therapists such as listening for what is not said in the verbal dialogue, the importance of interpersonal attunement to brain transformation through neuroplasticity, handling the neurodynamics of stress, collaboration with clients on how the process is going, incorporating a “safe emergency” as in Hakomi experiments in awareness that evoke core beliefs, and more.

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ABSTRACT: A seminal era is ending in psychotherapy and psychiatry and a new one is beginning. In the 1970s, Prozac, the *DSM III*, and “evidenced-based” therapies all came into being within a few years of each other. These innovations provided a stable way of thinking about, classifying, and treating mental conditions, and became institutionalized in a model we refer to as the *pax medica*. The *pax medica* medicalized psychology and psychiatry in a way that has become so pervasive it's almost invisible, like the air we breathe. In this paper we argue that the medical model in mental health is being replaced by a lively new understanding of how psychotherapy works (Arden & Linford, 2008). Based on contemporary neuroscience and psychotherapy research, the brain-based model sheds new light on a question that has beguiled psychotherapy from its beginning: How can a simple conversation—or as Freud called it the “talking cure”—change the brain?

“Only blessings can arise from seeking the company of wise and discerning persons, who skillfully offer both admonition and advice as if guiding one to hidden treasure.”

—*Dhammapada*, verse 76

The Pax Medica

One eminent psychologist writing in the 1950s answered the question about how psychotherapy changes us quite simply: “it doesn't.” In an important review of the existing outcome literature, the formidable Hans Eysenck (1952) stated that psychotherapy was no more beneficial for patients “than the mere passage of time.” Timothy Leary (before his psychedelic period), compared therapy patients to those on waiting lists, and found that the “waiters” did just as well as the patients. At about the same time Eysenck's critique was published, the first tricyclic antidepressant appeared, thereby putting into the hands of psychiatrists a powerful alternative to the talking cure. Isolated from the biological sciences and averse to empirical inquiry, psychotherapy seemed about to be relegated to the niche of second-rate “alternative” treatments for psychological disorders.

While the first tricyclics were a moderate success, it was the advent of Prozac in 1974 (Wong, et al., 1974) that changed everything. Prozac profoundly shifted psychiatry away from interests in meaning and toward a fascination with medications. Part of Prozac's success was based on the appealing notion that it corrected “chemical imbalances” in the brain, and well-controlled drug trials seemed to prove the theory behind the product. Even today, more than 30 years after its advent, Prozac remains hugely popular around the world. In the U.S. alone, more than 20 million prescriptions annually are written for the drug's generic version—and two newer antidepressants are even more widely prescribed. In the U.S., 1 in 20 men, and almost 1 woman in 10, uses an antidepressant (Barber, 2008). By contrast, about 1 in 20 adult Americans sees a psychiatrist,

psychologist, or social worker for psychotherapy. The number of patients treated for depression with psychotherapy actually *declined* between 1987 and 1997, a decade during which prescriptions for antidepressants doubled (Barber, 2008).

CBT and the DSM

Psychotherapy had to change in order to survive. The psychiatrist Aaron Beck was a leader in the effort to establish “indisputable evidence” of psychotherapy’s effectiveness (1972; Beck et al., 1979). Whereas many therapists were disdainful of the social-science research paradigm underlying psychotherapy outcome research, Beck saw these methods as an opportunity to build credibility for his own approach, cognitive behavioral therapy (CBT).

Beck ignored the brain altogether and made only parsimonious assumptions about how the mind worked; but even more than Freud, Beck championed the view that *technique* is what matters. Like Freud, Beck was a physician who viewed psychotherapy as a mental health *treatment*. John Norcross (2002) summarizes some of the elements of this medical model:

This [model] inclines people to define process in terms of technique, therapists as providers trained in the application of techniques, treatment in terms of the number of contact hours, patients as embodiments of psychiatric disorders, and outcome as the end result of a treatment episode. (p.12)

Beck’s work dovetailed seamlessly with a new version of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1980). Its chief editor, the psychiatrist Robert Spitzer, identified what were to become some of psychiatry’s “greatest hits”: panic disorder, attention deficit hyperactivity disorder (ADHD), and major depression. In a field fraught with complexity and ambiguity—and a world where enormous amounts of money were at stake—Spitzer offered mental health professionals some peace, simplicity, and the comfort of a renewed faith in authority. His tome rapidly became the “Bible of Psychiatry” for insurance companies, the disability and criminal justice systems, and researchers seeking government approval for new drugs.

Spitzer, Beck, and the makers of Prozac forged a compromise in the mental health field that has worked reasonably well since the late 1970s. This *pax medica* stipulates that in psychotherapy, as in dermatology, *diagnosis* is vital to planning and evaluating treatment. Treatment should be targeted at *symptoms*. The demand for Beck’s “indisputable evidence” of efficacy (whether of drugs or psychotherapeutic methods) required the conduct of randomized controlled trials.

As an indication of how thoroughly these correlates of the *pax medica* had penetrated mainstream psychology, in the mid-1990s the Society of Clinical Psychology of the American Psychological Association (APA) established a task force on “empirically validated treatments” (Norcross, 2002). To earn the designation “empirically validated,” a treatment had to be shown superior to placebo or comparable treatment in two separate randomized clinical trials. Moreover, the intervention had to be reducible to a clear and teachable manual. Eighteen *DSM-III* disorders were seen as candidates for this process; almost all the treatments that initially qualified as “evidence based” were CBT. It seemed that Beck’s coronation as the king of evidence-based treatments was about to occur.

Cracks in the Fortress

Some outcome researchers and neuroscientists remained skeptical, however. Just four years after the publication of the *DSM-III*, three little-known academics turned the spotlight of social science research methodology on the question of psychotherapeutic benefit. Smith, Glass, and Miller, in *The Benefits of Psychotherapy* (1980), by aggregating many smaller well-designed studies, reached two important conclusions: psychotherapy was robustly effective; and (against the spirit of the times) *the methods employed by therapists seemed to have no significant effect on outcome*. Despite this conclusion, 80% to 90% of research in psychotherapy since Smith and his colleagues published their meta-analysis has been aimed at establishing the efficacy of specific methods for specific disorders (Bohart, 2000).

Gradually, however, the skepticism of Smith and others has come to be taken more seriously. The apparently unassailable superiority of CBT has attracted the scrutiny of dissidents within the APA and elsewhere. Critics have argued that the core processes of psychotherapy differed only slightly across methods. For example, gestalt therapists were using the term *safe emergency* for the type of intervention CBT therapists called *exposure* (Perls et al., 1951). Psychoanalysts also believed that gradual exposure to repressed troubling thoughts and feelings was an important ingredient in recovery. In fact, “all forms of successful therapy,” according to Lou Cozolino, “strive to create these safe emergencies in one form or another” (2002, p. 32).

The organized psychotherapy professions were suddenly alive with controversy. Opponents of the specific methods school of thought were championed by two estimable psychotherapy researchers, John Norcross and Michael Lambert (Lambert & Ogles, 2004). Norcross (2002) wondered why the “evidence-based” research had all but ignored anything *but* diagnosis and methods—leaving out factors such as the patient’s functional impairment, strength of resistance, treatment expectations, or stage of change. Lambert had conducted a series of studies that undermined

the application of the medical model to psychotherapy. He demonstrated that *diagnosis* is not a significant factor in outcome and that the contributions of specific *methods* are relatively minor. According to Lambert, *who the patient is* and what he or she brings to the treatment is far more

predictive of success (Lambert & Ogles, 2004). So-called *common factors*—the warmth, confidentiality and support found in virtually all psychotherapeutic approaches—are the next most powerful elements in the outcome of treatment. Elements contributing to outcome are shown in Figure 3.1.

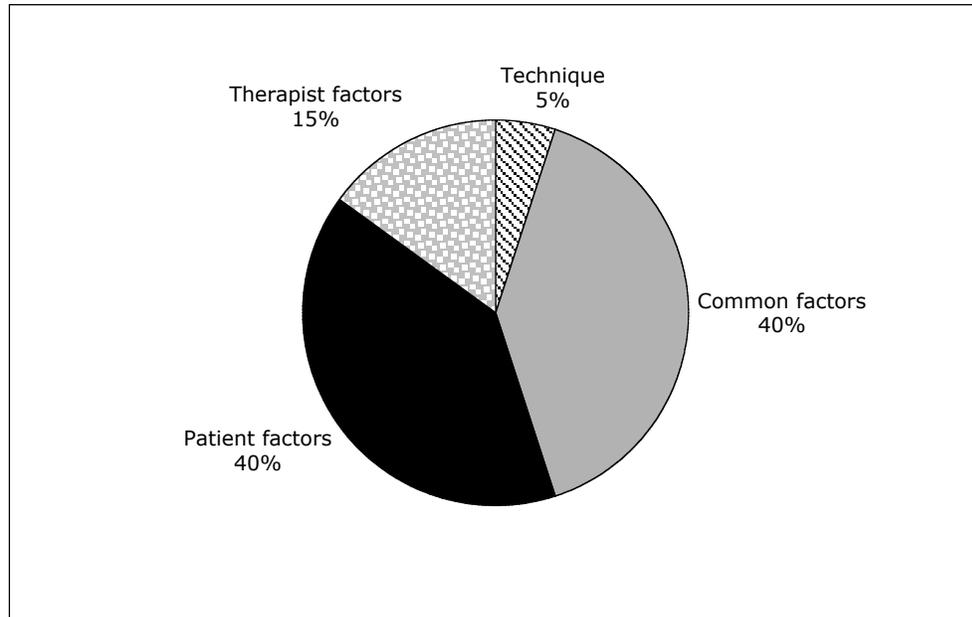


Figure 3.1. Factors accounting for variance in psychotherapy outcomes (Lambert, 2006).

Recently, Lambert launched a second fusillade at the *pax medica* by demonstrating that *patients* rather than professionals are the best evaluators of how the treatment is progressing (Lambert, 2006). Based on decades of psychotherapy research, Lambert has offered the following conclusions:

- Psychotherapy is as effective as many common medical treatments.
- It works well due to the common factors that underlie different schools.
- The “best practice” in individual psychotherapy is to ask the patient how things are going in the treatment on a regular basis (preferably during each visit).
- Giving patient feedback to therapists minimizes treatment failures and enhances the overall effectiveness (Lambert, 2006).

SSRIs Redux

If psychotherapy research has eroded the conviction that there is only “one method” for conducting successful psychotherapy, the social science research paradigm has, like a river overflowing its banks, engulfed the “one factor” theory of antidepressant action (Arden & Linford, 2008). Pharmaceutical companies have promoted the idea that “chemical imbalance” is the cause of depression, and

massive marketing has convinced millions of patients that by manipulating their neurotransmitters they can cure their depression. This “one-factor” model underlies the dramatic success of serotonin reuptake inhibitors (SSRIs). What it leaves out is that the brain is different than the liver or other organs in the body. *The brain changes itself through experience*, especially experiences of interpersonal connection that rewire the brain from birth on.

Two recent events bolster our impression that the *pax medica* and with it the one factor theory of antidepressant action are in their waning years. The first event took place in Portland, Oregon, at the Oregon Health and Science University (Turner, et al., 2008). Researchers there subpoenaed the U.S. government to release *all* the studies on antidepressant effectiveness in its archives. Because science journals prefer positive findings over negative ones, Turner and his colleagues were unsurprised to find unpublished studies that disputed the hypothesis that SSRIs are more powerful than placebo. What was a surprise was how many of these studies there were. Research reporting positive effects for antidepressants was *12 times more likely to be published than studies reporting negative results*. Turner et al. concluded that publication bias had inflated the common impression of the effectiveness of serotonin reuptake inhibitors by about a third overall, and for some

medications the figure was twice as high (Turner, et al., 2008). Post-Turner estimates of the effectiveness of antidepressants have dropped to a level close to that of placebos.

The second event that signals the end of the *pax medica* has so far attracted relatively little attention. Three enterprising American psychologists obtained and reanalyzed data from the largest study on treatments for depression ever conducted (McKay, Zac, & Wampold, 2006). McKay et al.'s "take two" study focused on outcomes in the medication segment of the Treatment of Depression Collaborative Research Program of the National Institute of Mental Health (NIMH) (Elkin et al., 1989). The results bear eloquent testimony to the power of the prescribing *relationship*. The original NIMH study did not include the relationship as a study variable, but focused instead on comparing the effects of the antidepressant imipramine with a placebo. Published results heralded the power of the pill. In the study reanalysis, however, it became apparent that *the most effective psychiatrist actually got better results with placebos than the worst-performing psychiatrist got with antidepressants* (McKay, et al., 2006).

Brain-Based Therapy

Over many years of developing evidenced-based approaches and teaching and supervising psychotherapists, we have created a model we refer to as the "BASE." We've found the BASE a useful mnemonic in helping other psychotherapists make a transition from the old world of the *pax medica* to a new model that incorporates current neuroscience, developmental psychology, psychodynamic theory, cognitive psychology, and psychotherapy research. BASE stands for *brain, attunement, systems of care, and evidence-based treatment*.

Experienced therapists who incorporate the brain-based model into their practices learn to think about *case formulation* in a different way, but typically do not have to master new *techniques*. As noted, traditional psychotherapy is effective most of the time for many different kinds of conditions and experienced therapists can typically use interventions from more than one psychotherapeutic system. What the brain-based perspective adds is a cross-disciplinary, biopsychosocial perspective that opens a new way of understanding the psychotherapeutic relationship. In our experience, this new understanding results in a subtle shift in our *attitude* toward patients and enhances our empathy and respect for their experience.

Brain-based therapy is *patient centered*. It requires that therapists carefully attend to the patient's goals in therapy, to the patient's view of the tasks we require of them, and to

their feelings about the therapeutic alliance. It requires a special kind of listening for what isn't in the *verbal dialogue* and an opening up to the parts of the brain that don't speak but nevertheless do communicate. Psychoanalysts and object relations therapists are often especially attuned to these subtle, nonverbal reactions and "resistances" in patients (Safran & Muran, 2003). Elsewhere we consider how to integrate more structured evidenced-based approaches to specific disorders with current neuroscientific models to get the most out of psychological methods (Arden & Linford, 2008).

One final quality we look for in our work is a lack of perfection. Being a "good enough" therapist is better than being a perfect one, not only because it allows patients plenty of room for expressing the negative emotions that are often a key to improvement, but also because it is more respectful of the patient's need to grow and eventually separate from the therapist (Wallin, 2007). We are increasingly impressed with Lambert's (2006) methods of getting patients to tell us how they feel about the progress of therapy to enhance the success of our interventions.

B is for Brain

The brain is an organ that lives or dies by virtue of its relationships with the brains around it. Almost no part of the brain escapes the stamp of interpersonal experience. Our genetic endowment for connecting with others is prerequisite to all the brain's other capacities and features. The brain's neuroplasticity is at the heart of brain-based therapy. This capacity arises from the structure of individual cells and is synergistically multiplied by the interaction of neural models related to social appraisal and emotion regulation. Recent discovery of *mirror neurons* is an example of how empathy is built in at the cellular level. Researchers found these cells by tracking neural activity in the brains of rhesus monkeys as the monkeys *interacted*. Neurons firing in specific areas of the brain of an animal completing a particular motor action also fired in the same area of animals simply *observing* this action. These cells turn out to be specialized in structure as well as in location.

Italian neuroscientist Giacomo Rizzolatti has said that mirror neurons "allow us to grasp the minds of others not through conceptual reasoning but through direct simulation; by feeling, not by thinking" (Rizzolatti, 2008). Watching two 12-year-old girls talking outside the school cafeteria, we notice one making a face, shrugging, laughing over her shoulder and walking away toward another group. We sense that the girl left behind feels rejected. Our mirror neurons, spindle cells, and the neural networks specialized for social appraisal transform such perceptions into empathy (Miller, 2005). Subjectively, as Rizzolatti said, we *feel* it. If the feeling is accurate, colleagues of the specialized cells firing in our brain will also be firing in the brain of the rejected girl. We use the passive version of this

experience—being understood and empathized with by another person—to change and build our own mental capacities.

Psychology has been slower to absorb these findings than some other disciplines, such as primatology. Robert Sapolsky (1996) showed some years ago that under prolonged stress the levels of the stress hormone cortisol stay high and paradoxically affect two important brain modules. The *hippocampus*, which encodes new memories and normally helps turn off the production of stress hormones, shrinks, while the *amygdala*, a part of the brain that stimulates the production of these agents, grows in volume. Chronic stress creates a biological feedback loop, making it harder to remember things, harder to think clearly, and intensifying anxiety. Recent neuroimaging studies of anxious patients have pinpointed amygdalar hyperactivity as a common mechanism underlying social anxiety disorder and common phobias (Etkin & Wager, 2007). The brain-based model incorporates these facts about stress architecture as well as other research that demonstrates the role of stress in anxiety and depressive disorders. A goal of brain-based therapy is helping clients learn to manage stress and minimize their allostatic load.

Side-to-side, right-to-left differences in cortical processing are of particular interest to psychotherapists. Many studies support the idea that *shifts in the balance of activity* between the two cerebral hemispheres is associated with positive or negative affect. In one study, a senior Tibetan monk underwent an electrophysiological assessment while engaged in meditations thought to promote positive states of mind (Davidson & Slagter, 2000). As the meditation progressed, marked shifts occurred in hemispheric activation, with the monk's left hemisphere (LH) becoming more active as the meditation progressed. Activation of the LH had previously been shown to be associated with emotions such as contentment and happiness (Davidson, 1992; Hugdahl & Davidson, 2003). Greater activation of the right hemisphere (RH), by contrast, has been associated with negative emotions such as sadness, anxiety, and anger. Shifts to the RH are also associated with lower self-esteem in adults (Persinger & Makarec, 1991) as well as with depression (Nikolaenko, Egorov, & Frieman, 1997). The left-sided tendency to initiate approach behaviors complements the tendency of the right to initiate withdrawal.

Given these findings, when working with anxious clients, we suggest that therapists encourage the client to detach from the paradox of "trying not to feel anxious." The capacity to stop or shut down anxious thoughts lies in the client's right pre-frontal cortex, and overactivating this module ironically is likely to result in an increase in the anxious feeling the client wants to suppress. On the other hand, accepting and riding out anxious feelings and

thoughts mindfully requires a shift from RH to LH functioning and usually results in these feelings subsiding more quickly. Labeling these affective experiences in therapy also helps the client shift from right to left pre-frontal activation and clients are likely to experience the positive affects and approach behaviors associated with this move. Improving integration of side-to-side processing in the context of a supportive relationship is a second major goal of brain-based psychotherapy.

A is for Attunement

Neuroscience, developmental psychology, and psychotherapy research mutually reinforce and enrich one another on no point more strongly than the power of relationships to change the brain. For the first year of life or so, a baby's fitness (in a Darwinian sense) is defined by her ability to stay attached to her mother. Conversely, the mom's capacity to stay *attuned* to her baby has durable effects on the baby's psychological functioning (Main, 1995).

Developmental psychology helps us understand why the attachment experience is so enduringly powerful. Kaminer (1999) studied interactions between mothers and babies by videotaping the face of each partner and then analyzing their interplay on a frame-by-frame basis. His sample consisted of mothers susceptible to depression, and a matched non-depressed group. The videos show non-depressed moms locking gazes with their babies, mimicking their facial expressions, and conducting an on-going play-by-play commentary on their babies' reactions. The mom's expression and words stimulate reciprocal facial expressions in the baby accompanied by excited waving of arms and leg kicks. "What are you looking at?" these mothers ask as the babies study their fists, or "You're *smiling* now!" Depressed mothers, by contrast, more often make such "action/agency" comments when their babies look *away* from them. Beebe and Lachmann (2005) noted "These more vulnerable mothers tended to frame their action/agency comments in terms of 'Where are you looking?' and 'You are not looking at me.' These babies may learn that their agency occurs only when they are more separate, or somehow 'against' the mother" (p. 31).

Early expectancies such as these arise out of "co-constructed interactions" between moms and babies and later become the defenses or emotional rules studied by psychoanalysts and object-relations therapists (Beebe & Lachmann, 2005), and attachment researchers (Ainsworth, et al., 1978; Main, 1995). A client's particular style of resisting painful content is typically implicitly encoded early on (Safran & Muran, 2003). The ability of therapists and patients, working together, to stay attuned to these phenomena and help move the brain's processing of these experiences from subcortical to cortical and from the right

to the left hemisphere is a part of what makes psychotherapy so powerful.

The psychotherapy research tells us that, more often than not, therapists and patients find the right road to change; but from a brain-based perspective every psychotherapy risks remaining “all talk” and no action. In therapy, simply tapping into the LH’s story-telling is ineffective in changing early RH-based emotional expectancies (Cozolino, 2002; Arden & Linford, 2008). In successful psychotherapy, the clues to these patterns are inferred from the client’s subtle enactments and nonverbal communications (Beebe & Lachmann, 2005; Wallin, 2007). A new narrative is co-constructed by the therapist and patient. At the heart of the process is the deep need of the human brain for relatedness and reflection in the glances, facial expressions, and words of another person. Lambert (Lambert, & Ogles, 2004; Lambert, 2006) underscores the finding from the research that just getting clients to verbalize their feelings about the therapist’s attunement to their experience produces significantly better outcomes.

S is for Systems

Bringing the brain back into psychotherapy suggests the use of interventions that are not traditionally considered to be within the therapist’s purview. These interventions have nothing to do with *meaning* but powerfully affect the *brain*. As noted above, we find many psychological problems to be down-stream effects of impairments in the brain’s capacity to regulate the neurodynamics of stress. If therapists ask, it almost inevitably turns out that suffering clients have adopted behaviors and lifestyles that unwittingly support this biological dysregulation. Expanding the scope of psychotherapy to include the behavioral determinants of brain health requires us to consider how clients’ sleep, eating, and exercise habits are affecting their embodied minds.

Research illustrates the role that sleep, for example, plays in the brain’s self-regulatory processes. Huber and colleagues found a direct relationship between the levels of an important neurochemical—*brain-derived neurotropic factor* or BDNF—and slow-wave sleep (the most relaxing kind). The more slow-wave sleep, the more BDNF in the brain (Huber, et al., 2007). BDNF is a naturally occurring fertility drug for neurons. It promotes enriched synapses and facilitates the creation of new neurons (or *neurogenesis*) in key areas of the brain. During daytime activity—and especially as a by-product of aerobic exercise—BDNF levels normally increase, and new synapses and neurons sprout in areas such as the hippocampus, facilitating the production of new memories and down-regulating the brain’s stress centers. Slow-wave sleep appears to counterbalance this expansionist daytime growth and may play a role in conserving new memories encoded during the day. In a brain-based context, it makes good sense to ask

about sleep and exercise habits and discuss their likely relationship to the client’s presenting problems.

A systems issue of a different kind has to do with the role of psychotropic medication in many therapies. Patients have a right to expect their therapists to have expertise about the side effects, limitations, and dosages of commonly prescribed medications. Having a good working relationship with the prescribing provider and asking the client about their experience of taking the medication are also important. It is also usually helpful for clients to understand how medications affect their brain functions, beyond the “one factor” neurotransmitter hypothesis of the *pax medica*. Recent research, for example, suggests that increased BDNF and a resulting boost in hippocampal neurogenesis may underlie effective antidepressant treatment (Chen, et al., 2001; Karege, et al., 2002).

E is for Evidence

If neuroscience is enriching our understanding of the workings of antidepressants, it is changing our model of psychotherapeutic action just as dramatically. The brain-based model vastly expands the evidence-basis for psychotherapy. PET imaging studies of the brains of depressed patients, for example, show significant post-psychotherapy changes in regions ranging from the prefrontal cortex to the hippocampus, anterior cingulate, and amygdala. These changes can be summarized as a *down regulation of areas relating to overthinking* and an *improved capacity for capturing and encoding new experience* (Mayberg, 2006). “Depression,” neurologist and neurosurgeon Helen Mayberg adds, “is unlikely a disease of a single gene, brain region, or neurotransmitter system. Rather, the syndrome is conceptualized as a systems disorder with a depressive episode viewed as the net effect of failed network regulation under circumstance of cognitive, emotional, or somatic stress” (Seminowicz et al., 2004).

The imaging patterns characteristic of depressed patients successfully treated with psychotherapy contrast with those of patients treated with antidepressants. Patients who improved with SSRIs showed *increased activity* in the prefrontal cortex and *more inhibition* in the hippocampus and cingulate (Goldapple et al., 2004). Mayberg (personal communication) described this difference as a matter of psychotherapy working from “the top down” and medicine from “the bottom up.” Together, the effects of joint psychotherapeutic-psychopharmacological depression treatment push and pull the brain back into a healthy allostatic balance (Dobbs, 2006).

Imaging studies confirm the importance of exposure (or the “safe emergency,” to use Perls’ term) in treating anxiety and also illustrate how changes may be related to the re-regulation of the neurodynamics of stress in psychotherapy.

In a study of the effects of CBT on clients suffering from a spider phobia, Schienle and colleagues used functional magnetic resonance imagery (fMRIs) to document the fact that exposure to spiders provoked hyperactivity in the amygdala and fusiform gyri of arachnophobes and decreased the activation of their medial orbitofrontal cortices (OFCs). The OFC is normally a major force in down-regulating amygdala activation. Over time, exposure in the context of psychotherapy promoted *increased* medial OFC activity and lower amygdala activation in the treatment group relative to controls. Client reports of symptom reduction correlated well with decreases in amygdala and insular activity (Schienle et al., 2007).

Changes in psychotherapy's evidence base suggest that we are moving beyond the era of the *pax medica* to a more complex understanding of how people change. New evidence suggests that beyond the surface differences of various therapeutic methods, psychotherapists help clients change by enhancing the neuroplasticity of their brains. Our brains are exquisitely adapted to change in response to the attuned and compassionate interest of another human being. Attunement helps our clients face what has been hidden and experience what has been denied, and as that happens both their brains and ours are changed. We also help by educating clients about how their behavior affects their brains and how that in turn changes how they feel.

A promising new era is opening for psychotherapists. We can make the most of it by being mindful of the fact that the brain needs someone to listen—just as much as it needs sleep, good food, and exercise—to thrive.

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Dialogue with Boss, Heidegger, Freud, Sartre and Buddha— On Being Human

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Editor's note: This dialogue is a creative and rich way the authors, all serious clinicians, model the importance of psychotherapists reflecting on the philosophical principles that inform their work. Too often these principles operate at unconscious and uncritical levels. The exchange is an invitation for others to “go and do likewise.” In Hakomi Therapy, we know our principles are rooted in the sciences of complex living systems, eastern wisdom traditions, and the psychodynamic, humanistic, transpersonal, and somatic influences of the post-60s. The *Forum* invites articles that further explore the underlying assumptions of our work. See also, “The Psychotherapist as Faith Agent” by Greg Johanson in the *Hakomi Forum Vol. 3*, Summer 1985. The dialogue here was first presented as a conversation hour at the 112th annual convention of the American Psychological Association, Honolulu, Hawaii, August 2004. We thank the authors for allowing us to publish it. Reprint requests: Steven Bindeman, Strayer University, 2121 15th Street North, Arlington, VA 22201 USA: email: bindeman@starpower.net.

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ABSTRACT: Medard Boss, who died in 1990, discovers that even in death, various issues pertaining to human experiences and existence remain unresolved for him. Somewhere in “a place” between heaven and the afterlife, Boss encounters Heidegger, Buddha, Freud, and Sartre, four of the main influences on his life and work, and on philosophy and psychology today. Boss decides to chair a dialogue with the four thinkers. The dialogue is cast in the form of a “conversation hour,” with the participants playing the roles of identified thinkers.

Boss's primary aim is to explicate the essence of Heidegger's, Sartre's, Freud's, and the Buddha's approaches to understanding and overcoming human suffering through a discussion on human existence; the main themes in their life's work; their views of the Self and Nothingness; and the relationship between their theories and practice. Heidegger and Buddha emphasize the importance of having an ontological appreciation of the human condition, as does Sartre. For Heidegger, this involves understanding the fundamental characteristics (the *existentialia* or “Existentials”) of human existence, such as openness, worldhood, and temporality. The Buddha addresses the transitory nature of human existence, and discusses how this gives rise to suffering. Sartre adds that we lack any determined essence and must accept our radical freedom and responsibility along with the anguish that accompanies freedom. Freud highlights the importance of having an ontical understanding of concrete human behaviors such as neurotic guilt, unresolved psychosexual complexes, and defenses. All four thinkers emphasize their life's work as being geared towards helping people gain insight and overcome emotional suffering. Additionally, Heidegger, Sartre, Freud, and the Buddha debate the differences in their views pertaining to the self as *process* versus the self as an *entity*. This philosophy-psychotherapy dialogue makes a unique contribution to humanistic psychology, which more than any other therapeutic approach has deep roots in the philosophical and spiritual traditions. Louise Sundararajan as “Medard Boss,” Steven Bindeman as “Martin Heidegger,” Belinda Siew Luan Khong as “Buddha,” Scott. D. Churchill as “Sigmund Freud,” and Edwin L. Hersch as “Jean-Paul Sartre.”

KEY WORDS: psychotherapy, philosophical foundations, Boss, Heidegger, Buddha, Freud, Sartre, human suffering, human existence, self, nothingness, process

Introduction

The year is 1990 and the place is somewhere between the six realms of existence and Heaven. It is the early hours of the morning, but in this ethereal spot, time is measured in eons rather than hours. Medard Boss, the Swiss psychiatrist and daseinsanalyst, has just died. Upon reaching this place he is given the opportunity to tie up any loose ends in his past life to facilitate his eternal spiritual growth. He decides to put together a meeting between the four most influential figures of his life: Martin Heidegger, Sigmund Freud, the Buddha, and Jean-Paul Sartre.

Contributions to Psychology and Our Understanding of Human Suffering

Boss: Thank you for agreeing to meet at this “unearthly” hour. It is an honor to be here with four of the greatest and most influential thinkers of all time. The four of you have transformed the world, and me, beyond recognition. During my time on Earth I have been psychoanalyzed by Sigmund, maintained a 40-year working relationship with Martin, adopted from Jean-Paul his ideas of embodiment and of being-toward-others, and practiced meditation all my life, even living in monasteries in India whenever possible.

But even after a lifetime of studying your works, I am left with several unsettled issues. Specifically, I am interested

in exploring your respective contributions to the development of psychology and to the better understanding of human nature; your ideas concerning discipleship; the notions of Self, Nothingness; and your views on the relationship between your theoretical stance and your practice. I hope that by covering these themes this dialogue will help people to better understand what it means to be human. Perhaps I could start by asking how each of you views your own contributions to psychology and to the understanding of human suffering.

Freud: I see my contribution to psychology as making therapy into a more humane encounter. I think that you would agree that without my efforts towards establishing a scientific psychology, there might not be “talking cures” as we know them today. Whether or not you agree with my metapsychology, you have to acknowledge that the very idea of a talking cure originated with my investigation into the unconscious, through my methods of dream analysis and word association.

Boss: Yes, I can say that in my own analysis with Sigmund, his “evenly hovering attention,” as he calls it, was indeed a mode of attunement to me—one which allowed for my own self-disclosedness through moods to shine forth!

Freud: I learned a lot in those sessions too. Fortunately for you, they came some time after that period when I was

working on my infamous “metapsychology papers”—which was when I was also trying to work through my analysis of the Wolf Man!

Sartre: [expels air from his pursed lips in that French manner] Phhh, whatever WAS your “project” in that analysis of the Wolf Man? Did you not recognize your own self-deception, when you “thought” that the Wolf Man had urinated in the presence of Grusha, the maid—when in fact that was your own speculation, something that you inserted into the analysis! Who is analyzing whom in your psychoanalysis?

Freud: Ja, Ja -- tut mir leid! Such are the “parapraxes” or inadvertent mistakes of everyday life as they impose themselves, even during the analytic encounter.

Boss: Yes, but might not it be more productive to look at such happenings as the “bodying forth” of the therapist, instead of resorting to the explanatory notion of parapraxes? That even as you sit there behind your patient you are nonetheless “joining with” him—in Being—alongside one another?

Heidegger: I agree. I would even go further in saying that Being-alongside belongs to the ontological structural concept of “care” whereby Dasein “makes itself an issue.”

But now I would like to go back to the question of our respective contributions to psychology. I see my contribution as helping to provide an existential foundation for psychology. This is why Medard came to me for assistance initially. I explained to him that psychology has become an ontic exercise in which psychologists merely measure different physical and psychic attributes of their patients according to an uncritically accepted set of “scientific” values. Instead psychology needs to go back to its roots in ontology and philosophy so that its foundations can be clearly recognized and understood. Only then can the true analytic of Dasein commence.

Freud: Perhaps. In your own excursions into the philosophies of your predecessors, you always attempt to uncover what is “unthought”—unsaid—in a thinker’s thought. Could the body in its sexual being be precisely what has all along been “unthought” in *your* own thinking?

Heidegger: My dear Sigmund, although I would never question the importance to the modern era of your insight into the centrality of sexuality to human mental health, I still believe that it remains no more than an unproven hypothesis. Moreover, I believe your way of understanding science leaves you completely insensitive to the lived experience of real people. You appear only to be interested in examining your patients’ experiences through the

supposed objectivity of your science. But your pose of clinical objectivity relies on metaphysical assumptions that are insufficiently grounded.

My approach to Daseinsanalysis on the other hand is grounded in the phenomenological reduction. This allows the scientific framing of the subject/object relation to be neutralized by placing it within brackets. What remains is the lived experience of the human being as it is experienced by him or her, described in a way that is unadulterated by theory. Furthermore, I believe that your ideas are too empirical. You appear to have dichotomized the subject-object relationship, and to have split the human being into too many psychic parts, for example the Id, Ego, Superego, the conscious and the unconscious. I see the individual and the external world not as two separate entities but as a unitary phenomenon.

Sartre: I agree with Martin that psychology needs a philosophical foundation and with Sigmund about the importance of the body and sexuality. However, I think that you cannot have a serious philosophical discussion without the French point of view. And one point that the French view does add is about the central significance that our awareness of Other People as presences has for us.

I believe that much of our trouble stems from our refusal to accept the ambiguity, contingency, and impermanence that are at the heart of human existence. This is why we create false-Absolutes, false-Essences, and false-Gods, to perpetuate a set of self-deceptions, which provide the illusions of stability that we crave, yet deep down know to be untrue.

This process of lying to oneself I call “Bad Faith.” And only by giving up the illusion of “essences which determine us” and by embracing one’s radical freedom can one emerge from Bad Faith (to a degree) and approach more “authentic” living. I believe that people suffer mainly from self-deceptions . . . from their own ignorance. They must accept that they are condemned to freedom, take up their responsibility, and make choices.

Heidegger: Forgive me for reminding you of this, Jean-Paul, but it was my work in *Sein und Zeit* that provided you with the philosophical foundation for your existentialist philosophy. Your emphasis on human freedom is based on my own prior formulations of the average everyday situatedness and thrownness of Dasein, of “being-there.” In addition, your focus on authenticity rests on my earlier analysis of being-unto-death, being-with, and care.

Where we differ of course is that you are a humanist and I am not. By placing the human being as a conscious and constituting subject at the center of your philosophy you

lose sight of the question of Being and thus fail to be affected by its undisclosed openness. Nevertheless, in contrast to Freud your work seems far better grounded.

Sartre: I agree. When I wrote in the introduction of *Being and Nothingness* about psychic determinism, I was thinking precisely of Sigmund's metapsychology. However, psychological determinism, before being a theoretical conception, is first an attitude of excuse, or if you prefer, the basis of all attitudes of excuse. It is reflective conduct with respect to anguish; it asserts that there are within us antagonistic forces whose type of existence is comparable to things. It attempts to fill the void that encircles us, and to re-establish the links between past and present, and between present and future. Furthermore, psychological determinism provides us with a nature productive of our acts, and it assigns to them a foundation in something other than themselves by endowing them with an inertia and externality that is eminently reassuring because they constitute a permanent game of excuses¹ In short, this whole production is merely an exercise in Bad Faith.

Freud: In retrospect, I must confess that what I was doing was something along the lines of what Martin has called "phenomenology," letting that which shows itself, namely, the psyche, show itself in the very way in which it shows itself from itself, that is, in a free associative flow of images.

Boss: I think a distinction must be made between Sigmund's theoretical stance and his practice. In my view, while he appears to theorize like an empiricist, he practices like an existentialist. As I mentioned earlier, in my own analysis with him, he was always caring and humane. Buddha, what do you consider to be your contributions?

Buddha: I see my contribution as helping people to try and understand the nature and cause of their suffering, and to find ways to alleviate it.

My position on these issues is contained in my teachings of the Four Noble Truths, which I see as encapsulating the thrust of my work. In the Four Noble Truths, I talk about: 1) the nature of suffering, 2) the origin or the cause of suffering, 3) the cessation of suffering, and 4) the path leading to the cessation of suffering.

By suffering, I am referring to those experiences that are associated with the nature of the human condition such as aging, death, illness and loss. And by suffering I also mean our sense of discomfort in experiencing impermanence, imperfection, and emptiness, which is realized through the

¹ Adapted from Sartre (1943/1956, p. 40).

constantly changing nature of our experiences and mind states. In other words, the basis of all existence is change and transformation. I think that a more accurate description of this condition however is "pervasive unsatisfactoriness," rather than suffering.

I believe that the cause of our emotional suffering lies in our inability to accept that change is in the nature of things. We desire for things to be permanent when in reality they are not. So, when things come to pass, as they naturally will, we suffer because we become attached to them instead of learning to let go of them graciously.

Views of Human Existence

Boss: Martin, how do you perceive human existence? Are our efforts to understand ourselves condemned to always being a "game of excuses" as Jean-Paul suggests?

Heidegger: My idea of human existence as Being-in-the-world recognizes that people actively engage with the world, rather than form mental representations of what they experience. I see human existence, which I call Dasein, as an ongoing process within the horizon of temporality, as an openness. I believe that people suffer when this openness is constricted or constrained. And this usually happens when they live inauthentically, allowing their lives to be defined or influenced by "the they," rather than taking the responsibility to make their own choices.

Freud: Let us not forget that the "I" must contend not only with the outer social world but with internalized others—and that these "self-objects," as my successors like to call them, are no longer anonymous, and no longer belong to "the they," or to the herd, or even to the primal horde, but rather belong to myself—to the way the "I" has chosen to relate to others.

Buddha: I agree with Professor Heidegger that the nature of human existence is openness. I see human existence as sharing with all phenomena three fundamental characteristics—impermanence, non-self and unsatisfactoriness.

Briefly, I conceive of the human being as a "psycho-physical complex" (made up of both matter and mind) that can be further divided into five groups of aggregates comprising form, feeling, perception, mental formation, and consciousness. If we examine these aggregates, we will find that none of them, either singly or collectively, has an independent existence, as they are each characterized by their transitory nature. I would therefore describe the human being as "a constant stream of consciousness."

In my teachings, I promote the notion of non-self, the idea that the self is a process, constantly changing and evolving. I believe that the view of the self as an enduring entity is an illusion. Take the example of the chariot. If the chariot is dismantled, no “chariotness” can be found. Rather it is the combination of its various constituents that gives rise to the chariot’s functioning. It is the same with human existence.

Sartre: I like that non-self idea. A human being is a Nothingness, lacking in essence. But as far as concrete relations with others, none of you has come close to the real interactive, passionate involvements among people that make up the human scene. Sigmund has all the actions occurring within one’s mind rather than between people. Martin’s notions of other people are so abstract and disembodied that they seem to have no connection with flesh and blood. How Germanic! Yet Buddha sounds like too much of a “loner” to me too.

Discipleship and Personal Philosophy

Boss: Perhaps we could now turn to the nature of discipleship. What do you think it is about the style of your teaching that encourages discipleship? How do you explain the depth of both your personal and intellectual authority?

Buddha: When I discovered the middle path, I showed people through personal example what overcoming attachment to things is like. The authority did not come from me; it came from the inner truth of what people experience for themselves. But I should add that discipleship is an inherent part of my culture; the Upanishads for example explained that sitting at the feet of a teacher is the preferred way of learning.

Freud: It was only by the means of discipleship that I was able to initiate a cultural revolution. By consistently extending the purview of science into the, as yet, unexplored regions of the unconscious by way of the very specific techniques of psychoanalytic theory and methodology, I helped transform the way we understand and have access to the human psyche.

Heidegger: I see my philosophy as an attempt to overcome nihilism. My unconventional use of language was intended to help jolt people out of their modernist and metaphysical frames of reference. My work was therefore essentially anti-authoritarian and liberating, even if was often perceived differently.

Sartre: As Kierkegaard said: No person can truly be an authority for another. I just try to expose self-deceptions,

unmask falsehoods, and demonstrate how men or women can lead through committed, conscious choices and actions.

The Concept of Nothingness

Boss: Martin has touched an important theme, nihilism, and explained that his work was an attempt to overcome it. I wonder: How would the others here deal with the concept of Nothingness?

Sartre: What I’ve called a “For-Itself,” or basically a person, is the Nothing (the no-thing) that wants to be a thing. A person has no essence as Freud would have us believe. And as Buddha puts it, his existence is one of consciousness. Sigmund, you still haven’t solved the problem of how your supposed unconscious censor can choose what to censor without being aware, and therefore conscious, of its contents.

Martin, you’ve grasped that much but in my view your idea of the *Existentials*, a term you used to describe the fundamental characteristics of human existence, are still insufficiently fleshed out. For example, I think that your notion of Mitsein is too cursory and doesn’t account well for our concrete relations with Others. The whole sense of squirming under the Look of the Other is missing in your work, but then you hid from it yourself in those post-war years, didn’t you? And as my associate Maurice Merleau-Ponty would put it, your work lacks an adequate description of the “lived-body” dimension to our existence as well.

Heidegger: Although it may be true that my work lacks this dimension, my phenomenological method of inquiry has certainly paved the way for new efforts to incorporate embodiment into philosophical discourse. Why is it that the method of modern science forces its practitioners to formulate everything in the same way?

The problem of method in science is equivalent to the problem of the body. Or, to put it differently, the problem of the body is primarily a problem of method. Scientists, of course, think they have *the* truth about reality. Everything they investigate turns into an object. And in so doing, they turn the idea of truth into the concept of certainty, which is itself involved with the character of objectivity. By overturning the unquestioned assumptions of this objectivity I have opened up the problem of embodiment to its experiential dimensions, among others.

Buddha: I think that there is a misunderstanding of Nothingness as a goal, as something for people to strive towards. In my view, Nothingness points to the inherent emptiness of everything, including human existence. The idea that the human being is a No-thing demonstrates that every being and every phenomenon does not exist in

isolation, but is related to everything else. I try to teach this idea of inter-relatedness in the notions of co-dependent origination and non-self. I understand that Zen Buddhists call this idea of emptiness, *Sunyata*.

Heidegger: I agree with Buddha here. Nothingness should not be understood as the opposite of Being. It is not nihilistic in nature, but refers to the ontological foundation of everything, making it possible for all beings to come into existence. I believe that the Taoists promote a similar idea in the concept of Tao or the Way. And I think that Buddha describes it well when he suggests that Nothingness highlights the inter-relatedness of everything. This is what I try to promote in my idea of Being-in-the-world, that the self and world are not two separate entities but intrinsically co-constituted.

Freud: From my research into the human psyche I learned that Thanatos, the death instinct, is more deeply the fear of annihilation, the fear of experiencing a return to the Nothingness before birth, before temporal and spatial awareness. We overcome this fear only by internalizing and integrating the functions of containment and insight, which help us to acknowledge our loss of omniscience. We then create the spatial and temporal boundaries that enable us to live in the world in a constructive way. Consequently our capacity to overcome our fear of Nothingness is the foundation for our ability to live meaningful lives.

Sartre: People are the sort of beings who introduce Nothingness into existence. A person inserts a “nothing” between the discrete things of the world. Without people there would just be the totality of Being. It is the individual person who differentiates distinct objects and meanings by the insertion of such Nothingnesses between them, and so partitions Being into a set of meaningful objects.

The Relationship Between Theory and Practice

Buddha: Professor Boss, you mentioned earlier that you learned a lot from the others about psychotherapy. I would like to hear more about that.

Boss: Well, from Sigmund I learned about the importance of the therapist keeping an open mind when he is working with the client. From Martin, I learned about phenomenological seeing, “letting things be seen as they are,” rather than looking for assumed forces or drives behind the phenomenon. This type of seeing is accompanied by letting-be.

Heidegger: [interrupts]: Yes, to go to the encounter. The word “idea” comes from the Greek *eidos*, which means to see, face, meet, be face-to-face.

Boss: From Jean-Paul I also learned about something that is left out of the picture in Martin’s approach, especially regarding the fact that he fails to emphasize the importance of individual embodiment to everyday experience, even if he does acknowledge our essential connectedness to each other with his notion of the *Mitsein*. Theoretically, I believe that it is good for therapists to practice quiet listening, and learn to see things for what they are. However, I am curious as to how a person could develop this kind of attitude without the skills and training to quiet down the mind. In my view, the mind is constantly carrying on an internal dialogue. Without the discipline to reduce this rumination, how do we maintain an open mind? I believe that meditation can help therapists to develop this stance.

Freud: While I can see the importance of quiet listening, I do not believe that religions in general can provide viable therapeutic models since they are no more than illusions to compensate for the mortality of our father figures. Religions merely serve as divine systems of superego ideals. Although perhaps necessary for any society to function, such systems provide little more than crutches. They help to create dependent people.

Sartre: I have to agree with Sigmund on that one.

Buddha: I beg to differ. From emulating the way I live my life and following my teachings, my followers learn self-discipline, not dependency. From practicing meditation and right-mindfulness, they learn to master their negative emotions, and discover freedom from the passions that enslave them.

Freud: I would like to return our attention to Martin’s contribution to the foundations of psychology. I believe that Daseinsanalysis places too great an importance on the situatedness of the human subject, especially with regards to how the patient perceives it himself. This is wrong because the analyst, already having been successfully psychoanalyzed, is in a far greater position of expertise and authority than the patient to ascertain and to judge the patient’s specific degree of mental health. The subject of analysis should be the defensive postures of the patient, not merely his diverse states of being situated in the world.

Heidegger: (Looking slightly annoyed) Ach, Sigmund, you provide categories for self-understanding that are themselves insufficiently established. You don’t seem to appreciate how the human condition is one of being thrown into the world—without built-in categories. The “I think” is always a situated consciousness. As my teacher Husserl once put it, “consciousness is always consciousness *of* something.”

Freud: Perhaps you forget, but like Husserl, I too attended Brentano's classes where he called that phenomenon "intentionality."

Heidegger: Yes, Sigmund. In fact I would suggest that there is a tension in your work between a more phenomenological approach to understanding the mind and an inclination toward natural scientific explanation. Moreover this tension between understanding and explanation can be said to be a tension which exists, whether acknowledged or not, in all of the human sciences.

Buddha: (Sensing the rising tension, tries to change the subject) I believe that most of our emotional suffering is self created and that each of us can take the responsibility to overcome it. I recognize that it may be difficult for some individuals to do so. I have therefore enunciated a set of practices which I call the eightfold path which can serve as a guide for individuals who wish to take responsibility for their own psychological and physical well being. Briefly, this path addresses three aspects of human existence—morality, mental culture, and development and wisdom.

Boss: I have found meditation useful in my personal life and in my practice as a therapist. It has enabled me to quietly listen to my patients.

Buddha: I understand from Professor Boss that the mental culture component of the path, which I am told is referred to as meditation in the West, is well received and commonly practiced today. With meditation, I am more concerned with people adopting a meditative attitude and using it as an aid for understanding the workings of their mind, rather than their just using it for sitting in a concentrated way while still alienated from everyday living.

I am not promoting the idea of individuals being loners, as Professor Sartre suggested earlier. I have always emphasized the importance of insight-meditation and right-mindfulness. By this I mean maintaining an open, non-judgmental attitude towards everything that we experience and perceive. I understand from Professor Heidegger that he advocates a similar idea in his notion of meditative thinking. However, in meditation I stress the kind of experiencing which gives only the barest of attention to what is going on in the mind, rather than the non-discursive thinking that Professor Heidegger recommends. I also believe that Professor Freud is promoting a similar attitude when he recommends that therapists adopt what he calls "evenly-hovering attention" towards their patients' experiences.

Sartre: I like your emphasis on taking responsibility, Buddha, but your way to me sounds too programmatic (and therefore in Bad Faith) and curiously disengaged. The point

of theory is to get to a more engaged and authentic practice through an exploration of our fundamental projects and choices. It should end up with our being more involved (or engaged) in the stream of life, not trying to sit outside of it meditatively.

Heidegger: I think that Jean-Paul has misunderstood the idea behind adopting a meditative attitude, or letting-be as I call it. Letting-be does not imply inactivity or indifference. Rather it involves the idea of becoming more open, more empty within ourselves, but richer in possibilities. It promotes, as Buddha puts it, an ability to engage with the world in a non-judgmental way, to quietly listen.

Freud: I think that I now understand better the meditative attitude that Martin and Buddha are talking about. I try to promote a similar idea when I suggest that therapists give equal notice to everything their patients say, by simply listening to them in an attentive way. I am glad to learn that therapists can acquire this skill through meditation.

Conclusion: Integration

Buddha: I have enjoyed our discussion concerning the different perspectives about being human and about human suffering. As I was more interested in helping people understand the nature and cause of emotional suffering, I have been less concerned with helping them deal with their own specific issues or concerns. I can see from Professor Boss's and Professor Freud's explanations, that there is a need and certainly a place for psychologists and psychiatrists to help individuals deal with issues that meditation alone cannot overcome. I have also learned a lot from hearing Professors Heidegger and Sartre explain about the existential understanding of the human condition. This has helped me to appreciate that the particular differences between individuals are more a factor of culture, nature, and nurture, than they are of anything else, and that in their deepest Being all human beings strive for the same thing: the sense of well-being we call happiness.

Sartre: An existential psychology must be one that encourages an active embracing of our radically contingent human condition and our ensuing freedom and responsibility for our choices. We should judge the importance and success of our therapies by how much we can actively engage with the understandings that arise from them in the context of our lived worlds of meaning-filled actions.

Freud: It has given me great pleasure to participate in such a dialogue. I have been given a wonderful opportunity to reflect further on the ambiguous relation between theory and

practice in my work, and to find the occasion to acknowledge some of the many unresolved conflicts to be found therein. I am especially proud to find recognition of the continued importance for my central idea of a talking cure. I would still wish to stress the necessity of scientific rigor for all of our investigations within this great field of psychology.

Heidegger: The discussion here today reminds me of the numerous seminars Medard and I conducted for more than ten years alongside his medical colleagues at his home in Zollikon, Switzerland. There we covered Freudian and existential psychoanalysis and Indian philosophy. The space opened up by the dialogue amongst these diverse points of view has proved to be especially enlightening in many cases.

Boss: This has been a fascinating and informative discussion. I believe that this philosophy-psychotherapy dialogue, which has never taken place before, makes an exceptional contribution to our understanding of human existence and suffering. I thank you all for the opportunity to enlighten so many people. It has certainly helped me, and I am sure, many of my colleagues on Earth have gained a more nuanced understanding of your personal philosophies and how they have informed each of you.

The parallels and differences that you have highlighted in your thinking and practices, despite the radically different intellectual and cultural milieu in which you operate, will provide psychologists for many years to come with a broad range of ideas and perspectives from which to draw. In my lifetime, I have always been keenly aware of the need for psychotherapists to understand the philosophical and spiritual roots of our work. I see this unique engagement among philosophy, spirituality, and psychology as my final contribution to humanity.

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Psychotherapy, Science and Spirit: Nonlinear Systems, Hakomi Therapy, and the Tao

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Editor's note: This article is reprinted from *The Journal of Spirituality in Mental Health*, Volume 11, Number 3, July-September 2009, pp. 172-212. It is the first article to deal extensively with Hakomi principles and their roots in the sciences of complex living systems published in a peer-reviewed journal outside of the *Hakomi Forum*.

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ABSTRACT: This article explores how contemporary science may inform psychotherapies that also allow for concepts of "Spirit." Hakomi Therapy is used as one example for exploring such an integration. The discussion begins with tenants from the philosophy of science outlined by Bateson and Wilber, and how Hakomi Therapy incorporates them into therapeutic principles also influenced by Buddhism and Taoism. These meta-principles lead into a discussion of the sciences of complex nonlinear systems and to further implications for psychotherapy. The conditions for fostering transformation in a complex adaptive system are discussed in terms of spiritual concerns about raising consciousness in the world.

KEY WORDS: psychotherapy, philosophy of science, sciences of complexity, non-linear systems, Hakomi Therapy, mindfulness, Taoism, consciousness

The sage views the parts with compassion, because she understands the whole. (39) If the sage would guide the people, he must serve with humility. If he would lead them, he must follow behind. (66)¹

¹ The bold-italicized quotes interspersed throughout the article are from various chapters of Lao Tzu's book of wisdom, the *Tao-te ching* as found in and expounded upon in Johanson and Kurtz (1991). Though the quotes theoretically relate to the issue at hand, they are sometimes placed without comment. The reader is free to muse about their connections or ignore them. **Bolded words** call attention to key terms in scientific theory and Hakomi Therapy.

Introduction

This article deals with selected concepts from the sciences of complexity and living organic systems, and some of their implications for psychotherapy. Hakomi Therapy is used as one example of a therapy that seeks to incorporate such implications, as well as allow for concepts of Spirit. In many respects the article is descriptive in nature. While some issues related to the psychotherapy-science-humanistic dialogue are referenced, there is no attempt to fully engage this long tradition of discourse (Aanstoos, 1990; LeShan 1990; Madsen, 1971; Rice, 1997; Rogers, 1985; Shoben, 1965). Nor is there an effort to survey the entire dialogue between psychology and nonlinear systems that began in the 1990s (Abraham, 1990; Abraham & Gilgen, 1995; Barton, 1994; Kelso, Ding, & Schoener, 1991; Kelso, Scholz, & Schoener, 1991; Saltzmand, 1995; Smith & Thelen, 1993; Turvey, 1990; Vallacher & Nowak, 1994a). While the article illustrates Hakomi's integration of scientific and spiritual-humanistic concerns, there is little meta-discussion of philosophical issues related to such an integration, other than what is found in the works referenced, and more specifically in Johanson and Cohen (2007). Elements from the *Tao-te ching* (Johanson & Kurtz, 1991) are also incorporated with little meta-theory for the perspective they yield on science, psychotherapy, and Spirit.

There is considerable discussion below on how spiritually and/or humanistically oriented therapy might interface with scientific concepts in a clinically relevant way for the reader's consideration. Implications are also outlined for how such therapy moves toward increased consciousness and compassionate action in the world, a common value of spirit-inclusive therapies. While a perspective on Hakomi Therapy necessarily emerges, readers are encouraged to make connections to other approaches and further the discussion. Since, at the time of writing, there were no articles listed in such journals as the *Journal of Humanistic Psychology* or *The Humanistic Psychologist* that contained the words "psychotherapy" and "science" in their titles, let alone the word "spirit," perhaps the descriptive nature of this essay is warranted as an introduction to some of the issues involved.

Philosophy of Science and Hakomi Principles

Hakomi Therapy is an experiential form of psychodynamic psychotherapy that assimilates much of what went before it while specializing in the integration of mindfulness, the mind-body interface, and non-violence in healing and personal growth. It is taught around the world through the Hakomi Institute (www.Hakomi.org) and Ron Kurtz Trainings (www.ronkurtz.com). The main texts in English are Kurtz (1990), Johanson and Kurtz (1991), Kurtz and

Presteria (1976), Fisher (2002), Ogden, Minton, and Pain (2007), and the various editions of the *Hakomi Forum*.

The theoretical foundations of Hakomi evolved from the intellectual-clinical pilgrimage of Ron Kurtz who had a remarkable ability to integrate left and right brain perspectives, method and intuition, structure and spontaneity, spirituality and science. On the spiritual side he grew Jewish while reading a lot of Buddhism and Taoism. On the scientific side he was a mathematical genius who did an undergraduate degree in physics, worked with electronics in the Navy, wrote some of the first computer manuals, and did his doctoral work in experimental psychology.

Science and the philosophy of science were consistent interests for Kurtz. The art and science of therapy, the interpretive and explanatory, the romantic and objective traditions never felt at inseparable odds (Smith, 1994; Salzinger, 1999). He would agree with Giorgi (2000) that it is desirable for psychology to become more unified, but not that humanistic-spiritual traditions would need to take "a complete break from the natural science conception of psychology" (p. 56).

From the spiritual-philosophical side, Kurtz noted that Taoism, the Judeo-Christian heritage, and other spiritual traditions made a radical affirmation of the goodness and wisdom of creation. For example, Lao Tzu observed that:

Thus, Tao is great, Heaven is great, earth is great, and the human is great too. In the universe we have four greatnesses. (25)

Do you think you can take over the universe and improve it? I do not believe it can be done. The universe is sacred. You cannot improve it. If you try to change it, you will ruin it. (29)

Because of this strong affirmation, the Tao, which brought all things into being, is closely aligned with and revealed in nature.

Humanity models itself after Earth. Earth models itself after Heaven. Heaven models itself after Tao. And Tao models itself after Nature. (25)

The suggestion here is that it would be fruitful for psychotherapists to look to nature to get clues for their work. Kurtz had spent significant time doing that, looking closely at the new sciences of complexity, chaos theory, the study of living, organic, self-organizing, dissipative systems, and more.

It was felt that this search could be done in a way that took into account the concerns of many, such as LeShan, that we must avoid harmful reductionisms (LeShan & Margenau,

1982) by insuring that an adequate science took into account “such observables as self-consciousness and purpose, which [do not] exist in the realm of experience studied by the physicists” (LeShan, 1990, pp. 14-15.) Likewise, Sundararajan’s concern (Sundararajan, 2002) that psychotherapeutic practice did not devolve into rules of applied theory that ignored the embodied “logic of practice” (Bourdieu, 1990) that led to the high level “skillful comportment” in psychotherapy (Spinosa, Flores, & Dreyfus, 1997) valued by humanistic therapists (APA Division 32 Task Force, 1997); a concern echoed by LeShan (1996) that our work carry us *Beyond Technique*.

This article follows Kurtz in concentrating on the insights of a more widely conceived systems theory that has been a constant dialogue partner with Hakomi Therapy’s grounding since the beginning, along with the Hakomi tenet that psychology and psychotherapy can also be “open to the spiritual, transcendental, or trans-personal dimensions in men and women” (Wilber, 1989, p. 230). Practitioners of Hakomi have always been clear that science is never value free. It is an undertaking to realize that values are multi-determined, and to struggle with bringing them into meaningful coherence while acknowledging that we are always “involved participants” as opposed to “alienated observers” (Berman, 1989, p. 277).

In the early days of Hakomi (the 1970s), one particularly fruitful source from the philosophy of science literature that has held up well was the book *Mind and Nature* by Gregory Bateson (May, 1976). Here Bateson (1979) outlined ten propositions that characterized a living organic system that was said to have a mind of its own and included nature itself. These were tied directly to the fundamental principles that defined Hakomi beyond its particular method and techniques.

Putting Bateson, Lao Tzu, and other sources together in broad principles for guiding the practice of psychotherapy and other disciplines was quite satisfying to everyone involved in the formative period of Hakomi. Psychotherapy can burn us out if it only amounts to a collection of techniques divorced from a comprehensive philosophy of life (Koestenbaum, 1978). Part of the creative context that supported Kurtz’s integration was a community of therapists who were bothered by therapeutic outcome studies showing poor results, and who longed for a more efficient, empowering way to do therapy that was scientifically consistent, while including the body, and the wisdom of ancient spiritual traditions (Richards, 1996).

Unity Principle

Bateson’s first proposition is that living organic systems with the quality of mind are made of parts organized into wholes. Atoms join to make molecules, molecules join to make complex organisms, organisms join to form larger communities, and so forth. Lao Tzu says

Tao produced the One. The One produced the two. The two produced the three. And the three produced the ten thousand things. (42)

There is good news here. Things are building up and coming together. In the old Newtonian paradigm things were more depressing. The second law of thermodynamics told us about **entropy**, the notion that the universe is running out of gas. But Prigogine (Prigogine & Stengers, 1984) won the Nobel Prize for demonstrating that there is another force within organic life that moves parts to organize into greater wholes, namely **negentropy**.

This was the basis for Hakomi’s **unity principle**, the notion that we are joined with many other parts in increasing levels of complexity. We are in a participatory universe as Berman (1990) said. Laszlo (2004, pp. 5-6) suggested our “informed universe is a world of subtle but constant interconnection, a world where everything informs—acts on and interacts with—everything else.” Or, the most fundamental unity of reality, according to Arthur Koestler (1967) was a **holon**—a shorthand designation for a whole that was made up of parts, which in turn was part of a larger whole (Nowak & Vallacher, 1998, p. 122).

Unity has many implications for psychotherapists. For one, it means we can be lazy, in the sense that we can have faith that whenever people are fragmented there is a force working that is on our side and wants to move things in the direction of greater wholeness. We do not have to engineer or create a new person. Many therapists who come to Hakomi trainings are overly stressed, holding too much responsibility for a client’s growth, and too little trust in their innate impulse to move toward wholeness.

Laszlo (2004, p. 6) pointed to a second connotation when he said our interdependent world should be apprehended “with our heart as well as our brain.” Or, **compassion** as Thomas Merton once said, was the profound awareness of the interconnectedness of all things. Clients who stand across from us are not other. They are us as well. Thus, Hakomi therapists find it both scientifically and clinically necessary to develop that sense of compassion and **loving presence** that honors and embodies the communion between living systems. This is foundational for facilitating core transformation as well as normal healthy attachment (Cozolino, 2006; Siegel, 2006).

A third implication, sad for psychotherapists and their pocketbooks, is that we cannot be imperialists. If we are holons composed of sub-systems and we also participate in supra-systems (Skeynner, 1976), then all those elements will be important and need proper attention.

For example, to be holistic and responsible, if people present themselves as depressed, we would have to attend to

metabolic issues through nutrition, biochemistry, movement, deep tissue work, and so forth, as well as the developmental, psychological issues that psychotherapy traditionally addresses, as well as family, work, spiritual, community, political, and economic issues in some cases. Since single practitioners do not have skills in all these areas, it means we need to work in interdisciplinary ways as much as possible. Hakomi students are taught to value full psycho-social assessments as outlined in such books as *Metaframeworks* (Breunlin, Schwartz, & Mac Kune-Karrer, 1992).

Ken Wilber was an early resource for Kurtz, and an ongoing one for Hakomi. The Unity principle is where Wilber’s all-quadrant-full-spectrum model (AQAL) of Integral Psychology recommended itself. While feminist psychologists emphasized holons by saying the self was always and only a self-in-relation (Jordan, 1991), Wilber (1995) expressed it by saying that psychology was always also sociology. Wilber thus also accepted that the meaning of something was intimately related to its context, one of the main points of postmodernism (Harvey, 1989).

Wilber (1995), as well as Habermas (1979), clarified that a human holon not only has an individual and a communal aspect, but also an internal-subjective and external-objective

aspect. Laszlo (2004) concurred: “What we call ‘matter’ is the aspect we apprehend when we look at a person, a plant, or a molecule from the *outside*; ‘mind’ is the readout we get when we look at the same thing from the *inside*” (pp. 147-49).

Following Wilber in plotting the individual-communal vs. the interior-exterior resulted in a four-part grid, or four quadrants. These quadrants suggest that the intentional, cultural, social, and behavior aspects of a holon are inseparably intertwined, with no one quadrant able to reduce the others to itself. Internal-individual consciousness (II quadrant) has a degree of autonomy, but is highly influenced by internal-communal dispositions (IC quadrant), namely the values of the multiple cultures in which we are immersed. These values might or might not have strong support through actual social structures that embody them in the external-communal (EC) quadrant world of laws, educational systems, housing arrangements, legal systems, economic policies, etc. These three quadrants work in terms of mutual, reciprocal influences with the external-individual (EI) quadrant of one’s objective underlying physiology, and observable behavior. Wilber’s inclusion here of an interior dimension as well as a cultural-social dimension goes a long way toward addressing what has been the inadequate or shadow side of systems theory (Berman, 1996).

Table 1. Wilber’s Four Quadrants with Representative Theorists

	INTERIOR +Dialogical +Hermeneutical +Consciousness	.	EXTERIOR +Monological +Empirical, Positivistic +Form
INDIVIDUAL	<i>Sigmund Freud</i> <i>C. G. Jung</i> <i>Jean Piaget</i> <i>Aurobindo</i> <i>Plotinus</i> <i>Gautama Buddha</i> (II) Intentional Aspect (I)		<i>B. F. Skinner</i> <i>John Watson</i> <i>Empiricism</i> <i>Behaviorism</i> <i>Biochemistry</i> <i>Neurology</i> (EI) Behavioral Aspect (It)
COLLECTIVE	(IC) Cultural Values (We) <i>Thomas Kuhn</i> <i>Wilhelm Dilthey</i> <i>Jean Gebser</i> <i>Max Weber</i> <i>Hans-Georg Gadamer</i>		(EC) Social Structures (Its) <i>Systems Theory</i> <i>Talcott Parsons</i> <i>Auguste Comte</i> <i>Karl Marx</i> <i>Gerhard Lenski</i>

Wilber dealt with the issues of negentropy, development, and evolution in many of his works, arguing that the four

quadrants of a holon evolve together over time (Wilber, 2003). In 1995 he summarized twenty tenants of evolution

(Table 2). Every tenet has implications for Hakomi therapists grounded in the Unity principle. For instance, tenets two and three say every person embodies **agency and communion** where the boundaries between the two need to be monitored in terms of rigidity and flexibility (Whitehead, 1994, 1995), a point echoed by the Santa Fe Institute's work on **complex adaptive systems** or CAS (Morowitz & Singer, 1995).

Tenets fifteen and sixteen note that holons evolve with **directionality** toward increased complexity, differentiation, and integration. Thus, when a client presents with anxiety or depression, Hakomi therapists must ascertain if these are

the product of pain in the present or past, or signals that the person is resisting moving into a larger future. There are transpersonal dimensions to personhood as well as personal and pre-personal.

Tenets six, seven, and eight outline development by envelopment where there is both **upward and downward causation**. Therapeutic issues arise such as whether a person is depressed because he is eating ice cream and may be hypoglycemic (upward causation); or, is this person's immune system not handling disease because he has lost hope (downward causation now studied in psychoneuroimmunology)?

Table 2. Wilber's Twenty Tenets of Evolution

1. Reality as a whole is not composed of things or processes, but of holons.
 2. Holons display capacity for self-preservation: autopoiesis, assimilation, or agency over time.
 3. Holons display capacity for self-adaptation; allopoiesis, accommodation, or communion with other wholes.
 4. Holons display capacity for self-transcendence, symmetry breaks, creativity (Whitehead) or emergent transformation into new wholes with new forms of agency and communion.
 5. Holons display capacity for system memory and self-dissolution along the same vertical sequence on which they were built.
 6. Holons emerge in unprecedented ways not determinable from knowledge of component parts.
 7. Holons emerge holarchically with each higher holon embracing its junior predecessors and adding its own new and more encompassing pattern or wholeness.
 8. Each emergent holon transcends but includes its predecessor, preserving its being, but negating its partiality, developing through envelopment.
 9. The lower holon sets the possibilities of the higher; the higher sets the probabilities of the lower; demonstrating both upward and downward causation.
 10. "The number of levels which a hierarchy comprises determines whether it is 'shallow' or 'deep'; and the number of holons on any given level we shall call it 'span.'" (Koestler)
 11. Each successive level of evolution produces greater depth and less span.
 12. Destroy any type of holon, and you will destroy all of the holons above it and none of the holons below it.
 13. Holarchies co-evolve, the holons along with their inseparable environments.
 14. The micro is in relational exchange with the macro at all levels of depth.
 15. Evolution has directionality toward increasing complexity with a greater overall simplicity.
 16. Evolution has directionality toward increasing differentiation (producing partness, novelty, or a new manyness), and integration (producing wholeness, coherence or a new oneness).
 17. Evolution has directionality toward increasing organization/structuralization.
 18. Evolution has directionality toward increasing relative autonomy.
 19. Evolution has directionality toward increasing telos of larger/deeper contexts.
- Addition 1.** The greater the depth of a holon, the greater its degree of consciousness.

Source: Ken Wilber, *Sex, Ecology, Spirituality: The Spirit of Evolution*, Chapter 2, "The Pattern That Connects." (adapted)

Wilber realized the limitations of the twenty tenants in that though they are not written in the "It" language of objective materialism, they must cover all the realms of matter, life,

mind, soul, and spirit, and were necessarily addressed to the lowest common denominator. They inform us that development moves toward increasing differentiation and

integration (tenet sixteen), but say little about reproduction, dreaming, falling in love, doing art, being curious, building ships, joining committees, writing constitutions, or being moved by Shakespeare. They are the most fundamental aspects of development that we cannot ignore, but not the most significant (Wilber, 1995, p. 116).

However, the tenets did suggest for Wilber that there was a **telos** built into all levels of being, which implied creative intelligence or a Spirit beneath all of life expressing or manifesting itself through every quadrant, but never reducible to any one. Spirit demonstrated itself in evolutionary movement toward increased complexity. This increase in complexity was understood as an increase of **agency** (self-contained wholeness)-**in-communion** (expanded partness and connectedness).

More of life is embraced and integrated within the holon. A person's system is enlarged as it transcends previous boundaries to inclusion. It increases in both consciousness and compassion, which provides a measure of spiritual growth; not more spiritual in the sense of being closer to Spirit (which is in and through everything equally), but more conscious of expanded aspects of the life of Spirit. This growth is subject to empirical confirmation or disconfirmation and thus meets the **verifiability criterion** of contemporary science (Wilber, 1995).

Organicity Principle

Following the implications of the Unity principle results in John Muir's observation that if we pick up a stick we discover it is connected to everything in the universe. Bateson's second proposition is that what makes a system organic is not simply that it has parts, but that the parts are connected and communicate within the whole (Nowak & Vallacher, 1998, pp. 21-22). Wilber (1979) noted that one way of thinking about therapy in general was a matter of healing splits; splits between one part of the mind and another, between the body and the mind, between the whole self and the environment, and a final transpersonal split that overcame all division.

Trouble, therefore, for living organic systems often flows from a lack of communication. When the liver is not interacting with the pancreas, pituitary, and heart, there are problems. When the family doesn't talk within itself, the football team doesn't huddle, production is out of touch with sales, the designers who are doing the dashboard don't talk to those engineering the heater, and governments don't stay in touch, there is potential for great harm. Various therapies tend to address a particular split. Hakomi therapists working out of this integral system's approach treat their clients in ways appropriate to each split, and/or refer them to specialists who can.

When the communication and information exchange is happening, the system is self-organizing, self-directing, self-correcting, and characterized by complex, non-linear

determinism, which means it has a mind of its own based on its own internal wisdom—Bateson's third proposition. A living, organic system is not a machine where one input will mechanically translate into a predictable outcome. It has decider subsystems that take any input and process it in unique ways that organize both its experience of the input and its expression in response to the input (Nowak & Vallacher, 1998, p. 9, p. 32).

The second Hakomi principle of **Organicity** is one that is respectful and trusting of a living system's inner wisdom and integrity as it participates in and interacts with its environment. Organicity is used as a concept to acknowledge that, as opposed to a machine that can be fixed from without, a living organism can only be healed from within through enrolling its own creative intelligence.

The implication for psychotherapy is that it looks for and follows natural processes, inner movements, inner rhythms, and spontaneous signs of the **collaboration of the unconscious** (Kurtz, 1990, p. 55), orienting toward increased wholeness as opposed to artificially prescribing structures or agendas from without. In everyday life parents adapt to the different needs of their children, or teachers take into account the various learning styles of their students. It is organically necessary and natural.

Embracing the principle of Organicity disposes us toward giving up white knight models of riding in and saving people in favor of more organic metaphors—such as midwifery or gardening—that talk less extravagantly of coaxing nature.

Lao Tzu seconds this implication in many places:

(The sage) only helps all creatures to find their own nature, but does not venture to lead them by the nose. (64) He simply reminds people of who they have always been. (64) Because she has given up helping, she is people's greatest help. (78) The highest form of goodness is like water. Water knows how to benefit all things without striving with them. (8)

Mind/Body Holism Principle

A third principle of Hakomi, implied in what has already been said, is that of **Mind/Body Holism**, a simple subset of organicity. Lao Tzu notes:

He who values the world as his body may be entrusted with the empire. She who loves the world as her body may be entrusted with the empire. (13)

Since the mind and body participate and interact with each other in intimate ways, the body can be used as a royal road to the unconscious, just as dreams or the quality of our relationships can (Johanson, 2006b).

It is therapeutically powerful to use the mind/body interface, because the body doesn't lie. It is immediate and present, and it is not a therapeutic realm that has been overused and abused, as has our capacity for speech (Johanson, 1996). The body's revelations are more closely connected with deeper levels of the tri-partite brain and the physiological correlates of our conscious and unconscious mental functioning.

That is why it is especially necessary, as Ogden and Pain (2006) suggested, to incorporate the body, titrating sensation and doing bottom-up processing when there has been trauma. Traumatic events trigger the primitive fight, flight, or freezing mechanisms that will lead persons to dissociate if standard mental-emotional top-down processing reactivates the memories too soon or without adequate resources, thereby re-traumatizing the person.

The body reflects mental life (Kurtz & Prester, 1976; Marlock & Weiss, 2006b). The voluntary musculature is under cortical control. The protein receptors of every cell membrane of the body receive signals about the environment from the brain, informed by the mind, which then activates growth or withdrawal responses (Lipton, 2005). The brain's mind monitors and integrates somatic markers in every experience of consciousness (Damasio, 1999). So, perceptions of the world such as "life is a fight and you have to be ready to win at all times" or "life is a wonder to be enjoyed" mobilize the body in different ways that are congruent with these differing beliefs. The mind-body interface can be used in both directions, studying what mental-emotional material is evoked through body-centered interventions, or noticing how the body organizes in response to some mental-emotional experiment (Fisher, 2002, pp. 69-96).

Though fine tuning our metabolism to support our energy is important, Bateson (1979) would say that what we're getting at in mind/body interface work is his fourth proposition, namely that energy is collateral or secondary in living organic systems characterized by mind. What is of primary importance is the way a system **processes information**. An atom bomb or a raging rhinoceros has a lot of energy, but not much creativity in terms of processing information. With a relatively small amount of energy, the human body-mind-spirit can figure out a way to write Shakespeare and go to the moon.

Think of what happens when a young toddler believes it has lost its mother in a department store. That belief sets off a reaction of uncontrollable fear, crying, disorientation, inconsolable isolation, and panic. No one around the child can comfort it. A second later, when the information registers that mother is returning from around the corner of the jewelry counter to pick it up, there is an instant transformation to joy, calm, easy breathing, relaxation of muscles, and a sense of peace and reconnection. A little

information goes a long way to control a lot of energetic processes. Siegel (1999) thought of this as an example of the **nonlinear** qualities of a system in which a small input led to a large response in which the limbic system fostered a cascade of responses that affected heart rate, a sense of panic, and so forth.

That leads into the fifth proposition of Bateson (1979); that information is coded, which is a way of saying we **organize our experience**. Experience does not come to us packaged. We process stimuli from within and without. As Suzanne Langer (1962) suggested, we symbolically transform or encode the given of various stimuli to make it available to consciousness. Those in the constructivist school of psychology honor and employ this insight (Mahoney, 2003). For Bateson, the way energy was organized always went back to the context of relationships that influenced its "form, order, and pattern" (May, 1976, p. 40).

A sixth and final Bateson (1979) proposition is that information is coded into a **hierarchy of levels** of organization. In psychotherapy and religion we are especially interested in high level encoding, that is the basic faith or philosophy found in our **core organizing beliefs** that control both our perception and our behavior before we have any awareness of perceiving or responding (Nowak & Vallacher, 1998, p. 122). For example, the belief that "I have to perform to get people's love and approval" encodes or controls a lot of behavior: the way we perceive school and sports, the way we hold our bodies, the expectations we bring to relationships, and more.

Bateson's (1979) propositions lead us into the midst of contemporary **systems theory** that Thelen and Smith (2002), Nowak and Vallacher (1998), the Santa Fe Institute (Cowan, Pine, & Meltzer, 1994) and others argued is an absolute necessity. The necessity arises from the inadequacy of older theories of maturationism, environmentalism, or interactionism between genes and environment to give an adequate account of "problems of emergent order and complexity" (Thelen & Smith, 2002, p. xiii), namely how new structures, patterns, or core narratives arise. These older theories noted the eventual outcome or product of where people ended up, but "take no account of process . . . the route by which the organism moves from an earlier state to a more mature state" (Thelen & Smith, 2002, p. xvi). Gottman, et al (2005, p. 37) noted that "most statistics used in the field of psychology are based upon linear models [which are] seldom justified. . . . It has become increasingly clear that most systems are complex and must be described in nonlinear terms." To put it another way

The grand sweep of development seems neatly rule-driven. In detail, however, development is messy. As we turn up the magnification of our microscope, we see that our visions of linearity, uniformity, inevitable sequencing, and even irreversibility break

down. What looks like a cohesive, orchestrated process from afar takes on the flavor of a more exploratory, opportunistic, syncretic, and function-driven process in its instantiation. (Thelen & Smith, 2002, p. xvi)

Certainly, psychotherapists echo this view by routinely dealing with development in terms of transformation. Peterfreund (1983) was an early champion of systems theory:

Two decades ago my interest in basic aspects of the psychoanalytic process—which I see as the interaction of patient and analyst, two highly complex systems that constantly influence each other while changing over time—led me to the general problem of biological order, organization, control, and adaptation, and then to an information-processing and systems frame of reference (discussed in my 1971 monograph *Information, Systems, and Psychoanalysis*). I found this general frame of reference to be very congenial because it had a greater explanatory power than psychoanalytic metapsychology and was far more consistent with contemporary scientific thought. (p. x)

As Morgan (2006) put it, understanding the brain and mind in terms of “linear thinking involving cause and effect is inadequate. The brain is the most complex structure known in the universe. The human being is way too complex for simple logic. We need to turn to **complexity theory** for a better understanding” (p. 14). Nowak and Vallacher (1998) agreed that the brain was composed of “100 billion neurons, each of which influences and is influenced by approximately 1,000 other neurons. . . . The range of potential mental states in unimaginably large,” (p. 3) and “the same variable can . . . act as a ‘cause’ one moment and an ‘effect’ the next. This feedback process is at odds with traditional notions of causality that assume asymmetrical one-directional relationships between cause and effect” (p. 32). And

. . . many phenomena in nature do not conform to certain longstanding assumptions regarding causality and reduction, but rather are more appropriately conceptualized as nonlinear dynamical systems. Broadly defined, a “**dynamical system**” is simply a set of elements that undergoes change by virtue of the connections among the elements. In nonlinear systems, the connections among elements generate global system-level behavior that displays remarkable variability over time, even in the absence of outside influences. When external influences are present, the system’s behavior may change in a manner that is nonproportional to the magnitude of the influences. (p. 2)

In terms of the philosophy of science, Wilber’s tenets #4 and #6 [see Table 1], namely that holons display a capacity for self-transcendence, symmetry breaks, creativity (Whitehead), or **emergent transformation** into new wholes with new forms of agency and communion is being echoed here. This reflects the nonlinear character of systems.

Holons emerge in unprecedented ways not determinable from knowledge of component parts. No matter how much is known about the parts that make up a whole, the contexts in which it exists, and the goal towards which it is developing, it is important to emphasize tenet six that growth implies **indeterminacy**.

Laszlo (1987, p. 36) explained that neither knowledge of the initial conditions of a system nor of the changing conditions of its environment can yield certainty of prediction. Mayr (1982, p. 63) wrote that “the characteristics of the whole cannot (even in theory) be deduced from the most complete knowledge of the components, taken separately or in other partial combinations. . . . As Popper said, ‘We live in a universe of emergent novelty.’” The most absolute, comprehensive knowledge of both the physiosphere and biosphere could never predict the emergence of Lao Tzu, Jesus, or a 747. That this is so has been a source of humility, hope, and curiosity for caregivers for thousands of years (Bargh & Chartand, 1999).

In terms of scientific inquiry in general, the clear implication is that **determinism**, or **predictive power**, is an insufficient and inadequate guiding principle. It is still true that there is upward and downward causation with lower holons setting the possibilities of the higher, and higher ones setting the probabilities of the lower (tenet nine). For instance, nothing in a Mother Teresa or a hovercraft break with the laws of the physiosphere. However, determinism is a limiting case in which a holon’s creativity or capacity for self-transcendence approaches zero.

This means that many theories of development and psychotherapeutic processes are simply **reconstructive**; that is, they are based on looking back at previous results and codifying them into a theory that does not encompass the freedom and spontaneous emergence of the self-organizing, complex, nonlinear determinism Bateson (1979) outlines. Wilber writes

We never know, and never can know exactly what any holon will do tomorrow (we might know broad outlines and probabilities, based on past observations, but self-transcendent emergence always means, to some degree: surprise!) We have to wait and see, and from that, after the fact, we reconstruct a knowledge system.

However, when a holon’s self-transcendence approaches zero (when its creativity is utterly minimal), then the reconstructive sciences collapse

into the predictive sciences. Historically, the empirical sciences got their start by studying precisely those holons that show minimal creativity [rocks in motion].

. . . By taking some of the dumbest holons in existence and making their study the study of “really real reality,” these physical sciences . . . were largely responsible for the collapse of the Kosmos into the cosmos, for the reduction of the Great Hierarchy of Being to the dumbest creatures on God’s green earth, and for the leveling of a multidimensional reality to a flat and faded landscape defined by a minimum of creativity (and thus a maximum of predictive power). It would take such a turn of events as Heisenberg’s uncertainty principle to remind us that even the constituents of rocks are neither as predictable nor as dumb as these silly reductionisms. In the meantime, the “ideal” of knowledge as predictive power would ruin virtually every field it was applied to (including rocks), because its very methods would erase any creativity it would find, thus erasing precisely what was novel, significant, valuable, meaningful (Wilber, 1995, p. 48).²

The master does his job and then stops. He understands the universe is forever out of control, and that trying to dominate events goes against the current of the Tao. (30) Trying to control the future is like trying to take the master carpenter's place. When you handle the master carpenter's tools, chances are that you'll cut your hand. (74)

Sciences of Complexity and the Human Mystery

In psychology and psychotherapy, we need to work with a systems theory that can take us beyond inadequate cause-and-effect, linear, deterministic, reductionistic models and analysis (Thelen & Smith, 2002, p. 49). This means eschewing “the machine vocabulary of processing, devices, programs, storage units, schemata, modules or wiring diagrams” (Thelen & Smith, 2002, p. xix). It means embracing “principles for the global properties of complex systems . . . systems with a history, systems that change over time, where novelty can be created, where the end-state is not coded anywhere, and where behavior at the **macrolevel** can, in principle, be reconciled with behavior at the **microlevel**” (Thelen & Smith, 2002, p. 49). It also

²Wilber takes the word *Kosmos* from the Pythagoreans, and uses it in the most comprehensive sense to include all manifestations of life. It is contrasted with *cosmos*, which includes only the external, physical aspects of life, or what Wilber refers to as the right-sided flatland of the four quadrants.

means welcoming uncertainty and anxiety as a “consequence of a creative universe” (Gordon, 2003, p. 96).

While Bateson (1979) talks of living organic systems, others term this science “the study of dynamic, synergetic, dissipative, nonlinear, self-organizing, or chaotic systems” (Thelen & Smith, 2002, p. 50), or “dynamical systems” (Nowak & Vallacher, 1998, p. 2.) John Holland (1995), in line with the work of the Santa Fe Institute (Morowitz & Singer, 1995; Cowan, Pines, & Meltzer, 1994), used the term complex adaptive systems (CAS). Laszlo (2004) spoke of adaptive self-regulating systems, and Varela, Thompson, and Rosch (1991) also adopted dynamical systems.

All these biological systems “belong to a class of systems that are both **complex** and that exist **far from thermal equilibrium**” (Thelen & Smith, 2002, p. 51). They are **open** systems since they continuously interact with their environments, taking in energy and matter to fuel their work, and dissipating some back to the environment. Since the parts or agents of a system have escaped to a higher order of complexity, unpredictable from looking at the parts alone, the system is always more than the sum of the parts.

Thus, Bertalanffy conveyed the importance of focusing on the pattern of relationships within a system rather than on the substance of the parts.

. . . While reductive analysis has a place in science [Bertalanffy] believed the study of whole systems had been grossly neglected, and he urged scientists to learn to “think interaction.” . . . That a family system should be seen as more than just a collection of people and that therapists should focus on interaction among family members rather than individual personalities—became central tenets of the field. (Nichols & Schwartz, 1998, p. 113)

In Hakomi Therapy, Rob Fisher (2002, pp. 109-121, pp. 216-230) specifically outlined working with the systemic interaction of couples.

A particular notion from the old systems theory, appropriate for machines, but one we must qualify, is the concept of “**homeostasis**.” This is the idea that systems attempt to create **stability through constancy**, that various aspects of a system have set points that will automatically sense any deviance and mechanically bring things back to normal through negative feedback. Think of a thermostat that controls heat. This concept has been applied inappropriately to the human body, individuals, families, and organizations as Bertalanffy (1968) cautioned years ago. More recently, Gottman et al. (2005) concurred that “when applied to the study of interacting systems such as a couple . . . the concept of homeostasis is highly inadequate” (p. 166).

The concept better able to accommodate the features of living organic systems is Sterling’s (2004) theory of

“**allostasis**” or **stability through change**, as opposed to constancy. Here the system was seen as making predictions based on past experience and adjusting parameters to best function in the situation at hand. As opposed to maintaining some mythical normal set point, for example, blood pressure fluctuates in an adaptive way depending on whether it anticipates being engaged in sleep, sex, a basketball game, meditating, or dealing with an aggressive boss (Sterling, 2004, p. 6).

Allotasis is another way of talking about Siegel’s (1999) description of “the brain as an **anticipatory machine**” (Morgan, 2006, p. 15). That we learn to anticipate life based on our previous experience is not a therapy issue. It is the nature of life that we are hard-wired to constructively (Mahoney, 2003) make sense of it, to give it meaning (Stolorow, Brandchaft, & Atwood, 1987). We develop what Kurtz calls **core organizing beliefs** that provide the **core narrative structure** of our stories and shape our way of being, or our character styles in the world (Shoda, Mischel & Wright, 1994). Nowak and Vallacher (1998) used the language of **intrinsic dynamics** (p. 8) governed by **rules** (p. 20) and **patterns** (pp. 33-35) that help us understand how “complexity can arise from simplicity” (p. 46). They noted that

... personality research in the 1990s began to characterize personality ... in terms of patterns rather than central tendency. ... This model holds that stability resides in the internal mechanisms producing behavior, not in the behavior itself, and that these mechanisms produce reliable and personally distinctive patterns across psychological contexts. (Nowak & Vallacher, 1998, p. 35)

As the emotional responses of the beliefs become engrained patterns of neural firing (Schoener & Kelson, 1988), Siegel (1999) observed that they function as **attractor states** that “help the system organize itself and achieve stability (p. 218). Attractor states lend a degree of continuity to the infinitely possible options for activation profiles.” Laszlo (1987) maintained that “the principal features of dynamic systems are the attractors; they characterize the long-run behavior of the systems” (p. 70). **Static attractors** govern evolution when system states are relatively at rest; **periodic attractors** govern those systems that go through periodic repetitions of the same cycle; and **chaotic attractors** influence the organization of seemingly irregular, random, unpredictable systems (Barton, 1994; Gallistel, 1980; Nowak & Vallacher, 1998, p. 58; Vallacher & Nowak, 1994b).

While Farmer and Packard (1985) noted that **adaptive behavior** was an emergent property that spontaneously arose through the interaction of simple components—precisely the definition of **nonlinear**—Siegel made the point that new adaptations to new attractors form the

foundation upon which increased complexity was built. Nowak and Vallacher (1998) explained that

... in nonlinear dynamical systems, small incremental changes in the value of **control parameters** [external variables that influence behavior] may lead to dramatic, qualitative changes in behavior, such as a change in the number and type of attractors. Radical changes in a pattern of behavior are usually **bifurcations**, although they are sometimes referred to as dynamical **phase transitions** and critical phenomena. Bifurcations represent qualitative changes in a system’s dynamics and thus are revealed by noteworthy changes in the values of the system’s **order parameters** [internal variables that organize behavior]. (p. 61)

Hawkins (2002) noted that when attractors work habitually, they became **unconscious** and unobvious from the surface.

Analysis of ... ‘incoherent’ data identify[ed] hidden energy patterns, or attractors (which ha[ve] been postulated by the advanced mathematics of nonlinear equations) behind apparently natural phenomena (p. 42).

“Attractor” is the name given to an identifiable pattern that emerges from a seemingly unmeaningful mass of data. There is a hidden **coherence** in all that appears incoherent, which was first demonstrated in nature by Edward Lorenz. (p. 46)

This is the point made by Ecker and Hulley (1996) when they said most people presented themselves in therapy with an anti-symptom position of not wanting and not understanding their anger, jealousy, or inability to stop shopping. In-depth therapy invariably uncovered a perfectly understandable pro-symptom position or coherent attractor working beneath the surface as deep structure. Krippner (1994) noted that it was the province of **chaos theory** that “investigates processes that initially seem so complex that they do not appear to be governed by any known principles; however, they actually have an underlying order.”

Again, therapeutic issues do not arise simply from organizing and making meaning of our experience, but when we have constructed our core beliefs in such a way that they unconsciously and habitually organize-out needed possibilities (support, intimacy, authenticity, inclusion, etc.) even when they are realistically available (Johanson, 2006b; Robertson & Combs, 1995). We anticipate frustration, which might have been true in the past, but it is no longer present in the same way (Mischel & Shoda, 1995). We are unhappy and feel constrained to maintain our presently organized unhappiness that is based on prior experiences that have not been updated. Freud thought of this predicament in terms of the repetition compulsion (Johanson, 1999). We cannot see something new as new,

and so compulsively or habitually repeat old patterns of coping.

When they think that they know the answers, people are difficult to guide. When they know that they don't know, people find their own way. (65)

Morgan (2006), following Siegel, underlined the neurological substrate of these habitually active core beliefs. "As certain states are engraved within the system they become more probable. This probability is influenced by the history and the present context" (p. 14). Current events activate entire **memory stacks** "and because emotional memory is always in the now, the old perceptions, feelings and behaviors become blended with [the] current situation" (Morgan, 2006, p. 15). She wrote that the young one's

... interactions with her world are imprinted in her brain circuitry. She is "wired up" for a particular world. Her brain is coded with all kinds of memory, and most of the early memory will be unconscious. However, this memory will deeply affect later emotions, behaviors patterns, beliefs, and abilities to process information. (p. 15)

Complexity Theory and Therapy

How can the sciences of complexity help therapists understand the processes by which people can be helped to develop beyond the constraints of a limited but powerfully fixed worldview? For one, by challenging the notion of homeostasis that implies we should find something that has deviated beyond an average range and correct it.

Likewise, in terms of new possibilities in organizing experience, "**emergent organizations** are totally different from the elements that constitute the systems, and the patterns cannot be predicted solely from the characteristics of the individual elements" (Thelen & Smith, 2002, p. 54). This is the essence of systems characterized by **nonlinearity** (Farmer & Packard, 1985). "Nonlinear relations are simply relations in which changes in the value of one variable cannot be described as a linear function of changes in the values of the other variables" (Nowak & Vallacher, 1998, p. 36). Thus, therapists cannot hope to find one part of a system, make one input, and expect a particular output. While there are multiple levels within the compound individual, "no one element alone has causal primacy" (Thelen & Smith, 2002, p. xviii), and in a CAS no one element can be controlled to determine a predictable outcome (Morowitz & Singer, 1995). One implication of organicity here is that depth therapy must be fundamentally **collaborative**.

In addition, Thelen and Smith (2002) noted that transformation and development "appears to be **modular** and **heterochronic**. That is, not all of the structures and functions . . . develop apace or as a unified whole. . . . The paradox is that the organism moves along as an adapted integrated whole as the component structures and processing change in fits and starts" (pp. xvi-xvii). That means, as Wilber (2006) pointed out, humans develop at different rates along different developmental lines, such as the intellectual, emotional, moral, musical, athletic, aesthetic, and so forth. So, we know that working with one aspect of a person may or may not affect other aspects.

Another way of considering the various elements or aspects of the system according to Schwartz (1995) is to speak of **parts**, which is the language commonly used by clients. Parts imply the concept of **multiplicity** (Rowan & Cooper, 1999). When dealing with one part of a person, we are actually entering into a complex **inner ecology** with parts that function like sub-personalities. These might be polarized or cooperative with each other as are external family members. Many of the basic parts identified by Schwartz were congruent with the parts Eisman (1989) identified in Hakomi as aspects of the "**child state of consciousness**(child state of consciousness is a technical terms (Johanson & Taylor, 1988, pp. 239-40).

Bateson (1979) said that if the parts within the whole, or holon, were communicating, that the system was **self-organizing**, self-directing, and self-correcting. It had a wisdom of its own that must be honored and collaborated with when therapeutic experiments were done, to help it explore the possibility of accommodating new realities. Once again, it "is the way energy flows through" the system that coordinates the components (Thelen & Smith, 2002, p. 52). As Peterfreund (1971) said: "All structure involves information; indeed, it is information that truly marks our identity. As Norbert Wiener (1950) wrote (1950) 'We, are not stuff that abides, but **patterns** that perpetuate themselves'" (p. 119). For Nowak and Vallacher (1998)

The internally generated behavior of a dynamical system often can be characterized in terms of patterns of changes. If a **reliable pattern** can in fact be discerned, the unit of analysis is no longer the discrete changes constituting the pattern, but rather the pattern itself. (p. 33)

The value of any given feature (attitude expression, intimacy) may well vary a great deal over time, but if this temporal variation conforms to a reliable pattern, the phenomenon can be nonetheless characterized as stable and predictable. (p. 34)

Nowak and Vallacher (1998) added ". . . pattern recognition is clearly central to an understanding of dynamical systems" (p. 35); what Kurtz discussed under the heading of tracking

for **indicators** of core beliefs that generated our habitual or reliable patterns (Keller, 2005).

We perpetuate ourselves through patterns (plural) that evolve over time. Self-organizing systems begin with many parts with large **degrees of initial freedom** that are then “compressed to produce more patterned behavior” (Thelen & Smith, 2002, p. 51). “The system loses degrees of freedom, and the state of the system can sometimes be described by fewer variables than can relatively simply systems” (Nowak & Vallacher, 1998, p. 53).

“In self-organization, the system selects or is attracted to one preferred configuration out of many possible states, but **behavioral variability** is an essential precursor” (Thelen & Smith, 2002, p. 55). Nonlinear means **order out of chaos** (Vallacher & Nowak, 1994b). In Schwartz’s terms, many different parts can blend or fuse with consciousness at any given time to lead a person in many directions. Which part emerges depends to a certain extent on the interactions of the internal parts and their perception of what is happening in the external world. Neurologically, the activation of one pattern often corresponds to the inhibition of another (Siegel, 2006).

Under different conditions the components are free to assemble into other stable behavioral modes, and it is indeed this ability of multi-component systems to “**soft-assemble**” that both provides the enormous flexibility of biological systems and explains some of the most persistent puzzles of development. (Thelen & Smith, 2002, p. 60)

Siegel (1999) wrote, “Every moment, in fact, is the emergence of a unique pattern of activity in a world that is similar but never identical to a past moment in time” (p. 218). As therapists, we are always entering into a mysterious place of not knowing, and not controlling when we work with others. It is a place where we need to **track** carefully (Fisher, 2002, pp. 32-43) and develop exquisite sensitivity to signs of **unconscious commentary** on whether we are following the process at hand without preferences so it organically unfolds, or pushing it beyond where it wants to go. We proceed with radical non-directivity (Roy, 2007, p. 375; Weiss, 2008).

Darkness within darkness, the gateway to all understanding. Ever desireless, one can see the mystery. (1)

Out of multiple possibilities for the soft assembly of parts, the system organizes around a particular one.

Whereas before the elements acted independently, now certain configurations or collective actions of the individual elements increase until they appear to dominate and govern the behavior of the system. Haken (1977) refers to these dominant modes as the

order parameters, which are capable of slaving all other modes of the system. The system can be described, therefore, in terms of one or a few-order parameters, or collective variables, rather than by the individual elements. The order parameter acts to constrain or compress the degrees of freedom available to the elemental components. (Thelen & Smith, 2002, p. 55)

Order parameters correspond to core organizing beliefs (Mischel & Shoda, 1995; Nowak & Vallacher, 1998, pp. 48-49). “Because order parameters are dynamical variables . . . they not only describe the response of a system, but they also determine the state of the system in succeeding moments in time, even in the absence of other sources of influence” (Nowak & Vallacher, 1998, p. 51), which, again, distinguish them from control parameters.

It could be that the system in a non-threatening environment simply organizes around its core belief. It carries out basic functions with core order parameters in the background. Consider a family of recent immigrants who believe that “America is not a welcoming or safe place.” It is possible that though the family shares a core belief, that it organizes around the concerns of a particular member at a particular time. Perhaps, it is the scared member who needs reassurance; the nurturing member whose job it is to make home so attractive nobody needs to explore elsewhere, but gets tired; the protective member who answers the door and makes runs for needed supplies, who is weary of being so vigilant; or the unconvinced member who pushes for more curiosity and connection to this new world, who feels constrained by the boundaries. The family can manifest multiple looks in multiple situations.

When systems self-organize under the influence of an **order parameter**, they “settle into” one or a few modes of behavior that the system prefers over all the possible modes. In dynamic terminology, this behavior mode is an **attractor state**. The system prefers a certain topology in its **state space**. The state space of a dynamic system is an abstract construct of a space whose coordinates define the components of the system; they define the degrees of freedom of the system’s behavior. (Thelen & Smith, 2002, p. 56)

Nowak and Vallacher (1998) noted that “The concept of *state space* . . . enables one to generate a geometrical descriptions in the form of trajectories, even without complete knowledge of all the dynamical variables in the system” (p. 24). Gottman et al. (2005) were experimenting with using nonlinear terms in equations of change to understand behavior in couples. While these “equations are generally not solvable in closed functional mathematical form,” they can result in visual graphical results that “can be very appealing in engaging the intuition of a scientist working in the field” (p. 37)

Thelen and Smith (2002) made it clear that the “control parameter does not control the system in any conventional sense; it is only the variable or parameter that assembles the system in one or another attractor regime” (p. 62). The family referenced above can manifest fear, a disposition to withdraw, or the face of defensive anger. The high school student with good grades and manners can become ferocious on the football field, relate as an insecure friend, or show up as an obsessive lover. Persons can show variable forms of attachment in relation to different persons (Siegel, 1999). “The concept that a system can assume different collective states through the action of a quite nonspecific control parameter is a powerful challenge to more accepted machine and computer metaphors of biological order” (Thelen & Smith, 2002, p. 62).

Thus, the order that emerges “is created in the **process of the action**” (Thelen & Smith, 2002, p. 63). Action is understood in terms of **stability and fluctuation**, and not simply schemata, filters, maps, programs, beliefs, and such. As stated above, a stable state where the system settles into a relative equilibrium “can be thought of as an ‘attractor’ state” (Thelen & Smith, 2002, p. 52), another term for order parameter.

Stability and fluctuation can also be thought of in terms of **continuity and flexibility**. Wilber’s tenets 15 through 19 express various aspects of how a system moves toward increasing **complexity**. Siegel (1999) argued that

Complexity does not come from random activation, but instead is enhanced by a balance between the continuity and flexibility of the system. “Continuity” refers to the strength of previously achieved states, and therefore the probability of their repetition; it implies sameness, familiarity, and predictability. “Flexibility” indicates the system’s degree of sensitivity to environmental conditions; it involves the capacity for variability, novelty, and uncertainty. The ability to produce new variations allows the system to adapt to the environment. However, excessive variation or flexibility leads toward random activation. On the other hand, rigid adherence to previously engrained states produces excessive continuity and minimizes the system’s ability to adapt and change. (p. 219)

Piaget talked about these developmental issues in terms of “assimilating” new experience into previous structures of organization, as opposed to “accommodating” to new experience by modifying and expanding the schemata, maps or order parameters, and thus incorporating increased complexity (Horner, 1974, pp. 9-10).

Attractors can have varying degrees of stability and instability, continuity and flexibility depending on the reinforcement of learned response schemas to anticipated

events, as allostasis suggests. Siegel (1999) noted that neural nets that fire together tend to wire together. Schwartz’s ecology of inner parts can be understood in terms of a CAS having “two or more attractors with different basins of attraction coexisting, . . . **multistable modes** which are discrete areas in the state space” (Thelen & Smith, 2002, p. 61). Thus, a person can act in varying ways, depending on the context.

In general, “CASs seek preferred behavioral modes as a function of the interactions of their internal components and their sensitivity to external conditions” (Thelen & Smith, 2002, p. 60). People can have varying parts take over because they are sensitive to something happening in the environment and/or because internal family members subjectively think something is happening, whether it has an objective base or not.

In terms of transformation in psychotherapy, “nonlinear phase shifts or phase transitions are highly characteristic of nonequilibrium systems and are the very source of new forms” (Thelen & Smith, 2002, p. 62). Here we are emphasizing that what leads to shifts or transitions are **fluctuations**, “the inevitable accompaniment of complex systems. It is these fluctuations that are the source of new forms in behavior and development and that account for the nonlinearity of much of the natural world” (Thelen & Smith, p. 63). “Change or **transformation** is the transition from one stable state or attractor to another” (Thelen & Smith, p. 63).

Change is fostered when “inherent fluctuations act like continuous **perturbations** in the form of **noise** on the collective behavior of the system. Within ranges of the control parameter, the system maintains its preferred behavioral pattern despite the noise” (Thelen & Smith, 2002, p. 63). However, when the internal and/or external perturbations sufficiently shake the system’s ability to satisfyingly operate out of old order parameters, it can come to a **critical or bifurcation point** where transformation to new attractor states becomes possible.

There are an endless number of perturbations that can drive a system to fluctuating enough for someone to enter therapy: spouses or friends saying certain behaviors are enough to threaten the relationship; bosses saying addictions are getting out of hand; unhappiness growing through an inability to get beyond predictable, unsatisfying habits and interactions; longings for more meaning than what is being met through work or possessions; children being born or leaving the home; one’s once solid pension being reneged, or decent paying job being outsourced, etc.

Mindfulness Principle

When clients do seek therapy, the fluctuations in their systems are disturbing enough that they want relief, and they have been unsuccessful in trying to make the change

themselves. Their failure is predictable since the core organizing parameters that affect perception and expression are normally unconsciously stored in **implicit memory** (Schacter, 1996, 1992; Siegel, 1999). The ordinary consciousness the client attempts to work with is already organized. Consciousness is the problem as Watzlawick (1974) and those who use hypnotic and/or paradoxical techniques assert.

However, the **process of action** can continue through the therapeutic relationship as the therapist attempts to work with this critical bifurcation point in the client's life. In general, Siegel (1999) wrote that "we are always in a perpetual state of being created and creating ourselves" (p. 221), as emergent and recursive patterns interact with life, especially interpersonal relationships. In the first phase of a Hakomi session, the therapist seeks to provide an interpersonal relationship that generates a safe, welcoming, and hospitable space where it is possible for clients to mindfully turn their awareness inward toward felt present experience (Kurtz, 1990, pp. 67-74).

Mindfulness, in the experience of Hakomi Therapy, is the most effective tool with which we can study the organization of our experience and begin to relate to it in healing ways (Johanson & Taylor, 1988, pp. 238-239; Siegel, 2007, pp. 164-188). Mindfulness is a core principle, method, and practice in Hakomi Therapy. As Nowak and Vallacher (1998) expressed, "What really sets the human mind apart from other systems in nature . . . is its ability to reflect on its own operations and output" (p. 4)" "The self-evaluation afforded by self-awareness . . . can provide the impetus for people to modify their own psychological structure and thereby change their internal bases for action" (p. 5).

Present experience is always the focus of mindful therapy because it is what is currently organized by the order parameters or core narrative beliefs, and immediately manifest in sensations, feelings, thoughts, memories, attitudes, relational ways of being, dreams, posture, breathing, movements, and so forth (Roy, 2007, pp. 374-75). Morgan (2006) reminded us that neurologically "because emotional memory is always in the now, the old perceptions, feelings and behaviors become blended with the current situation" (p. 15). The chapter on transference in Stolorow, Brandchaft, and Atwood's work (1987) on psychoanalytic intersubjective theory is titled "The Organization of Experience," indicating transference is revealed in how one has made meaning of his or her world, including significant others, something that is present every moment in every situation.

In a second phase, after encouraging mindfulness of present experience, a Hakomi therapist often moves toward introducing the optimal amount of increased perturbations to evoke the issue at hand more fully. Kurtz (2002) noted that "complex adaptive systems learn on the border of order and

chaos . . . in a zone where change and memory are possible. . . . [a] zone between the crystal fixity of ice and the frivolous anarchy of water, between the unchangeable world of rigid order and the chaos of the uncontained variation" (p. 1). The art of the therapy is to heat things up enough (Kurtz, 1978) that signals emerge to guide clients deeper into their core narrative themes, but not so far and fast that they are overwhelmed and unable to retain meaning.

One Hakomi method for heating things up is **accessing** (Fisher, 2002, pp. 59-60), bringing awareness to bear on an issue of concern as it manifests in present moment experience. If clients present sadness, and therapists invite them to suspend judgments or explanation in favor of bringing spacious **mindful attention** to where the sadness is in the body, or what the quality of the sadness is, the sadness invariably deepens (or unveils fear-infused barriers to doing so, which then become the new objects of mindfulness).

Focusing attention on one thread of experience draws others to it, **deepening** (Fisher, 2002, pp. 60-68; Kurtz, 1990, pp. 115-124) the mindful exploration. Siegel (1999) suggested, ". . . as elements of your brain become active, they may recruit other neuronal groups to join in the pattern of activation" (p. 218), as the hippocampus collects pieces of implicit and explicit memory to make available for change a normally unconscious multimodal pattern. Sometimes the process leads quickly or unexpectedly to primal memories of grief or non-support that can be explored for what they need.

Learning consists in daily accumulating; the practice of Tao consists in daily diminishing. (48)

Or, since the problem with a client's core belief is often that it has organized out needful and realistic aspects of life such as the possibility of being supported, the therapist can pick up **indicators** of how this belief manifests in the person (Kurtz, 1976; Keller, 2005, p. 6, pp. 13-14). Then an **experiment in awareness** can be done, such as inviting the person to be mindful, and to study how he or she organizes around the words, "It is okay to take in support." If the therapist's hypothesis is correct, barriers to the words immediately arise in terms of thoughts, feelings, sensations, muscular tensions, memories, and such that can foster the activation of the order parameter in its multimodal pattern or belief system (Fisher, 2002, pp. 69-96).

Principle of Non-Violence

Sometimes these actions function to make the process overheat. In system theory terms, **unstable patterns** and **transient behaviors** may manifest. In Hakomi terms, the person may enter into **riding the rapids** (Johanson & Taylor, 1988, p. 239) where there can be crying, spontaneous emotional release, with concomitant efforts to hold in. Sometimes, with this issue of lacking early support,

there are bitter tears at remembering harsh formative memories. There is often a mix of grateful tears at welcoming new possibilities that are simultaneously resisted by the fears of the old order parameters. The therapist must skillfully maintain calm, support, or **take over** (Roy, 2007, pp. 371-72, 378-79) the spontaneous movements until the person returns to the possibility of mindful consciousness.

Taking over in Hakomi refers to a set of techniques that take over for clients what they are already doing for themselves in terms of muscular tensions, inner voices, etc. These techniques are congruent with the non-violence principle of Hakomi that honors all behavior for its organic wisdom, and provides the safety that is necessary for turning one's awareness inward in a mindful way (Fisher, 2002, pp. 6-8, 97-108). When properly done, taking over techniques serve to support and honor one's defenses, reduce tension, lower the noise in the system, and thereby increase sensitivity to the guidance of organic signals. They are a deep reflection of Hakomi's roots in Taoism.

(The sage) is ready to use all situations and doesn't waste anything. This is called "following the light." (27) The sage gives herself up to whatever the moment brings. (50)

In some cases where there has been literal trauma of being fearful of death, the client could dissociate in various ways. The therapist would need to switch from top down processing of thoughts and feelings to bottom up processing of sensations that separate them from a trauma vortex connected to feelings and memories (Ogden, Minton, & Pain, 2006).

In the third phase of a Hakomi process when clients are in the transient state of mindfully (Johanson, 2006a) working with barriers, and curiously exploring (Johanson, 1988) the possibility of yielding to new attractor states that encompass new realities, therapists must be exquisitely sensitive to every nuance of anxiety or resistance. Radical openness to the client's organic wisdom and unfolding must take precedence over the therapist's hunch or desire for where the transformation is heading. Ogden, Minton, and Pain (2006, p. 195) wrote: the "therapist adopts an '**experimental attitude**'—a mind-set of openness and receptivity that is characterized by curiosity and playfulness rather than effort or fear (Kurtz, 1990). The experimental attitude invites exploration of new experiences without investment in a specific outcome." This is also an expression of non-violence.

The Tao nourishes by not forcing. By not dominating, the Sage leads. (81)

In Schwartz's terms, controlling **manager** parts and out-of-control **firefighter** parts in one's **inner ecology** must be honored and respected before attempting change with vulnerable, wounded, **exiled or child** parts. Old order

parameters are in place for good reasons. Even if they now seem out of date, the past experience and wisdom they are based on must be acknowledged and integrated into new wider possibilities. In Hakomi terms, defenses are best supported rather than opposed or fought (Johanson & Kurtz, 1991, pp. 40-47).

Whoever relies on the Tao in governing men doesn't try to force issues or defeat enemies by force of arms. For every force there is a counterforce. Violence, even well intentioned, always rebounds upon oneself. (30) Can you love people and lead them without imposing your will? Can you deal with the most vital matters by letting events take their course? (10)

In the transformation/integration phase when clients are in that transient space of considering new attractor states that contain new beliefs and experiences in relation to old fears, burdens, and memories, it is crucial that the person's **essential, or core self** (Almaas, 1988; Eisman, 2006; Fosha, 2000; Kurtz, 1990; Schwartz, 1995;) come into play to insure second-order change. This relates to Bateson's (1979) point that systems are organized into a **hierarchy** of levels (Ogden, Minton, & Pain, 2006, pp. 3-25). As Wilber (1995) put it, hierarchies of developmental sequences were built into life. In general, the sciences of complexity

... maintain that you cannot have wholeness without hierarchy, because unless you organize the parts into a larger whole whose glue is a principle higher or deeper than the parts possess alone—unless you do that, then you have heaps, not wholes. You have strands, but never a web. Even if the whole is a mutual interaction of parts, the wholeness cannot be on the same level as the partness or it would itself be merely another part, not a whole capable of embracing and integrating each and every part. "Hierarchy" and "wholeness," in other words, are two names of the same thing and if you destroy one, you completely destroy the other. (p. 16)

Riane Eisler (1987, pp. 105-06) argued the importance of distinguishing **domination hierarchies** that inappropriately usurped and imposed power, from **actualization hierarchies** that supported and maximized an organism's developmental potentials.

Healing or change happens in part because the client is able to accommodate new or **missing experiences** (Kurtz, 1990, pp. 146-47), helping to counteract and/or balance old experiences that have resulted in a limited organization of experience. For transformation, insight is never enough. It takes an experience to offset another experience. In addition, there must be a change in the client's relationship to their organization as such. As Segal, Williams, and Teasdale (2002) discovered when they researched the effectiveness of cognitive therapy with depression:

... it turned out that the reason was not the common assumption that the contents of depressive ideation were being changed, but that the patient's relationship to negative thoughts and feelings was altered. (pp. 38)

It was the distancing or de-centering aspect of cognitive work that proved helpful through allowing one to shift perspective and view negativities as passing events rather than abiding realities. (Johanson, 2006, p. 21)

In Kegan's work (1982) this was an issue of **subject-object differentiation**. Clients moved to no longer identify with their current organization, but made what was once subject, now object, thus dis-identifying with it to an extent. Kegan's overall description of the transformational process under consideration here was in three stages in which the structure of a client's present order parameter was first affirmed so that he or she could hold on to it. Then material was introduced that contradicted or revealed the inadequacy of the present organization, leading it into a transient unstable space that encouraged letting go or loosening up of parameter structures. Thirdly, the therapist maintained contact and continuity for the reintegration of the new attractor state.

This process of differentiation and de-centering is what the **witnessing** aspect of Hakomi Therapy does when people are invited into and encouraged to remain in a **mindful** state of consciousness. **The witness** can simply act in a passive way that brings **bare attention** to studying the organization of one's experience, helping the client know that *I am not just my anger or fear. Certainly my awareness that is doing the witnessing is not angry or fearful.*

The witness can also bring essential qualities such as compassion and wisdom to bear to heal the fragmented ego in an active way. **The Self** in Schwartz's (1995) terminology, or the **Organic Self** of Eisman (2006) embraced both these **active and passive capacities of consciousness**. As Marlock and Weiss (2006a) expressed it, the Self

... is a higher state of consciousness that has the capacity to modulate and integrate an entire system of parts. ... to constructively deal with, heal, and integrate all the parts/trances that a person is composed of—and initially identified with. If no Self-like function was able to accomplish this process, the body-mind-whole would lose integration; parts would polarize, entertain hostile relationships, and fragment. Differentiation would slip into dissociation. ... The Self will eventually be able to perform functions of integration and regulation that are temporarily provided by a therapist—or the mothering person on the developmental level. A therapist has to provide

space for Self-regulation to occur. ... The emergence of a Self, or expressed phenomenologically, the occurrence of a cohesive, integrative Self-state, is a measure of maturation and health. ... Maturation ... [is] based on integrative functions of the Self that clarify and value the contributions of each component of the body-mind. (p. 50)

Varela, Thompson, and Rosch (1991) discussed mindfulness in relation to freedom:

Through mindfulness, the mindfulness/awareness practitioners can begin to interrupt automatic patterns of conditioned behavior (specifically, they can let go of automatic grasping when craving arises). ... As mindfulness grows, appreciation for the components of experience grows. The point of mindfulness/awareness is not to disengage the mind from the phenomenal world; it is to enable the mind to be fully present in the world. The goal is not to avoid action but to be fully present in one's actions, so that one's behavior becomes progressively more responsive and aware. ... To be progressively more free is to be sensitive to the conditions and genuine possibilities of some present situation and to be able to act in an open manner that is not conditioned by grasping and egoistic volitions. This openness and sensitivity encompasses not only one's own immediate sphere of perceptions; it also enables one to appreciate others and to develop compassionate insight into their predicaments. (pp. 122-23)

Ogden, Minton, and Pain (2006, p. 169) offered the following example of how mindful Self-witnessing was employed to help a client study the organization of her experience in terms of sensations, thoughts, and movements in relation to a traumatic car accident. The therapist and client

... study what is going on, not as disease or something to be rid of, but in an effort to help the client become conscious of how experience is managed and how the capacity for experience can be expanded. The whole endeavor is more fun and play rather than work and it is motivated by curiosity, rather than fear. (Kurtz, 1990, p. 111)

Through mindfulness of **present-moment organization of experience**, the client shifts from being caught up in the story and upset about her reactions to becoming curious about them (Siegel, 2007). She notices that as she talks about the accident, she has the thought, I am going to die. Next she observes her body tensing in response to the thought, and she describes feeling slightly panicky. Rather than reliving this experience, as she might have done if the therapist had not directed her attention to observation of the present-moment

organization of it, she is learning to step back, observe, and report it. She is discovering the difference between “having” an experience and exploring the organization of that experience here and now, days or weeks or years after the event itself.

Mindful observing of here-and-now experience changes **information processing**. Rather than triggering bottom-up hijacking of cognitions or escalation of trauma-related beliefs and emotions about impending danger, the act of mindful exploration facilitates **dual processing**. Clients do not get caught up in their trauma-related beliefs or arousal, but rather, study the evocation of titrated components of internal experience, especially the body’s responses. Arousal stays within the **window of tolerance** and associations with traumatic memories begin to shift from automatic and exaggerated reactions to mediated, observable response.

The use of mindfulness has been shown to change brain function in positive ways, increasing activity in areas of the brain associated with positive affect (Davidson et al., 2003). Mindful exploration of present-moment experience is also thought to engage the executive and observing functions of the prefrontal cortex. The prefrontal cortices and cognitive functions often fail to inhibit the instinctive defensive actions kindled by unresolved past trauma (Van der Kolk, 1994), and the ability to self-observe is hindered. Activating the prefrontal cortex allows clients to maintain an observing presence. The therapist’s job is to “wake up” the prefrontal cortices through mindfulness, stimulating the curiosity typical of the **exploration action system** in service of discovering the organization of experience. The capacity to maintain observation of internal experience is what can prevent clients from becoming overwhelmed by the stimulation of past traumatic reactions and develop “**mental coherence**” (Siegel, 2006).

However the **process of action** proceeds intersubjectively (Stolorow, Brandchaft & Atwood, 1987), working with trauma or developmental issues with the recognition that both client and therapist organize around engrained perspectives (Bertalanffy, 1968). The Self-Witness needs to provide a **holding environment** for the system to evolve into the stability of a new attractor state. Part of the holding environment is the therapist’s appreciation for the beauty of clients’ creativities in finding ways to manage and survive, as well as their longings to pursue attractors that include higher levels of freedom (Richards, 2001).

As Fosha (2000) expressed it: “The **core state** . . . refers to an altered state of openness and contact, where the

individual is deeply in touch with essential aspects of his own experience. The core state is the internal affective holding environment generated by the self” (p. 20). Ogden, Minton, and Pain (2006) echoed this perspective by saying that operating from

. . . the core—the symbolic and physical center of the body that represents the core sense of self—helps clients accomplish [the] task [of moving from constricted victim to empowered initiator]. In a “core state,” which in sensorimotor psychotherapy includes connection to the core of the body, clients are [indeed] deeply in touch with essential aspects of [their] own experience. (p. 271)

Perhaps a Hakomi therapist allows his or her client to be or to embody the part of him or herself that organizes out support, as the **barriers** to this possibility are explored and softened. Then, the client is finally able to move through the mindful transient state of flux to a new, more inclusive parameter as he or she is able to accommodate the therapist’s words, spoken from his or her Self or core state in mindful **loving presence**: *It is okay to take in support when you are confident the person will not leave you without warning. A transformational leap occurs from nobody is ever there for me at any time to some people can be there for me some of the time.* The system’s organization as an “anticipatory machine” or living organic system has been affected to allow more complexity (Thelen, 1989) and allostatic nuance (Sterling, 2004).

Siegel (1999) confirmed that such small changes in the constraints of the system can yield nonlinear “large changes in behavior and internal experience” (pp. 221, 223). Likewise, Fosha (2000) affirmed “affect-centered models of change deal with rapid transformation” (p. 19). Recall the example above of the child thinking it had lost and then found its mother.

Transformation, or an evolutionary advance according to the sciences of complexity, happens through turbulence, and the resultant catastrophic bifurcations that move a system into a third state, far from equilibrium position, and then shift it from one attractor to another. Laszlo (1994) wrote that when this occurs

. . . the system achieves a new state of dynamic stability, the chaotic attractors of the bifurcation epoch give way to a new set of point or periodic attractors. These attractors maintain the system in a condition far from thermodynamic equilibrium, with [1] more effective use of information, [2] greater efficiency in the use of free energies, [3] greater flexibility [relative autonomy], as well as [4] greater structural complexity on a higher level of organization. (p. 93)

Emergent Transformation to Self-Transcendent Compassion

These four markers of transformation are congruent with criteria that some counselors and spiritual directors use for noting a person's growth in ability to love. During the **integration phase** of the session, the therapist will need to insure the person's own active Self state is on board by communicating in some manner. For example: *Now it is good if You can say that same thing I said a few moments ago to this part of you that was feeling so fearful of taking in support. Notice if You are in that compassionate place toward it, and then try saying "It is okay to take in support when . . ."*

It is also possible the person's active Self-state has been involved earlier in the process. The therapist could have guided or coached the process by collaborating with the client's Essential Self (Organic Self, Heart Self, Ontological Self, Higher Self, etc.) or Self state (Cole, 2006): "What does this part of you seem to need? . . . Oh, something about knowing people won't leave without warning like they did when it was four. How about experimenting with that, saying to him that, 'it's okay to take in support if you are confident the person will not leave you without warning,' and see if he takes it in?"

Open yourself to the Tao, then trust your natural responses; and everything will fall into place. (23)

However it evolves, the witnessing-compassionate-Self state ends up in a position of leadership or actualizing hierarchy that can take the system under observation while providing wisdom and care for the constituent parts. In this model the Self-state is an essential human capacity that comes by virtue of birth, in contrast to the drama of the parts that are affected by historical circumstances and object relations.

The Tao is called the Great Mother: It is present within you. (6) Every being in the universe is an expression of the Tao. (51) How do I know about the world? By what is within me. (54)

The Self-state is likewise crucial for affecting the neurological substrate of core beliefs mentioned above. As the Self-state is compassionately and reassuringly brought to bear on the parts from day-to-day, like a parent regularly checks with a child in an interpersonal way, new neural pathways are constructed as the more encompassing core narratives are integrated (Germer, 2006). The old ones wither from disuse over time, and the new ones gain strength as they are nurtured along (Siegel, 2007, pp. 288-320). Siegel noted that it is the same neural mechanisms involved in early childhood attachment that were evoked when the Self was brought into mindful, compassionate relationship with our internal parts. The parts thus learned to trust the larger wisdom and compassion of the Self, and rest in it.

There is a bridge here between Eastern and Western psychology. The Essential Self state can bring **active compassionate healing** to the fragmented, historically conditioned parts, as is valued in the West. This same state of consciousness can maintain **passive bare attention** of the inner world until one is pulled into the ultimate attractor state of the **no-self or unity consciousness** heralded in the East, where it is revealed that ultimately there are no boundaries (Wilber, 1979) within what Laszlo (2004, p. 120) termed the coherent fine-tuned interconnected whole.

All things arise from Tao. They are nourished by Virtue. They are formed from matter. They are shaped by environment. Thus the ten thousand things all respect Tao and honor Virtue. Respect of Tao and honor of Virtue are not demanded, but they are in the nature of things. (51)

Laszlo (1974), who also applied systems theory to issues of world society in his *Strategy for the Future*, wrote about what Wilber would call the four-quadrant impact of therapy that worked with mindful subject-object differentiation. It raised levels of consciousness that embraced greater levels of compassion, or the ability to be moved in the guts (from the Greek) by the situation of others.

Consciousness evolution is from the ego-bound to the transpersonal form. If this is so, it is a source of great hope. Transpersonal consciousness is open to more of the information that reaches the brain than the dominant consciousness of today. This could have momentous consequences. It could produce greater empathy among people, and greater sensitivity to animals, plants, and the entire biosphere. It could create subtle contact with other parts of the cosmos. It could change our world.

A society hallmarked by transpersonal consciousness is not likely to be materialistic and self-centered; it would be more deeply and widely informed. Under the impact of a more evolved consciousness, the system of nation-states would transform into a more inclusive and coordinated system with due respect for diversity and the right of all peoples and cultures to self-determination. Economic systems would remain diversified but not fragmented; they would combine local autonomy with global coordination and pursue goals that serve all the peoples and countries of the world, whatever their creed level of economic development, population size, and natural resources endowment. As a result, disparities in wealth and power would be moderated and frustration and resentment would diminish, together with crime, terrorism, war, and other forms of

violence. Societies would become more peaceful and sustainable, offering a fair chance of life and well-being to all their members, living and yet to be born. (Laszlo, 2004, pp. 152-153).

When the world is governed according to Tao, horses are used to work on the farm. When the world is not governed according to Tao, horses and weapons are produced for the frontier. No crime is greater than that of ambition. No misfortune is greater than that of discontentment. No fault is greater than that of conquering. (46) The Way of Heaven is to benefit others and not to injure. The Way of the sage is to act but not compete. (81)

The effect of increasing consciousness was the theme of David Hawkins in many of his works (2006, 2002). Siegel and Hartzell (2003) applied growth in consciousness to everyday parenting. In Hakomi, it is deepening into the interconnectedness of the unity principle that increases compassion consciousness. In Internal Family Systems work, it is an example of Self leadership qualities that apply on all levels of a system. Wilber wrote of progressing from the noosphere (mind) to the theosphere (soul-spirit). For Gordon (2003) it was a matter of a mysterious and unpredictable universe opening into the unknown transpersonal.

Cultivate Virtue in your own person, And it becomes a genuine part of you. Cultivate it in the family, And it will abide. Cultivate it in the community, And it will live and grow. Cultivate it in the state, And it will flourish abundantly. Cultivate it in the world, And it will become universal. (54)

Since we know from research on psychotherapeutic effectiveness that the relational qualities the therapist brings to growth processes is eight times greater a factor than the particular methodology employed (Mahoney, 1991), the need for therapists to work on themselves to allow more of their Essential-Organic Selves to lead their interventions has been emphasized (Fisher, 2002, pp. 13-17; Schwartz, 1995, pp. 157-59). The being of the therapist must be a primary concern of training programs in addition to the mastery of skills.

He who knows men is clever. He who knows himself has insight. He who conquers men has force. He who conquers himself is truly strong. (33) When you are content to be simply yourself and don't compare or compete, everybody will respect you. (8)

The sage uses words sparingly. When the work is done, the people say, "Amazing: we did it all by ourselves." (17) Withdraw as soon as your work is done. Such is heaven's way. (9)

When trust is insufficient, there will be no trust in return (17)

Conclusion

One of Bateson's concerns that May (1976) outlined is that ideas have consequences. Now that a number of ideas have been broached about psychotherapy, spirit, and the sciences of complexity, it would be good to look at what their consequences might be. Since this article has been heavily descriptive of how the principles of CAS and psychotherapy might interface in practice, it would be appropriate to take a step back to consider some meta-questions, however, space does not permit further consideration here. Instead, I will list a few questions out of many possibilities for later research and discussion.

For instance, are there serious consequences in relation to humanistic, spiritually-inclusive psychotherapy being more connected with scientific fundamentals than Bateson (1979) thought in his day? Having used some of Bateson's own theoretical ideas, those of the Santa Fe Institute, and others in the psychology-nonlinear systems dialogue, do we still allow for the dimensions of grace and art Bateson valued? Is there still room for the union of feeling and thinking that poetry conveys?

In terms of Sundararajan (2002) concerns, after immersing ourselves in scientific perspectives can therapy still be "an open-ended process, which unfolds in the expressive space of the body and capitalizes on the strategic play with temporality" (p. 45)? Can therapists retain their calling as "tinkerers" creatively using what is available, as opposed to becoming "engineers" following the rules of a treatment manual? Since learning to do therapy is experiential like learning how to ride a bike, how hard will it be to learn to ride in practice while struggling to assimilate such abstract theories about how to ride? Hopefully, the perspective of nonlinear systems that disputes pre-packaged approaches will help here.

Do the abstract concepts of CASs truly describe the reality of a human living organic system such that we should strive to integrate them in our therapy? Does it constrict spiritual concerns to think in terms of CAS? Are flexibility and creativity retained? Is the language appropriate to full human-beingness? Can we really escape the dilemma of Freud's compulsion to repeat through fostering emergent transformation?

Do we risk seeing parts of a system as real as opposed to acknowledging their patterns and contextual roots in relationships that Bateson (1979) taught? Do we leave enough room for immaterial form, order, and pattern to escape being materialists?

To what degree are the spiritual or Taoistic concepts that Hakomi Therapy, Wilber, and other mind-body-spirit therapies incorporate actually congruent with the wisdom of contemporary philosophy of science? To what extent are Hakomi methods, such as the use of mindfulness and taking over techniques, clinically promising for engaging therapeutically with human nonlinear systems?

Obviously, Hakomi practitioners and theorists would have relatively positive responses to these queries. However, it is the wisdom and dialogue of the wider community that moves the field forward as a whole. Continuing research about the integration of contemporary science and spiritually inclusive psychotherapy is a worthy task to engage as we struggle with the promises and pitfalls of transformational therapy.

A good traveler has no fixed plans and is not intent upon arriving. A good artist lets his intuition lead him wherever it wants. A good scientist has freed herself of concepts and keeps her mind open to what is . . . She is ready to use all situations and doesn't waste anything (27)

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Mastering Your Psychology for Success at Work

Nina Cherry, CHT

Editor's note: Coaching is a fast growing and increasingly influential profession. In transitioning to coaching, a background in psychotherapy can both help and get in one's way. In this essay, Nina Cherry shares her experience in integrating Hakomi into business coaching.

Nina Cherry is a business and executive coach living in Maui and coaching internationally by telephone. She helps professionals get more clients (ideal clients), and transform core issues so they can enjoy prosperity and an enriched personal life. She is chairwoman of Vistage Hawaii. Vistage is a global mentoring and advisory organization for chief executives. Nina is currently working on her Ph.D. in Professional Coaching and Human Development. Readers are invited to download her three free reports on building an ideal business at <http://ninacherry.com> To contact Nina, email nina@ninacherry.com

ABSTRACT: Nina Cherry tells the story of her transition from the trauma work of psychotherapy to the strengths-based work of coaching. She offers some distinctions between psychotherapy and coaching, as well as how they might be mutually beneficial. In particular, she highlights how knowledge of Hakomi can enable coaches to work with barriers so clients progress naturally to their goals when the internal obstacles are dealt with. She outlines some of the forms her coaching practice takes, and how Hakomi can be integrated within it. Coaching options in the future are outlined.

KEY WORDS: coaching, Hakomi Therapy, core issues, professional development, business development

Transitioning from Psychotherapy to Coaching

Thirteen years ago I went to an International Coach Federation conference to learn about the new field of coaching. I was smitten! Coaching is uplifting work for the practitioner and a life-changing experience for the client. I was ready for a life change myself.

I have been a certified Hakomi Therapist for over 20 years and was a teacher for the Hakomi Institute in the 1990s. Before going into the field of coaching, I had a full counseling practice offering private sessions, workshops, and therapy groups in Eugene, Oregon. I taught Hakomi skills to psychotherapists, clergy, and healthcare professionals in the U.S. and Brazil.

I often worked with client cases involving sexual abuse and trauma. Psychologists and psychiatrists would send their difficult clients to me to help the clients discover from their own body memories what happened to them growing up. I was privy to daily stories of abuse for many years. When I discovered coaching, I was ready to shift from working with this heavy material to what I saw as the more delightful work of helping people reach their cherished dreams and goals.

Coaching is a recognized method of human development focused on achieving results. It is different from consulting, managing, or mentoring. Coaching helps clients to identify their top skills and strengths, and empowers them to use

their talents to manifest their highest ideals in life and work. Coaching draws from the person their own answers—and keeps them accountable to their strategic plan.

Laura Whitworth, one of the founders of the Coaches Training Institute (CTI), said that it was often the accountability alone that drew people to coaching. Clients could be competent and successful in many phases of their lives, but there was usually at least one area where they could not make the changes they wanted to make alone; they needed the structure of a partnership.

Comparisons

There are noticeable differences between coaching and counseling. Counseling often focuses on helping clients heal issues from the past or personal distress in the present to become more functional in their lives and relationships.

Coaching works with functional people who are motivated to become more successful and productive in their business and personal lives.

Due to my natural proclivity for business (I started three retail stores on the waterfronts of Maui in my twenties), business coaching was a natural focus when I entered the field of coaching. I graduated from a two-year program at Corporate Coach University, which focused on coaching business owners, executives, managers, and teams. Over time, I developed a niche working with professionals to help them get more clients, increase their income, and resolve core issues that got in the way of business and financial success.

Hakomi at the Barriers

The core issues department was where my Hakomi training came in! I found that everyone had at least one personal issue that got in the way of being more successful in his or her career: procrastination, lack of inspiration, secret fears, addiction, or inability to focus . . . to name a few.

I bring Hakomi into my coaching sessions when appropriate, whenever a client is interested in going deeper to solve a problem or transform a limiting belief. Some clients never experience the deeper work; they come to coaching for strategic planning and business development. When I see a client who clearly needs deeper work, I recommend long-term counseling. I make the distinction to the client between counseling and coaching.

I start the coaching work by helping my client clarify their needs, vision, and goals. We develop a plan and I give them homework to achieve their objectives more quickly. Before long, the inner issues behind the presenting problem of lack of clients, time, energy, income, or success usually emerge.

Procrastination is a common issue affecting work performance, and often stems from fear. As an example, I'll describe a session with a client, Susan (not her real name), who had a tendency toward procrastination. Susan's web design business was going downhill because she was not getting new clients in her pipeline. Although she was well paid and had several previous large contracts, she was going through a marketing slump. Susan had a tendency to put off marketing her services to new prospects.

Through experiencing Hakomi in the coaching sessions, Susan discovered a critical inner voice that inhibited her from taking action. This voice was similar to the messages her father gave her as a child. As we looked deeper, it became clear that she had internalized the parental messages, "You don't have what it takes," her father would tell her. "Who do you think you are?"

As Susan became aware of the unconscious tapes running in her mind about her self-worth, she began to understand why she had been procrastinating. She didn't want to put herself out for fear of rejection! Together we worked with her inner child, the 10-year-old who believed what her critical father had said to her. I told her how sorry I was that she had not gotten support and encouragement for her natural talents and gifts. I reflected back to her the qualities I saw: her intelligence, talent, and creativity. With the positive regard, Susan released the old pain, and new insights came. She understood at a deep level that there was nothing wrong with her; she was not incompetent. It was her father's own poor self-esteem and emotional dysfunction that had affected her so deeply.

At the end of the session, Susan and I worked together to develop her new action plan. She began contacting three new prospects a week, and in the following three months she closed several big contracts.

Coaches who are not trained in Hakomi or inner work will continue to try to get a procrastinating client to be more accountable. They will tell the client to go back out there and just DO it. It's the "feel the fear and do it anyway" mentality. That approach often triggers people's defenses. It is more skillful to create safety, build rapport and trust, and help the client discover for themselves what's going on inside when they are stuck or unmotivated.

Coaches who don't understand inner patterns will sometimes tell a client they are *not coachable* since the client appears unable to move towards his or her goals in a systematic way. What I find is that clients progress naturally to their goals when the internal obstacles are resolved.

Coaching Through "the Gap"

Typically I begin working with a client by finding out where they are presently in their practice or business, and in their life in general. We explore and define their best vision of what they want to create in their business or career, including the lifestyle they want to live. They identify "the gap," the difference between where they are now and where they want to be in their future vision. Then they consider the challenges in the way of manifesting their inspiring vision—both inner and outer.

The inner challenges are my main interest; this is where I apply the Hakomi skills to the field of coaching. Working with the inner issues is transformational work, alchemical work. It's the work that changes lead into gold.

Steps to a Successful Practice

As a business coach, I help professionals with the whole gamut of starting or building their business. Together we clarify short term and long term objectives and create a step-by-step action plan that often includes marketing and business development.

I help clients define their niche so they stand out from others in their field. Many professionals are less successful than they could be because they don't have a specific niche or specialty. What do they do best? What problems are they an expert at solving? My formula for distilling a professional niche is:

1. Define your target population, the group of people you really want to work with.
2. Learn about their urgent needs and problems.
3. Develop your work to solve the problems and fulfill the needs.
4. Be able to explain the outcomes, benefits, and results people will get from working with you.

There are common issues professionals face in running a business: prioritizing, delegating, having a concrete plan for success, getting organized, knowing the best marketing strategies (including internet marketing), and having the right systems in place for record keeping and client contact management.

Another issue professionals need help with is clarifying their life purpose and aligning their work with their purpose so it becomes a passionate calling. The next step is to work together to develop the client's "branding" and presentation to the public: business cards, marketing collateral, and website—all with a consistent and unique look that reflects their values, so the public starts to recognize the professional.

Therapists have unique marketing issues due to the private nature of their work. In building a counseling practice of ideal clients, I recommend defining one's professional niche, advertising, offering presentations and workshops, speaking at conferences, and soliciting referrals. One area on which professionals can capitalize to increase their income is creating information products like books, eBooks, CD sets, DVDs, and other passive income products.

I coach people in private sessions and also in group settings. I bring individuals and groups to Maui for intensive coaching retreats using the Hakomi Method. I have developed a daily schedule of three hours of business and life coaching in nature that sometimes includes a Hakomi session on deeper issues; then we spend the rest of each day in vacation activities.

Transformational Retreats

On a retreat last year, an attorney who was also a judge chose to deal with a long standing issue of anxiety. Douglas (not his real name) would wake up nearly every morning with anxiety bordering on panic. Although he was very successful, the daily fears took the joy out of his life and work. Every single day he had to struggle to subdue the panic before he could go into the office. He didn't understand what it was about, but he was very concerned about it.

Douglas could have felt the fear and pushed through it every day for the rest of his life, but he decided to face the anxiety and heal it. With some exploration, we discovered the fear was about getting older and not doing what he wanted to do with his life. Aiming to please, Douglas had followed the script his mother had laid down for him. His terror was that he would never live the life of his dreams and his highest destiny because he was sacrificing it all for his mother, who needed to live her life vicariously through him. Douglas felt his mother was constantly judging him; he had internalized her critical voice that told him he was never good enough and could never please her.

Douglas had major breakthroughs during each session in the retreat. After returning home, he sent me an email saying, "I got to the other side—the side where the real me lives. The real me that is happy with who I am." Douglas said he had started looking forward to work and had also begun taking singing lessons and yoga, something he had wanted to do for a long time.

Ray Williams, co-founder of Success IQ University, said, "There is no doubt that a highly skilled coach can be a trusted adviser and mentor, and provide for the client an oasis of calm where the individual can share dreams, share fears and concerns, and cooperatively develop a plan to reach greater levels of success and happiness" (Williams, 2009).

Two months ago a real estate developer came from Canada to work with me on retreat. He admitted in the intake session, "I'm in the commercial real estate business but it's not my passion. I am not at peace and my work is a chore." With Hakomi work interspersed in his coaching sessions, he began to understand his co-dependence with his kids, and how much of his energy was going to attending to their needs and not his own self-care. He reflected on his daily habit of smoking pot to medicate his emotional pain.

This week he reported that he has had much more energy after abstaining from pot for two months and from letting his kids live their own lives. He felt inspired to recreate his business in a way that is more meaningful to him. He even

Cherry

started dating again, after being alone for 15 years for the sake of the kids.

Coaching Into the Future

Coaching is definitely developing as a respected profession. In the world of business just as in sports people have found that coaches help them perform at their best. A high percentage of Fortune 500 companies now use professional coaching services, according to surveys on the popularity and efficacy of coaching. Another reason coaching is popular is because it can be done by telephone with clients anywhere in the world.

A 2001 study on the impact of executive coaching by Manchester Inc. showed an average return on investment of 5.7 times the initial investment, or more than \$100,000. This was based on 100 executives in 56 companies who estimated the monetary value of the results achieved through coaching (McGovern et al, 2001).

The work of coaching is tremendously rewarding and meaningful. Like Hakomi, coaching is a spiritual practice that transforms me as well as my clients.

I am here on my own quest, and to help other conscious professionals and entrepreneurs step into their greatness and develop their business as a powerful vehicle to fulfill their life purpose.

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Greg Johanson

Ronald S. Kurtz (1934-2011): A Remembrance

Greg Johanson, Ph.D.

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Ron Kurtz, the brilliant and charismatic founder of the Hakomi Institute has died. The following is a brief outline of his life, followed by personal reflections on Ron and the beginnings and development of Hakomi Therapy.

Ronald S. Kurtz: 1934-2011

Ron Kurtz, the originator of Hakomi Therapy, who was born in Brooklyn in 1934, died in his adopted home town of Ashland, Oregon on January 4, 2011 of a heart attack.

Kurtz was an internationally renowned therapist who lectured and led workshops and trainings throughout the world. He was the author or co-author of three books that have been influential in the world of experiential psychotherapy: The Body Reveals with Hector Presteria, Body-Centered Psychotherapy: The Hakomi Method, and Grace Unfolding: Psychotherapy in the Spirit of the Tao-te ching with Greg Johanson.

Kurtz brought a background in science to his work in therapy. He did undergraduate work in physics and English, and worked in computer electronics before doing doctoral work in experimental psychology at Indiana University. He taught there and later at San Francisco State College, and was at one time the resident body-mind therapist at the Esalen Institute.

The Hakomi Therapy he developed was the first approach to psychotherapy to integrate the use of mindfulness and the mind-body interface, and to be based on principles from the field of complex living systems.

He was a founder of the United States Association for Body Psychotherapy, and was given their Lifetime Achievement Award in 2008. He was also awarded an honorary doctorate from the Santa Barbara Graduate Institute.

He is survived by his wife Terry and daughter Lily.

Ron's passing has me reminiscing about the good old amazing days when we all started down this mindfulness-centered, somatic-based path together that has been such a powerful healing force in the world of human growth,

healing, and psychotherapy, and so I'm offering here some historical notes.

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It all happened close on the heels of the 1960s with all that affected consciousness in those days. Into that cultural milieu stepped Ron Kurtz, with a background in physics, mathematics, electronics and Eastern wisdom traditions, who had done his doctoral work in experimental psychology before getting interested in psychotherapy. He didn't study in any one traditional school, but consulted a variety of master therapists and methods. These he evaluated and integrated on a pragmatic, eclectic basis, through the lens of complex living-systems theory. He definitely embodied the 1960s ethos of being willing to explore and experiment, exposing himself to a wide range of experiences without any constraining loyalties.

Likewise, we, the students and future Hakomi faculty, attracted to his workshops, were those post-60s practitioners disgruntled with status-quo psychology and its poor outcomes, primed to be attracted to a way of working that honored both contemporary science and ancient wisdom traditions, whether it was in accord with current standard teachings or not.

Those early days of experiencing Kurtz's workshops were magical in many ways. The work was alive and experiential, artistic and poetic, as well as being scientifically precise. Changing states of consciousness intensified present-moment awareness in a way that transcended tedious talk or emotional acting-out. The slowing down and expectant waiting, as practiced in the work, potentiated experiments in awareness and allowed persons to study how they organized habitually and automatically based on various inputs. Verbal and non-verbal experiments were devised, often from bodily clues, to present precisely the opposite of what a client's normally unconscious core organizers believed and employed to control both perception and response. Thus, barriers to organizing in something previously organized-out, like support or intimacy, were evoked and made available for further exploration.

Since experiments were normally set up in a theoretically positive, nourishing form, therapeutic strictures against gratifying were transformed into helping clients study how gratification was defended against. Paradoxically, slowing down, trusting organic wisdom, not pushing for a particular result, supporting defenses as they arose, encouraging curiosity, and savoring moved people along in their process further and faster. A compassionate, non-judging presence, an acute tracking and contacting of present moment experience, combined with a humor that affirmed one's creative capacities, functioned to unlock the cooperation of the unconscious and foster a spontaneous unfolding. There was a fresh, non-violent easiness to the work that pointed to a new paradigm: there could be change without force, as the process helped someone go where they wanted to go, on the

deepest levels within a thoroughly and consciously nourishing environment.

How all this magic went together in a theoretically coherent way was not immediately clear. A number of those who ended up becoming founding trainers of what later became the Hakomi Institute were struck that Kurtz was doing something remarkably effective and right. But when asked how he knew what to do when, he was not totally clear. Though he was a literal genius in such areas as math and science—earning in his youth the third highest math score of all high school students in Brooklyn—he was working quite spontaneously, drawing on multiple sources. It was obvious that there were influences from Gestalt, Bioenergetics, Pessio-Boyden Psychomotor Movement, Feldenkrais, NLP, Buddhist and Taoist sources, complex linear systems thinking and more, but the integration was unique. The work could be characterized as psychodynamic because one worked with core organizers that affected transference; it could also be characterized as a form of cognitive therapy, since one accessed and expanded core organizing beliefs, also a way of doing narrative therapy. The work was humanistic in the embrace of human potentials, and transpersonal in the use of a witnessing state of consciousness. One could work through dreams like Jungians, relational material like psychoanalysts, and through the body like many body-centered methods. But, Kurtz's work could not be fully understood or taught under any one of these umbrellas.

It was about this time that Bandler and Grinder (1975) published their book, *The Structure of Magic*, based on studying master psychotherapists to ascertain if there was any underlying structure to the seeming magic they did that could be passed on to others. We invited Ron to study himself, as we also studied him, to identify an underlying structure to help us learn and/or teach to others. After a number of years of analyzing Ron's talks and verbatim sessions, a linear structure *was* discovered, along with underlying principles, and a method was identified that could be passed on. It was at that point, after a number of years of creative ferment involving many people, that the Hakomi Institute was founded in 1981 as a training institution, and began to offer workshops and trainings with Ron Kurtz as the founder and director, and with Dyrian Benz, Jon Eisman, Greg Johanson, Pat Ogden, Phil Del Prince, Devi Records-Benz, and Halko Weiss as founding trainers.

The linear structure that Kurtz developed and was taught by practitioners of the Institute, included: establishing the therapeutic relationship (creating the conditions for mindful exploration); accessing (inviting mindfulness); deepening (sustaining mindfulness); processing (mindfully experimenting with transformation through taking in new

options); and integration-completion-homework (while transitioning back to ordinary consciousness). Hence, Hakomi represented the first therapeutic method to use mindfulness of the mind as the main therapeutic tool throughout a therapy session.

The name “Hakomi” (Hah-CO-Me) was received in a dream in the early days when there was no name for the work other than “body-centered psychotherapy,” a limiting term, though the method was and remains body-inclusive. David Winter, a student of Ron’s, had a dream in which Ron Kurtz handed him a piece of paper. When he opened the paper, he saw the word “Hakomi.” That was interesting, but no one knew what it meant. David, an anthropologist, went to his home library and discovered it was a Hopi Indian word that meant “How do you stand in relation to these many realms?” an ancient way of asking, “Who are you?” Since it fit perfectly with the mindful aspect of the work that helped people study how they organized themselves around input from various realms of experience, the name was adopted, despite its unfamiliarity to English speakers.

From its beginning, the Hakomi Method expanded rapidly. In the past 30 years, workshops and trainings have been taught throughout the United States, Europe, Mexico, Canada, Argentina, Japan, Korea, Australia, and New Zealand. The Hakomi faculty grew from the founding trainers, and developed local faculty in various countries as it developed internationally.

In 1992, Ron Kurtz resigned as director of the Hakomi Institute to form Ron Kurtz Trainings, headquartered in Ashland, Oregon. This enabled him to continue his inventive work of concentrating on the method itself, spontaneously and independently implementing any changes in the teaching he envisioned. Institutional encumbrances of what had become an international non-profit educational enterprise certified as a CEU provider for professional counselors and social workers, were thus precluded. Kurtz remained a senior trainer of the Hakomi Institute for many years, and remained an on-going inspiration. Both organizations recognized each other’s teaching of Hakomi, and certifications of therapists, teachers, and trainers. In recent years, Kurtz developed a shorter, simplified version of the Hakomi Method that was written about in the *Hakomi Forum*, and in manuscripts that Ron had in progress of publication. Hakomi Institute students were always encouraged to train with Kurtz whenever they had opportunity to benefit from his unique artistry, insight, and humor.

Now, we are all left with the powerful memory of his laughing, loving, insightful presence. Even those who are third-generation students, who never met him, have been touched by his brilliance, which was demonstrated in

developing a method that could be passed on to others without ever studying with him directly. Ron also left a large collection of videotapes and papers that will, hopefully, be archived in a readily accessible way.

The United States Association for Body Psychotherapy has graciously posted a tribute page for Ron on their website. I encourage anyone interested to go their page, <http://www.usabp.org/> and click on the link for leaving any personal tribute you might like to share.

I will end here with the tribute I posted in memory of this incredible human being, who was such a large part of my personal and professional life since those formative and magical days in the 70s.

Ron has been a profound influence in my life, for which I am utterly thankful. In addition to his bigger-than-life artistry, insight, and humor, I think the one word that expresses the inexpressible meaning of his life for me is freedom. He imparted to me the gift of freedom to not be intimidated by surrounding conventions and follow my intuition that mindfulness, the body, nourishing bonds, and grace could be helpful in human healing; to believe in the face of postmodern fragmentation that there could be a principled unity of knowledge allowing one to integrate insights from contemporary science and ancient spiritual-wisdom traditions as well; and to foster the truth in a wonderful community of dear people that we are indeed holons, a self-in-relation, many members of a larger body, where the increase of compassion is necessary for our common survival. I will sense his spirit of freedom always.

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Greg Johanson

Ron Kurtz, Somatic Perspectives on Psychotherapy Interview

Serge Prengle

Editor's Note: Ron Kurtz, DHL, was the originator of the Hakomi Method of Body-Centered Psychotherapy and the method of Mindfulness Based, Assisted Self-Study. He was a preeminent influence in progressive psychotherapy, and the author or co-author of three influential books, published in several western languages (*Body-Centered Psychotherapy*, *The Body Reveals*, and *Grace Unfolding*) and three books in Japanese. Ron led hundreds of trainings and workshops around the world over the last quarter century. A second interview "Ron Kurtz USABP Interview" with Serge Prengle appeared in the 2009 *Hakomi Forum*.

Serge Prengle, a therapist in New York City who sees therapy as a creative, experiential process, is the host of the USABP's Somatic Perspectives on Psychotherapy. He writes that they "are a 'talk radio' of sorts. The tone is informal, far from any academic discourse. Every month a new person is interviewed. The interviews can be downloaded as an mp3 file (and played on an iPod or any other mp3 player) or listened to directly on the site, where they are permanently archived. The following is a transcript of the original audio that is part of the *Somatic Perspectives on Psychotherapy* on the USABP website (www.USABP.org), and can also be found at www.SomaticPerspectives.com. Please note that this conversation was meant to be a spontaneous exchange, not an edited piece. For better or worse, the transcript retains the unedited quality of the conversation. Margaret Moore transcribed this interview. Serge has also done other interviews with Hakomi Therapists Leisha Douglas, Laurie Schwartz, and Greg Johanson.

ABSTRACT: Serge Prengle, host of the United States Association for Body Psychotherapy "Somatic Perspectives on Psychotherapy" audio series, interviewed Ron Kurtz, the originator of Hakomi Therapy. Kurtz explained key Hakomi concepts such as self-study, adaptive unconscious, accessing implicit beliefs, experiments in awareness, assisted self-discovery, mindfulness, the missing experience, management behavior, taking over, and loving presence.

Serge Prengle: *A lot of people in our audience obviously know Hakomi and many have been trained in it, but some people may not know. Would you maybe define what Hakomi is?*

Ron Kurtz: Well, Hakomi uses several particular or unique approaches to helping people study themselves. We believe, or I believe anyway, that self-study, as it's practiced even in the East, is really about reducing the unnecessary suffering that comes from not knowing who you really are. In fact Hakomi means, "who are you?" That's what the word means. So, the way we do it is to establish a kind of safe relationship, a bubble sometimes we call it, within which the therapist helps the client feel comfortable, safe, and cared for. That's done by training therapists to be in the right state of mind when they work. And that state of mind is very similar to what Buddhists might call compassion, or we call it a loving presence: To have a loving feeling about the person that you actually practice developing and to be totally present. And to be totally present is to be aware of the fact of the moment, to be aware of what's happening: actions, physicality. That relates us to body psychotherapy, we're constantly aware of the bodily signs of the client's present experience; we're interested in accessing the client's implicit beliefs, the beliefs that are operative through the

client's habits. And we see the signs of those behaviors; we see the signs of even some of those beliefs, in the person's present behavior. We don't generally think about taking a history, we don't listen very much to what people try to explain to us about themselves, we just use this method to help the person realize who they are and how they organize their experience.

SP: *So it's really, as you said, "who are you?" in the sense of how you organize your experience?*

RK: Yes. And how you do it unconsciously, automatically—things that go on, as John Lennon would say, while you're doing something else. There are wonderful new books about the adaptive unconscious and that's an essential part of my thinking.

SP: *That most of the processes happen unconsciously and there's a reason behind that?*

RK: Yes. There's usually a habit that was learned as an adaptation to a situation. Or habits that were learned, and they're not necessarily verbalized or even aware, we have to bring them into consciousness, or sometimes they come in

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as a memory or an emotional reaction. And then we have to spend a little time getting the verbal descriptions of it. A child will learn the grammar of its native tongue by the time it's 18 months old. It could not tell you about nouns and verbs, but it uses them perfectly. That's the kind of adaptations I'm talking about. And we work with the surface indications of those adaptations. I'll give you a very simple example: There are people who interrupt themselves when they're speaking, as if they had an editor who was watching what they said and would stop them and make them change their words. Well, that's an indicator, that's immediate behavior that happens with this person all the time. And it's an indicator of something like, trying to avoid making a mistake because they were punished for making mistakes. So we can go right to that, if I can just listen to a person for a minute or two, I can see that behavior.

SP: *So really what's happening is you're not paying a lot of attention to the story of people's lives, but focusing on how they are and tracking what you call "indicators."*

RK: Indicators, exactly. You know Reich said that the client's history walks in with him; it's the way he shakes your hand and holds his body. The adaptations are written in the posture; they're written in the muscle tension, and the kind of posture where a person looks at you with a slight angle of their head, they don't look directly at you, that's an indicator, a postural indicator. So, as in Bioenergetics and Reichian work, locked knees are an indicator of orality, or a puffed up chest is an indicator of a psychopathic personality. So all the character patterns, to me, are a subset of indicators. And these are indicators of implicit beliefs, like the puffed up chest: "I have to be tough, I can't let people in, I can't be honest with people." All those things are written in the posture, you just have to know how to read it.

SP: So what the posture tells you, it's an embodiment of the belief.

RK: Yes, but the belief doesn't come first. The adaptation comes first. The belief may not even be conscious. It may never have been verbalized. I had that happen in Australia a couple of weeks ago. I give feedback. They're shocked that these beliefs are there, but they recognize it.

SP: *So this unconscious belief is a result of this unconscious adaptation, it takes a special kind of attitude on the part of the therapist to notice it.*

RK: And the client. The client has to be devoted to this idea of self-study. They have to be willing to allow the therapist to experiment, which will evoke some of these early, painful situations. They will just come up as emotions first, where the person will get very emotional and

not know why, and then a little while later they start to have a memory that fits that emotion. It takes courage to be a client.

SP: *It takes courage, yes. You used the word "experiment." Do you want to talk a little bit about this concept of "experiment"?*

RK: Absolutely, yes. For example, I was giving a talk at the psychology conference in Vienna one year, and I had maybe two or three hundred Germans and Austrians there mostly. I asked them to become mindful, I gave them some time, and I helped them work themselves into mindfulness, and first I told them that I was going to give them a statement, while they're in mindfulness, and I told them what the statement would be. I was going to tell them that each was a good person, in German, "a mensch." And I asked them to "tell your neighbor what you think your reaction will be when I say that to you when you're in mindfulness." So they talked about that, then they got mindful, and then out of two hundred people, 80% or more had mis-predicted, they didn't know what their reaction would be. About 60% of them got suddenly sad, some got teary-eyed, some felt relief, and of course it's because there's an implicit belief around those cultures that "we're not good people." So that's an experiment. I studied a person, I studied their indicators, made a guess about what their beliefs are, and from that guess I created a test, I created an experiment that I hoped would evoke a reaction with significant information for that person about who they are.

SP: *So that's very, very much related to that notion that Hakomi is about "who are you?" By creating the experiment you give a chance to the person to actually realize the belief that they carry inside.*

RK: Sometimes they call it "self-discovery." Assisted self-discovery, that's how I like to think of it.

SP: *Yes, so that's a very different approach from the more medical-oriented model of pathology.*

RK: Yes, it's totally not a pathological model. It's a model of, "you want to study yourself? I'll help you."

SP: *And you mentioned several times the word mindfulness and that it's very much a part of the experiment function. Could you talk a little bit more about mindfulness?*

RK: Yes. Traditionally, mindfulness is the method for self-study and meditative practices. Mindfulness is a state where you're focused and concentrated on the flow of your experience moment-to-moment and as much as possible, without interfering with it. For example, it takes years of practice, but some people can watch their breathing without

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interfering. That's mindfulness. And the smart way they train mindfulness is to pay attention to breathing. So the idea that there's no organization around controlling it, you're not controlling it, so if I say something while you're in that state, it directly evokes a reaction. You're not protecting yourself against it; you're allowing these things to happen. And that's one of the reasons that there has to be this connection with the client where the client understands and feels the compassion of the therapist.

SP: So in the example you were giving earlier, of this talk where you had asked a question to the audience, and their inability, in most cases, to predict how they would feel, the reason is that they had not been connected to themselves, and in mindfulness, they suddenly had the raw experience.

RK: Yes, you could say that. That's true. And the reason I chose that sentence, that statement, "You're a good person," is I understand that culture doesn't promote that. The culture promotes original sin and you're the bad guy, so I just guessed that that would work.

SP: Yes, and obviously as you said, when you're dealing with the client you pay attention to who the client is through these indicators.

RK: Absolutely, and then the statements I offer to clients, or other kinds of physical experiments I do too are designed particularly for that client at that moment.

SP: So in order to reach that moment where the client is able to be in a mindful state, you mentioned that the attitude of the therapist includes compassion, a loving presence. How is it that you help somebody who is not especially prepared or trained, in mindfulness to become mindful for these experiments?

RK: Well, almost everybody can do it for a moment or two. Almost everybody. You'd have to be quite wired up and nervous not to notice something and so most people can do it. And of course clients, once they have practiced a little bit, it gets easier and easier. The key to it is what you might call "limbic resonance." By any Hakomi practitioner, timing, my pacing, by being silent when the client needs you to be silent, by noticing things simply. What I train my students to do is when you sit down with somebody, study them for what you like about them, for what makes you feel good, and that will be reflected in everything you do. So they're trained to do that, to look at somebody and know to just start liking this person, how beautiful they are. They're all beautiful, somehow; everybody was somebody's baby.

SP: So what I'm hearing is that if we are making mindfulness something that's intimidating, it's going to be difficult. But if we focus on the fact that most of us can access mindfulness for a few seconds, then it's much easier,

and what happens is that the therapist actually helps the client, eases the client, into that mode by limbic resonance, by focusing on what they like about the client.

RK: Yes, that's true. And I may not even mention mindfulness to the client. I may just say in a very soft voice, something like, "Well, why don't you just get as calm as you can get, and I'll say something and you notice what happens when I say it." Just as simple as that, and that works. They don't have to know about mindfulness, they just have to get calm and study their experience.

SP: So very much that sense of just being in the moment and creating the present experience.

RK: Yes, exactly, studying reactions for information. What it tells you about who you are. And there are people who are too nervous, they had too much coffee, or something like that, and they can't get into mindfulness right away. So they have to get a massage, take a hot tub, something like that. But I've only run into maybe two or three people in a career, a 30-year career, who couldn't. That's how easy it is.

SP: And maybe it's a testament to how wired we are to resonate with other people, that the therapists themselves are able to create some of that.

RK: Absolutely. Sometimes we'll trigger a traumatic memory, and in times like that (because you have no idea what's going to pop up when you do an experiment, you've got an idea about an indicator, and the person can go right into a traumatic memory); in those cases I talk very softly and gently and calmly to the person. I have them look right in my eyes, I hold them with my vision and my softness and I talk to them, this human hijacked by a memory, and I say, "You know you're really safe right here, right?" It's an appeal to the rational mind. And that seems to help them come around quite a bit.

SP: So very much instead of talking about relationships, you are in a relationship at a very basic, limbic level.

RK: That's true.

SP: And what is it that helps therapists practice being able to offer this kind of loving presence?

RK: Well, that's a good question. Well, for me, it popped up many years ago when I was working in Germany. And I had done nine straight days of therapy sessions in a group, over and over, and I was exhausted. And I was so tired I couldn't think very well. And I just stopped thinking for a while, even though I couldn't tell the client, I didn't interrupt the client, they were just talking and I sort of went blank. And in this blank state, looking at this person, I saw

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a certain kind of beauty in them. And I realized if that person knew that I was seeing this, they would feel it. And I realized it shows. I'm looking like I'm feeling this, and I had the person look at me (he had his eyes closed), he looked at me and immediately his process changed into something deeper and something emotional, and that's when I realized, oh, yeah, that's the basic engine of the relationship. It's just appreciating this person to the point where you feel compassion and you feel loving towards them. And that will move the process by itself. I get plenty of that for myself too; I have a wonderful family that supports and sustains me.

SP: *Yes, so in other words it would be very difficult to offer this sustaining sort of presence to clients if you didn't experience it yourself in your own life.*

RK: Yes, you have to find a source for all that. You have to find a beauty in everything. You have to be really careful about getting hung up on what's wrong with the world, because there's a lot.

SP: *So maybe that's also related to mindfulness in the sense that it's about the ability to focus or not focus on some things.*

RK: Yes, right. Sometimes it's called concentration training. It's the ability to focus in the present.

SP: *So, you as a therapist have this sense of loving kindness, you are tracking the client's reactions, discovering indicators, conducting experiments . . . what is it like for the client to go through that? You mentioned earlier there is a certain sense of courage, and it must take a certain kind of client to take this; or is it something that's applicable to everybody?*

RK: I think almost everybody. But there has to be willingness in self-study. There has to be a willingness to take an honest look at yourself. The experience for clients, we think of it this way, if they adapted to a situation that is still painful to them in some way, or still running them in some way, defensively, compensating, they didn't get the kind of emotional nourishment that they needed. There was something missing, we talk about the missing experience. And missing because either they don't believe it's possible or feel like they have to defend against it, like for example, we can do an experiment where I ask a person to be mindful and to watch me and I'm going to start moving my hand very slowly towards them and just touch them and they should notice their reaction. Well, that will trigger a memory; if they have been abused, this typically will trigger that. And what's missing for them is this perfectly gentle, sweet touch. And so when they realize that, they become emotional, and then they can allow the hand to touch them and they can feel the sweetness, they can feel what's been

missing for years and years. And that missing experience is so delicious and so healing, that once you experience that or even if you just see that happening with somebody else, like when I do therapy intensives, very often, and there's 20, 25 people out there watching me, five of them are going to be crying in somebody's arms when I'm done. The people watching get moved because they have similar issues; these issues are very general. The nourishment that was missing is just like the Germans, you know.

SP: *So maybe that's something that I want to make explicit, is that we're talking about something like an experiment and using an analogy with a scientific process, but at the end of it, the moment of change, the moment of healing is the emotional healing that happens when people connect to that missing experience.*

RK: Exactly.

SP: *So this emotional healing, you just described something that happened in a workshop, could you give some experiences and other recent examples of an experiment and the kind of missing experience that it revealed?*

RK: Very often, I'll tell somebody, there's a little bit of technique involved here, to invoke these memories and to invoke these emotions. I remember working with somebody, a psychiatrist, or I think she was just a doctor, a medical doctor, who had been severely abused. And we worked several sessions until she reached a point where she was containing her rage and couldn't release it. It would just choke her up in her throat. And I said, okay, why don't you come back tomorrow, and I'll have people here to assist me, and we'll contain you. So we did that, she came back, we brought her right to the same edge, and they were holding her very tightly, because she would contain herself if she were alone. But when she reaches a point the second day, I have people hold her very tightly so that she could feel safe enough to compress herself. Well she goes into this rage and I don't know how long it lasted, I have a tape of it, it probably lasted at least five or ten minutes. No more than ten but at least five. And afterwards, after this explosion, she lay down with her head on one of my assistant's laps, and she was feeling really great; she had released that and went into kind of a sweet melancholy about it all, and she looked at me and she said "I never did this before." She never let herself be comforted, she never rested her head in somebody's lap before. That's delicious; it's wondrous. I forgot the question, but that was the answer.

SP: *Yes. I was asking you to relate an example of that and what's become very apparent in this example is the role of containment and support, including physical support.*

Prengle with Kurtz

RK: Exactly. It's still part of the body-centered aspect of it.

SP: *So, where other people see things in terms of resistance, you actually support people.*

RK: Yes, I see it as emotional management behavior, experiential management behavior. So, I'm going to help them manage it. I'm going to support their behavior so that they can relax a little bit, let me help them, and then what they're managing has a better chance of coming through as expression.

SP: *So in other words you don't go into a battle with the clients describing a behavior as dysfunctional, but you see it as a way they are managing their behavior, and as you help them, something else happens.*

RK: Absolutely. It's amazing. We call that technique "taking over." We take over a person's defensive or his management behavior. For example, if I give somebody a probe that says, "you're a good person," and they hear a voice that says "no I'm not," I mean they have a thought; we'll have somebody take that over because that's a management behavior. They're managing their fear of thinking of themselves as a good person, that's not a good idea, no. I have somebody take that over, so I say it again, a few times, "you're a good person" and an assistant of mine says, "no I'm not." And the person is again in mindfulness. And as we do this two or three times there's a memory; a memory comes up about where they learned this adaptation. And once you've got it in memory it's changeable. Once they see why they did it, they have some more control, they can change it, they can change that behavior. But they have to understand it first. You can't force it to change. It changes through insight and practice.

SP: *So the words "insight" and "practice" are very evocative also of Buddhist practice.*

RK: Absolutely, yes, that's right.

SP: *And I assume that is an area where some of that wisdom, some of that approach, has permeated your approach and your methods.*

RK: It was there from the beginning. I was enamored and studied Buddhism and Taoism long before I started doing Hakomi. It's part of the inspiration for the method.

SP: *So, I would like to use the word inspiration to say that this has been an inspiration. Unfortunately we're coming to the end of the interview, but I would like to suggest to people that are hearing this to carry with them some of this compassionate and experimental attitude in their work.*

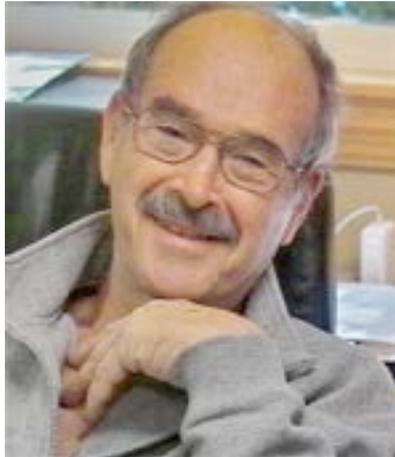
RK: A loving presence.

SP: *Thank you Ron, for your loving presence.*

Prengle with Kurtz

Tributes to Ron Kurtz

1934-2011



In Ron's Own Voice

*The unfolding and growth of consciousness is the central process of psychology
and, in one viewpoint, of every human life, all history,
and the evolution of consciousness.*

in all Buddhas
in Sangha
in Dharma
in my body and yours

Meher Baba, Swami Rama,
the ones I've known
the ones I never met

the holy ones
the sweet, laughing ones
the beautiful ones

who found love,
in this house of pain.

I take refuge this terrible day,

in poets, music makers
dancers, dancing freedom
of the body and the mind

in all seekers
who broke the iron hold
of separation

all lovers . . . young ones, still
surprised, old ones who know
love's sad sweetness

I take refuge this beautiful day

in my loved ones
wife, child, friends,
students, colleagues

Tributes to Ron Kurtz

in the holy ones
all the holy, precious keepers.
in hearts that break
open, that rise up
to comfort, defend, protect

I take refuge in all of these

in the old wisdom,
they who found it, sung it
the laws, how it all works

Not only refuge, I take
sustenance and Hope,
for peace in every heart
in my body and yours

for peace in every mind
for wisdom to see through
our pain, all pain, pain

which drops us blind,
fearful, angry, down
into a deep well

of nothing but self and self-
concern, burning with greed
and desperation

from all of this, I take refuge. . .

in the law, the teachings,
the good books,
the holy writings

of Buddhas, saints,
preachers, drunk on love
all who saw clearly

saw and sang, the good news,
gospel, dharma, going from
mind to mind, soul to soul

touching so many, touching
the seekers holding hands
standing together, joyous,
celebrating

buoyant, even as time flows
people flashing by,
faces in a dream

I take refuge in you,

sweet friend, stranger,
in you and me
as one being

The Day I Married Terry Toth

Ron Kurtz

September 15, 2001

Tributes to Ron Kurtz

Speaking about Ron in the past tense will take some time to get accustomed to. His love for his work and his love of life were indistinguishable. He had the capacity to open our eyes to what's possible, and he did it with insight and laughter. Quite a combination. You'll be sorely missed, RK. Dr. Richard A. Heckler, Sonoma, California.

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Meeting and working with Ron Kurtz changed my life personally and professionally. He had, and will continue to have, a big presence in my life for which I will always be grateful. I am thankful for his gift of Hakomi. Yvonne Guertin, San Francisco, California.

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Ron was a true modern-day shaman, a founding father of our profession. Anyone who was fortunate enough to study with him personally was not simply educated but literally infused with knowledge of and compassion for the human condition. He will be missed and, at the same time, will live on as a guide for those of us who had the privilege to have known him in some way, as well as for future generations of therapists and clients who will continue to benefit from his courage to work "out of the box," reach into the dark and lead us into wholeness. May his soul find peace. Condolences to his family and close friends. Talia Shafir, Cotati, California.

* * *

It is with great sadness, as well as love and gratitude, that I enter 2011 with the loss of my dear friend and teacher, the amazing Ron Kurtz, creator of the Hakomi Method. Ron died suddenly of a heart attack on January 4. I miss him already, his wit, his humour, his compassion, his imagination and inventiveness, his never-ending quest for the most elegant and effective way to help others and to practise his art. I'll write more about this unique being in the coming days and weeks. I know there are thousands of you who join me in holding his memory dear and in sending love and support to his beloved wife and daughter, Terry and Lily. We'll all miss him dreadfully! Donna Martin, Kamloops BC, Canada.

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I am flooded with images, feelings and memories of Ron today, but mostly what lingers is his kindness. . . his basic goodness. He once did a session with me in a workshop that changed my life in the way that he was present, unconditionally accepting, and insightful. I hardly knew him but I miss him deeply already. Jed Swift, Columbus, Ohio.

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La obra de Ron está transformando y moldeando mi vida en forma cada vez más importante. Mi respeto y mi admiración para el. Virgilio Chavez, Toluca, Mexico.

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Tributes to Ron Kurtz

My time knowing Ron Kurtz was one of the most important times of my life. He was deeply formative for me on many levels. I will always cherish the memories I have of him. My condolences go out to his wife and daughter. Christine Palafox, Boulder, Colorado.

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I never met Ron but read his books and had the pleasure of knowing some who trained with him. His powerfully gentle style influences me still. I offer my condolences to family and friends; and I celebrate his life. Marcel A. Duclos, Flagstaff, Arizona.

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I first was introduced to Hakomi in the early 1980's, and it connected with me more than any other approach I had studied. The character typology model of developmental psychology was both more real and helpful than anything I had learned in school. More than anything else, the focus on mindfulness, organicity and mind-body holism totally resonated what I knew to be true deep inside. Ron's work became the foundation for my own contribution to the field, EKP, working with the literal power of the heart. Without Ron, Hakomi and his wonderful trainers (Devi Records and Dyrian Benz, to name two), I would have never had the building blocks to create, practice, and teach what I have been doing for the past 26 years. I am deeply grateful for Ron's innovation, creativity, vision, and contribution. He will be deeply missed. Linda Marks, Newton Massachusetts.

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Ron, your work has meant so much to me personally and to those with whom I have practiced over the years. I feel so grateful to have spent time with you at Esalen. I will always remember your kind and gentle spirit, your sense of humor, and your deep, open-hearted way of both questioning and understanding of the human spirit. The world (and my world) was made a better place because of you. Jean-Marie Mitchell, Orlando, Florida.

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It is with a heavy heart this morning that Ron's passing begins to be real to me. My life has been profoundly reshaped simply by knowing him. He was my mentor and my friend. In the world of emotional healing he was a true pioneer. For more than 30 years he put mindfulness, nonviolence, and loving presence at the very center of his work. Ahead of his time right up till yesterday, he continually refined his method. Extraordinarily generous with his discoveries, he happily shared them with all who asked. We have lost a giant. Bob Milone, Salt Spring BC Canada.

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Much love Ron. We will dearly miss you. As stubborn and hard-headed as you might have been, very few on this earth exemplify the love, compassion, and fearless dedication to bringing healing to the lives of others. You will be remembered with both smiles and tears. So grateful I am to have been your student, and to have shared in your beautiful loving presence. Kevin Brown, Montana.

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Tributes to Ron Kurtz

I found the Hakomi approach so powerful that I decided to become a therapist after attending a single Hakomi training weekend in 1990. And I am just one of many thousands who were inspired and influenced by Ron's contributions to the field of psychotherapy. I was fortunate enough to study with him on several occasions and he was sweet, funny, insightful, and amazingly gifted. Ron's work helped set the stage for the paradigm shift in the last few decades that have brought a focus on body inclusiveness and the use of Eastern and mindful practices in the treatment room. Every academic quarter I include a chapter from one of his books in my clinical skills classes for masters level psychology students as well as discussing some of the Hakomi techniques. It is an honor to be part of the ripple effect of his work continuing on. Andrew Teton, Santa Barbara, California.

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Words cannot express what impact Ron's loving presence, generosity and work has had in my life. Ron was a teacher at his heart. He shared his insights without hesitation and had a way of explaining complex things in simple words. He radiated love and grace. If you were in the same room with Ron, you ended up talking to him one way or the other. He literally drew you in with his ease, laughter and love. The world has lost a messenger of Love, but his message will not be forgotten. My prayers are with Terry and Lily whom Ron loved dearly. Ron, you are sorely missed! I will always be grateful for you and your teachings. Dace Skudina, St. Louis, Missouri.

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Thank you, Ron, for giving us Hakomi. You were on to mindfulness long before it was a buzzword. You have deeply influenced and brought together a talented and creative group of people all over the world who share your love for this beautiful work. May your spirit live on through all you have touched with your genius, your compassion, your intuition, and your humor, as they in turn share your gifts with the world. Lorena Monda, Placitas, New Mexico.

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Ron can travel anywhere he wants without the hassels of jet lags. I trust that his legacy will be passed on and a new breed of healers will come forth. I remember him as a great teacher, mentor, and most of all a wonderful human being. Susanna Wong, SAR Hong Kong, China.

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I loved especially his humour and his style of talking. Profound and wise he mumbled about the human nature and its obstacles and how to detect and sometimes overcome them. Besides my three other trainings in psychotherapy, the principles he talked about are still the root of my work until today. I am very thankful having met him. There are two people who influenced me most in my life. He is one of them (the other is my wife). I met Ron in 1979 in Germany and was so fascinated from his approach that I asked his co-trainer Halko to start the first Hakomi Training in Europe. Since then Hakomi is flourishing in Germany. Roland Kopp-Wichmann, Heidelberg, Germany.

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Ron, your compassion and intuition, your highly ethical attitude in therapeutic processes and your humour were the foundation of my psychotherapeutic path beginning in 1982. There are still words you said then that accompany my life today. Thank you. Susanne Wichmann, Heidelberg, Germany.

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Tributes to Ron Kurtz

My deepest condolences to the Hakomi community. What a painful loss! Ron was a beautiful and large soul. I remember him from the early seventies. His co-author of *The Body Remembers*, Hector Pretera, was my rolfer. Ron and I had Brooklyn roots, a special connection. John Pierrakos was his therapist and mine, another connection. Ron introduced John Pierrakos at the First USABP Conference in Boulder when John P. received our very first USABP Lifetime Achievement Award. It pleased me that Ron later received the USABP Lifetime Achievement Award. I recall that he was very proud. During each of the early USABP Conferences, Ron did one-day institutes which I never missed. After the intensity of six years of Core Energetics, his gentle approach was a welcome relief for my body. We have lost one of our giants, a person who could take the best from various modalities and synthesize them into an organized system. I will miss him. Mary Giuffra, Broxville, New York.

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I first met Ron at a workshop at Interface in Boston in 1982 that was so powerful and inspiring that within six months, I had left my television career in NYC and moved to Boulder to take the intensive Hakomi Training with Ron, Pat, and Phil. Ron was a dear friend during the time he lived in Boulder in the 1980s. His soul is so incredibly loving and generous. His work is inspirational genius. During the past 10 years that I have served as director of the Hakomi Institute, I have been blessed to witness the power of Hakomi and the transformational effect it has had on the lives of people around the world. Thanks to Ron for his gift to us, and love to him on his journey. Laurie Adato, Boulder, Colorado.

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I am utterly grateful to Ron as my teacher. His presence, wisdom, and love changed my life. The principles of Hakomi created a remarkable and solid container for me as a person and for my practice from the moment I read his book in the 70s. But it was his presence, compassion, and light heartedness, his humor and sensitivity to others that enriched my spirit over the years of knowing him as a mentor and friend. I feel truly blessed. Yesterday, when we heard the news, I began to experience his presence as sparks of light that are redistributing themselves among all of us he has known and loved. It is a body sense that is very strong. He is now an essence and free. The following poem is by D.H. Lawrence:

When the ripe fruit falls its sweetness distills and trickles away into the veins of the earth. When fulfilled people die the essential oil of their experience enters the veins of living space, and adds a glister to the atom, to the body of immortal chaos. For space is alive and it stirs like a swan whose feathers glister silky with oil of distilled experience.

Carol Ladas-Gaskin, Seattle, Washington.

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Ron was my friend, my teacher, and a source of deep comfort, delight, and inspiration. I cherish every minute I spent with him, the fun ones and the hard ones. I miss him now as the waves of grief come and go. His humor, his brilliance, his creativity and his humanity were a delight that I will always remember. He opened doors in my personal life that would have remained closed forever had it not been for him and the Hakomi Method that was his passion and his life work. He was a man ahead of his times: loving presence, attuned tracking of present moment experience, the use of emotional nourishment, taking over, relational mindfulness, non-violence—all of these aspects of Hakomi anticipated by decades the recent directions that modern therapy is trying to take through its recognition of the role of attachment in human development. It seems that a great light has left us; may we be up to carrying this brilliant torch forward. David Cole, Shoreline, Washington.

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Tributes to Ron Kurtz

I remember fondly Ron's impact on my life personally and on our Hakomi community. I will miss his presence and teachings and am grateful to what he has meant in my life. My thoughts are with his family and the many students he has impacted around the world. Manuela Mischke-Reeds, Redwood City, California.

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What I want to remember about Ron is how much fun he was to be with. He had a wry sense of humor, which, combined with great insights into how people work, made every discussion I had with him a place where I had to look two or three layers deep to actually get most of the jokes. I doubt I got all of them. He was a kind and gentle teacher, too, helping each student to make the step that was right for him or her in that moment. Along with most other people here, I wish I'd gotten more time with him; I'll cherish the few hours that I did. I describe Hakomi to people as midway between a school of psychotherapy and a philosophy of life. To the extent that I apply the basic principles, I have a more interesting, happier, and better life than I would if I weren't paying attention in the ways he (and his students) taught me. What more could one want from a philosophy? Tom Whitmore, Seattle, Washington.

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Ron Kurtz's exquisite sensitivity, big compassionate heart, and wonderful sense of humor will be sorely missed. I never met anyone who could think so deeply and wisely one minute and break down into absolute silliness the next like Ron could. His loving heart and pioneering spirit will truly be missed. I am so very grateful for the profound influence Ron has had in my life through our interactions and also indirectly through all of us he has shared his beautiful and amazing work with. It is astounding to think about the many people all over the world whose lives were touched by this one. May he travel gently now and may his spirit live on in each of us. Julie Murphy, Santa Cruz, California.

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Ron's work healed me and changed my life for the better. Using his Hakomi Method I pay tribute to him in order to serve others and alleviate the vast suffering of beings for whom Ron cared so deeply. A healing warrior, Ron will be missed. Valerie Lorig, Boulder, Colorado.

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My life was changed from the first meeting with Ron. I was grateful I got to attend a training with him this summer (2010). I am grateful to have heard from him 1/3/11, encouraging me in my learning to teach Hakomi and share the wisdom and power of Hakomi in healing. I will take this encouragement with me and his voice in my heart and help to share what he tirelessly worked out for all of us. I will miss him and I send love to Terri and Lily. Lynne Accetta, Turnwater, Washington.

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I learned much from Ron and the people who came to his trainings – all of us yearning for freedom; courageous enough to take another look. Thank-you. I know Ron as a teacher, a learner, a scientist, a voracious reader, a healer, sometimes a comedian, occasionally a bit of a Zen master, and a mystic. I heard him speak of his great pleasure at being Lily's father; the wisdom of his wife, Terry; his admiration of Jack Benny. Ron sometimes listened to jazz on breaks, was a bit of a hippie and invented "raspberry therapy." Ron often acknowledged, "I have my hand in the pockets of Giants." Ron, you have left tracks across my heart in a good way. I am glad you offered me your hand on the path of Hakomi and now I offer you mine. Thank-you, Ron. Roxanne Peterson, Steilacoom, Washington.

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Tributes to Ron Kurtz

We are saddened by the passing of this man who touched our lives profoundly, and changed the direction of them as well, way back when. His depth of compassion and ability to see deep beneath the surface of human character to the vulnerable yet strong, resilient, and precious human spirit has been experienced by many folks world-wide. Laurie and I admire, respect, and love him for how he touched our lives as people and as therapists and send our prayers and blessings to him on his journey. Stuart Friedman and Laurie Schwartz, New York, New York.

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I never had the privilege of meeting Ron, but my life has been—and continues to be—utterly transformed by the exquisite beauty and power of Hakomi. I've gotten a strong sense of his loving, playful, creative, and daring spirit in a few ways: by reading his books *The Hakomi Method* and *Grace Unfolding*; by watching his amazing training videos; and by training under his *Grace* co-author Greg Johanson and several other gifted trainers, all of whom so beautifully embody the spirit and principles of Hakomi that Ron so generously gifted to the human race. I am filled with love and gratitude. Ken Porter, Grand Rapids, Michigan.

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Big love Ron, wherever you are. You helped me so much on my life's journey and my heart goes out to all in the Hakomi community who were so blessed by your person and your teachings and who are grieved by your passing. All my love and best wishes to all of you. I will honor your memory by being the best Hakomi therapist I can be. Brian Scheffer, Olympia, Washington.

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The missing experience; that is what Ron truly was for me! The missing experience of kindness, wisdom, insight, love, patience, and huge humor. How blessed I have been to have known you Ron for so many years. To have learned so much and to have been touched so deeply. Bodhi House will also be a bit empty without the resounding sound of your calling, "Kunzang!" So much gratitude for you Ron. Will really miss you. Love and grace to Terry and Lily. Kunzang Brown, Olympia, Washington.

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I first met Ron in the early 90s in Germany after I had finished my training in Hakomi. I was lucky, not only to meet him on a seminar, but to walk with him through the streets of Hamburg until we ended up in an Italian restaurant where we had dinner. This couple of hours showed me that my impressions that I got from his books and out of the method was deeply presented in his words and attitude. I was touched by his presence, friendliness, and humor. Ron's work and this meeting had a great influence to my life. Thank you Ron, I'll never forget you. Rudolf Engemann, Weingarten, Germany.

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Tributes to Ron Kurtz

I was first introduced to Hakomi by Cedar Barstow when I did the Right Use of Power training with her in Portland. I then found Donna Martin in PEI and started the Hakomi training there and in Montreal. I am forever changed as a result of this training and the connections I feel with the Hakomi world community. I wish to send blessings to you Terry and Lilly and to Ron's worldwide Hakomi family at this very sad and blessed time of honoring Ron's life and sudden death. I met Ron only this past fall in Montreal. I came away feeling like I knew him and loved him all my life. His love, compassion, empathy, understanding, his intelligence, intuition, dry humor, all shone brightly and gently. His authenticity was cellular and openly shared with one and all. His soul danced with all souls in our world on the level in which we are all truly connected. In Ron's company all masks hiding one's heartfelt authenticity mysteriously melted away into a sea of love and acceptance. I so hope that together and in our individual ways we will continue to love and be present to ourselves and each other as we grieve his loss in our lives and move forward his legacy, his love, his beauty, and his teachings. In memory of a bright light in our world who has moved on into the light of yet deeper understanding, I love you Ron and I will miss you and feel your presence forever in my life of learning as a human being and as a passionate member of the worldwide Hakomi family. Janine Clancy, St. John's, Newfoundland, Canada.

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Ron Kurtz was one of those people I liked from the first view. During my Hakomi Therapy education, I had the chance to work with him and to appreciate his skills and his ability to discover what was going on. In my heart he will be alive. I'm so sad. Sigrid Wentz-Reuter, Mannheim, Germany.

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I believe Ron is a Bodhisattva. The power of his mindfulness was incredible if not almost magical. I luckily got to work with him while I was in Hakomi training at SHEN here in Seattle. As a client/student he rapidly connected to my deepest pain; I cried on his lap in front of perhaps 50 people without shame. For me it was as though I had experienced a miracle. A gift that I want to share with all. I feel so honored to have known Ron and so sad at his passing. What a beautiful legacy he has left me/us, I will always honor him. John Nyquist, Seattle, Washington.

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My heart is breaking with and for you, Lily. My own father recently died and I know (because we talked about it) how much your father adored you and being your father, too. Thank you for sharing him with all of us who are both so sad and so grateful at the same time for all he was, is, and will always be to us. I hope the many comments about all he did with and for others, especially in his professional life, will fill you with a deep kind of contentment for the fullness and goodness of his life, and maybe even inspire you when you might need it. Sending a lot of love to you and to your mother. Cindy Sadlek, Davenport, Iowa.

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Today and tomorrow we are teaching advanced coaching Level III here in Seattle with 26 people gathered together to be a healing presence to each other. What better way to celebrate your life and vision, Ron. You have our deepest gratitude for teaching us how to form a deep, enriching healing community. We have been lighting candles to you all day; each one honoring your love and fierce commitment. We send loving healing prayers to you as well, Terry and Lilly. You were such a blessing to him all these years and a caring presence for us. Carol Ladas-Gaskin, Shoreline.

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Tributes to Ron Kurtz

Ron and the people around him in Hakomi circles, have influenced my life, work and relationships in a very profound way for many years. I want to express my gratefulness, and I will always remember the personal and professional times we shared. Ron had a fascination for many subjects, and one of them was Daoism and Chinese medicine. We shared that fascination and Ron encouraged me to keep blending Hakomi methods with my practice and teaching. That has continued to be a central focus in my work. It's evident from all of these testimonials that this is one of many similar stories. Thanks Ron, and may the next leg of your journey be infinitely more fruitful. Kamala Quale, Eugene, Oregon.

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What always struck me about Ron was my sense that he never stopped. He never stopped believing, learning and changing, loving, and offering knowledge, wisdom, and humor. He gave us many gifts. His kindness and love and deep deep perception touched souls globewide. Ron credited the minds he learned from: the Buddhists, psychologists, systems theorists, and neuro-explorers, but his deepest gratitude was always for Terry and Lily. What a grand force field he continues to be. We love you. Jill Swartz, Victoria BC, Canada.

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Met Ron in 1996 at a conference in Boston, and took workshops and training with him in Argentina, Ashland, and various places in Mexico, the last time in Casa Azul near Tepoztlán, last year. Words don't come easy in times like this. Ron was the best teacher I ever had, and he will continue to be with me in my classes, workshops, papers, and sessions. I am sure his teachings, his humor, his wisdom, and his loving presence will live on through his many students across the world. As I write I am feeling both gratefulness and a sweet, warm sadness. Fernando Ortiz, Mexico City, Mexico.

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I send blessings, gentleness, support, and a sense of timelessness to his family for their grieving process. I never met Ron, yet feel a deep loss and sadness as if I had known him. I have been interested in taking one of his trainings sometime soon. I took Hakomi for body workers in 2006-'07 in Santa Fe and know his work has transformed the "me" I bring to the table and to my clients. The simple shift of having "no agenda" has softened my work and allows the empowerment of my client's own truths. I feel so sad that Ron, a brilliant man, is no longer here with us, yet hope we can continue to call upon his spirit to guide us and inspire us in creating more love and compassion in our world. Bless you on your continued journeys Ron! Love and prayers for his family. Val Morningstar, Santa Fe, New Mexico.

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Ron wanted to bring more and more awareness, compassion, and acceptance of how things are into the world. His genius was that he succeeded in that for so many of us. Thank you Ron! Good-bye for now to an old friend and companion. With deep gratitude and love to Ron and his family who has been such a wonderful support to him all these years. Dyrian with JoAnna. Dyrian Benz-Chartrand, Santa Barbara, California.

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Ron Kurtz was both a teacher and friend. His work has profoundly influenced my life and the development of the organization that I manage, Oregon School of Massage. I mourn his untimely death, and will continue to celebrate his many contributions. My condolences to his family and close ones. Ray Siderius, Portland, Oregon.

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Tributes to Ron Kurtz

Although I did not meet Ron in person, I have clear memories in my heart of seeing him teach and work, through videos and his books and writings. As a Hakomi graduate I feel we have so much to be grateful for. What inspires me is his unashamed tenderness, childlike genuine joy, patience, and courage to be fully in the moment. I have loved his storytelling. Thank you Ron for your generosity in teaching. I extend my best wishes to his wife and family. Penny Kennett, Auckland, New Zealand.

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Ron and I met in 1973 at Refer Switchboard in Albany, NY, where I was a volunteer crisis counselor. That first meeting, the very first thing to like about him was his wonderful sense of humor. A favorite memory is that Ron would do impressions of Jonathan Winters. He could get everyone laughing so hard, the tears rolled down our faces and our sides hurt because we couldn't get our breath back.

There were his little road trips too. He would get a few friends to hop into his car and go. We went to see N. Muramoto in SF, Dorie DiAngelo in Carmel, to Woodstock, to Esalen, to the best runny beans at a Mexican restaurant in Monterey.

He liked to get people to try what he was doing and he brought great people to Albany to give workshops, consultations, and treatments. He was a kind of holistic health pied piper at the time. So he often took us into his kitchen to try the latest, really tasty healthy food he concocted.

And Ron saved my life. In 1975, he and Hector Prester worked out a sabbatical for me, to spend three months in California. Those three months let me totally jump out of my system and rest. So I have been reaping the benefits of his intervention for 36 years. He has influenced my life through all of the people he taught: my Hakomi teachers, trainers, supervisors, and friends. He will continue to touch my life through the Hakomi community he hoped would evolve. I think his dream is coming true. So I thank Ron every day for encouraging people to support each other mindfully and with loving presence.

Over the last five years Ron has been my teacher. It has been an honor to sit in his intensives and enjoy just being with him again. Just being with Ron I was happy.

It is with deep gratitude, respect, wonder and unbounded love to have been Ron's friend.

In 2006, I wrote this poem for Ron:

In this Circle

In this circle
heart becomes free
spirit is at ease
and we are held in the warm breath of the universe.

Outside this circle
heart's hunger returns and spirit will thirst again
and know that outside this circle
sometimes
I will have to think
in order to breathe.

Bari Falese (Andersen) 2011, January.

* * *

Tributes to Ron Kurtz

I will miss Ron, especially his genius and his humor and most of all, his loving presence, whether with a class he was teaching, a client he was working with, or just with me whenever I talked with him. I remember when he was in Montreal, we were both singing "Sunday Morning Coming Down" together. He loved music and as we all know, loved reading the very latest in cutting edge knowledge about the brain, the self, and growth. Truly an inspiring being that often comes to visit me in my sessions with clients, the times when I say "Ron, this one's yours . . ." Learned that from him! What a gift and privilege to have been a student of Ron, and to be able to be a part of his legacy. Roland Berard, Montreal, Quebec, Canada.

Comenze a estudiar Hakomi, en octubre de 2010, no conoci personalmente al maestro y en cierta forma me duele, sin embargo creo firmemente en que se sigue a la esencia y no a la presencia, asi que mi amado maestro SIGO TU ESENCIA Y NO TU PRESENCIA. BENDICION HASTA DONDE ESTAS. Roberto Martinez Cortes, Mexico.

* * *

Ron's amazing work healed me during tough times. I pay tribute to him by using the Hakomi method to help alleviate other people's suffering. Ron's big heart made him a healing warrior and mindfulness master in the therapeutic world - a rare combination and true bodhisattva. Valerie Lorig.

* * *

Hi everyone,

I wanted to be sure that all of you had heard that Ron Kurtz died last week of a sudden heart attack. Ron was a close friend to me, and an important influence in the development of IFS. He generously took me under his wing in a way that is rare for leaders who have their own stuff to promote, and at a time when he was already established and didn't need to support a different approach. Through his and the rest of the wonderful Hakomi community's influence, IFS is more body-centered and mindfulness based. In addition, we learned many things from him and Hakomi in general about running good, safe trainings. There is a special connection between the IFS and Hakomi communities with lots of cross-fertilization, and Ron set that in motion.

Ron also had a great sense of humor and charisma that invited lots of love and transference. He had his parts—could be stubborn and (from my perspective) reckless at times—but his contribution to IFS and psychotherapy in general is immense. He recently asked me for a blurb for his website and this is what I wrote:

"Ron Kurtz is an important pioneer in bringing mindfulness to body sensation and emotion in a healing way. He was doing this long before others discovered the power of mindfulness in psychotherapy. His refined Hakomi Method invites clients into deep states where core beliefs reside and can be released. I have learned a great deal from Ron and am grateful for his mentoring."

I haven't had a lot of contact with him the last several years as he tried to travel less so our paths didn't cross much, but I always held him in my heart and I have grief in his spot in there now. With love, Richard Schwartz, Internal Family Systems Therapy.

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Tributes to Ron Kurtz

My Dear Colleagues,

I can only imagine what this week has been for you. For me, there are tears, memories, chuckles, dreams . . . and so much gratitude for having been blessed by God to have brought me into contact with Ron way back in 1977 at 24 yrs. old when a friend suggested I take a workshop with him in Boulder the summer before beginning massage school. A year later, he taught us the Reichian theory part of our Reichian massage class and had everyone gather around him huddled close because he spoke so softly and created an environment where you could hear a pin drop in the room and we all hung on his every word. Then he'd have us do exercises where we'd stand in front of the room and do body-reading, or make slight adjustments to our posture and observe the feelings that emerged. . . changed my life. Took the first training in Boulder three years later with Halko and about nine Germans, three Americans, (me, Jaci Hull, and Jim Lehrman), two Canadians (Wendy Wildfong and ??) and Pat helping out. . . We students lived in a house on The Hill where the training was held for nine weeks. Three days training, two days off; and there was Ron and half-organized papers (no training manual yet), half-formulated exercises, his jokes and stories and quotes—he boxed with us (he loved to show off what a good boxer he was)—and flipping pens and catching them between his index and middle finger (which I got great at!) He also would show off that he could kick a straight leg up higher than 90 degrees—I was impressed. He was always a bit on the beefy side, although when I see pictures back then, he looks well-proportioned and strong. He was built like a bull.

One of the most meaningful and intimate times for me and Ron was when I got to drive him around upstate New York and then to Long Island in 2002 when he came to Omega Institute to do a weeklong workshop there, in my 1991 cherry red Toyota convertible with Hakomi license plates. And always interspersed in our personal and philosophical conversations there was wit and humor. When he wanted to change a heavy discussion, he was into his phase of "I always wanted to be a _____, but I just ____" and the gauntlet was thrown and for the next fifteen minutes we'd see who could outdo the other with some ridiculous pairing. Of course, I think I came up with the best one with "I always wanted to be a juggler, but I just didn't have the balls." (Sorry, I can't remember any of his. Does anyone?)

Whenever someone I love passes, I experience the sense that there's more of life I want to share with them. Gratefully, with Ron, I don't feel sad about not having let him know how much I love and value him. Just after his operation, Laurie and I called him from a bench in Central Park and we chatted, reminisced, laughed, and spoke of his wanting to come to NYC with Lily and share his birthplace with her. And just two weeks before his passing, we exchanged emails around my transcribing one of his sessions. I was amazed at how quickly he uploaded the sessions on a flash drive that I sent to him and mailed it back to me. A simple exchange, but laden with richness of care and deep respect. So, my heart aches at knowing that I will not be seeing him anymore and I feel my core vibrate and swell at the awe of our lives having touched—tears flow—and I am sitting with my vulnerable, expansive heart—and am grateful to *you* and love *you* for how you have also touched Laurie and me and how you share the incredible, majestic depths and breadth of your love, wisdom and compassion in the way you have expressed a lifetime of your wonderful and inspiring divinity and humanity. I will always be sending you rays of warm light with a song and a smile. Stu Friedman, Laurie Schwartz, New York City.

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Tributes to Ron Kurtz

Ron is gone! This was the shocking and sad message we received a few days ago. We're still very moved and mourning for this loss and want to offer our condolences and heartfelt sympathy to all persons who were close to him, knew, loved, and admired him. Ron, the founder of Hakomi Therapy, is somewhat like the father of our "Hakomi family," of our work, of our perspective towards the healing resources of human nature. He always was the central source for our understanding of psychotherapy.

His death leaves the most important chair of our Hakomi community empty. We will miss his inspiring, loving, and curious spirit. It's already some years ago—in 2005—when Ron visited us for the last time for two weeks at the Helga and Ulrich Holzzapfels training venue. We gladly remember this intensive time we spent with him. Ron presented his new ideas and concepts, developments and tools to work with as he taught us again about "loving presence": the first week with the faculty of the Hakomi Institute of Europe, filled with deeply moving experiences that he gave us by working with our own personal issues; the second week with a very large group of trainees. Everybody was very impressed and grateful, especially by Ron's direct and humorous way of being in contact. Ron's simplified approach influenced our training curricula and we integrated his ideas into our ways of working as therapists.

We always have held Ron in our highest regard, as we do his creativity, his never ending curiosity and openness to innovative approaches to therapy, his sense of humor, and his brilliancy. Together with so many members of our Hakomi community in Germany, Austria, and Switzerland—we received many many responses regarding Ron's passing during the last days—we are very grateful to have had Ron as a part of our lives, immensely important as our teacher. His life's contribution guided and supported us on our path to bring more freedom and peace into the world. Our thoughts and hearts are with his family and we are wishing them well during this difficult time. We have lost a big soul, a brilliant mind, and a loving heart. He will stay with us in our work, our trainings, and most of all in our hearts. The faculty of the Hakomi Institute of Europe e.V. Karin Apfel, Susanne Baier, Cora Cornels, Ha-Jo Diehl, Carl Edelbauer, Anne Fischer Nicole, Gäbler Christian, Gottwald Uta Günther, Helga Holzzapfel, Ulrich Holzzapfel, Halko Weiss, Dagmar Wernicke, Patricia Wurl, Ursula Plitt (managing director Hakomi Institute of Europe e.V.)

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I only met Ron once, a few months ago at CIIS in San Francisco. However, during that one meeting, after but moments, I knew I had met a true master. His big-hearted, confident, unshakable presence brought a smile to my face, and inspiration through my body. The power of listening, being, and expanding awareness through the techniques he developed continues to inspire my path as I learn to work with people. Sam Bernier, Solano Beach, California.

* * *

Deeply saddened, the memory that is most alive in me (the "felt sense" memory) is when during a good-bye hug I started to unexpectedly and embarrassingly cry, I asked myself aloud why I started crying and Ron said, with the soft smiling face. "It's just love." The Hakomi training with Ron was forever life changing. In deep appreciation and love, this farewell. Eva Goforth, St. Louis, Missouri.

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I am thankful for having met Ron and been inspired by him. A great presence has passed from us. Those of us he touched are his legacy. John Millman, England.

* * *

Ron, you have given so much healing to so many people. The Hakomi Method you invented has grown and blossomed. It has healed so many all over the world, including me. Your gift to humankind will live on. I am happy today because of your gift, and I will forever be grateful to you. Hakomi brought me from Germany to the US. It helped me find my life's work, realize when I found the right guy to marry, and find ways to spread more lovingness in this world. Thank you for inventing this! Blessings to you, Ron, and warm wishes for comfort to Terry and Lily. Bettina O'Brien, Santa Rosa, California.

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Tributes to Ron Kurtz

Ron Kurtz changed my life and charged my soul. 1978. First day of my first workshop, Ron came to a practice group I was in and said, "It's okay to relax and let go." It was immediately clear that this was the method for me. It remained clear. It is still clear to me in 2011 as a Hakomi trainer and Hakomi therapist. Mindful, body centered, experiential, organic, tenderly loving work and way of being in the world. Simple and deep. My gratitude is immeasurable. And how essential—the laughter, the overflowing laughter we all shared! Cedar Barstow, Boulder, Colorado.

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In June of 2009, two to three weeks after my husband (Tony) died, I received a phone call from Ron Kurtz. I didn't even think Ron Kurtz knew who I was, but here he was calling me. And, magically, he was calling me just minutes before my phone was scheduled to be disconnected. Just hearing his voice made me melt. My heart responded to him like he was a combination of Santa Claus and a loving grandpa. I couldn't help but unconditionally trust him. Being so broken-open in my heart at the time, tears just started flowing in response to his presence before he could even say why he was calling me. He simply inquired "what's the matter?" as if that was exactly why he was calling. I told him my husband had just died, and he proceeded to authentically meet me right in that place of grief, his original reason for calling evaporating into a vapory residue, on hold indefinitely. He asked how long we had been married and noted that he and his wife were similar in years of marriage. I could feel him imagining losing her, and he dropped in to meet me even deeper in my grief. He was regretful having just returned from Boulder, and voiced that if he had known what had happened to me, he could have met with me when he was there. Then he got excited, and invited me to come out to Ashland sometime in the next few weeks so he could work with me for a few days for free. I surprised myself, and did travel to Ashland. Ron effortlessly led me into self-discovery about the two key themes of my grieving process that were to arise in me again and again over the months to come. He was brilliant, and definitely an angel to me in a very desperate time of my life. I will always cherish this intimate heart-felt time with him. And I will always aspire to be as generous and natural in my service to others as he was to me. His giving was his receiving. His great heart in human form will be missed by my heart. And if you're curious, he called originally to get permission to use a taped session of me in his teaching library. I know, of course, it was a divinely orchestrated event with the purpose of permanently imprinting in me his transmission of embodied unconditional love and compassion. June Konopka, Fort Collins, Colorado.

* * *

SILENCE

*has a ring to it
give a deeper listen
and don't cling to it
let it travel
from ear to jaw
around the tongue
and down the maw
from center to center
each step of the spine
the stillness abides
let your spirit unwind
around the tail
and back to the head
the stillness unmoving
the silence unsaid.*

'Oasis' Darryl Hasten

Tributes to Ron Kurtz

To Ron On the Night of the New Moon

Death is a doorway
to what I don't know.
But your shadow looms large
in that dark rectangle tonight,
crossing the lintel into a mist
that is more like a dream
than anything I can grasp
with my quavering mind.
It is my heart that stops
in the space between beats
to taste an emptiness so big
it swallows the night and
any prayers I might speak.
In this absence of a moon
there are no words to hold
the teeming silence
you leave behind.

With Love and Gratitude,
Maya

* * *

I will miss the piercing intelligence forged with immense love that was Ron Kurtz. Like so many artistic and scientific pioneers, I believe his greatest impact will come after his earthly incarnation. As it is impossible to verbally express the enduring impact he had on my life and teaching, I let it pass through my body now as a bow of gratitude, respect, and even wonder. Gregory Gaiser, Sunnyvale, California.

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I consider it a blessing to have known Ron and been in his sphere of practice and experience. Two things stand out for me: Ron's absolute lovingness, graciousness, and kindness. Secondly, the absolutely brilliant concept of "helping people to do what they are already doing naturally to help themselves." Phyllis Hodges, Saskatoon, SK.

* * *

Hi Ron, thank you very much for your insights you gave me while I was in Boulder. Together with Pat we had some really good days. Definitely you formed my way of thinking and working! I will miss you as I still miss Peter Melchior my other great teacher. Herbert Grassmann, Nürnberg, Germany.

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Tributes to Ron Kurtz

Ron's work was more than body-centered, it was heart-centered in a deeply kind and profoundly human way. Hakomi Therapy is a rare blend of science, art, and pure loving presence, and Ron spent his last years determined to teach as many people his "refined Hakomi method" as he could. If you missed the privilege and honor of studying with Ron, don't miss the gift of studying his work. It has changed me and the way I work with clients in humbling and surprising ways. Most of all, it has inspired me to be a new kind of human being, one I didn't know existed: one that can hold seemingly infinite tenderness, intelligence, and compassion. Ron was ahead of the curve. I hope we manage to catch up to him in time. I for one will spend the rest of my life trying. Terry and Lily, I have been grieving too deeply to even write until now and I can only imagine how you must feel. Thank you for sharing him with us, know that he loved you even more than his work (a day never seemed to pass in class without Ron mentioning one of you!), and please accept my deepest and most heartfelt condolences. Rhonda Mattern, Shelton, Connecticut.

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Ron Kurtz and Hakomi deeply changed my life. I became better able to see and accept myself and to undertake the ongoing process of personal growth. It was his kind eyes, patience, and ability to see deeply into me that called me forth. Having then learned from him how to facilitate a similar process for others, I have been honored to carry this gift into the world. It is with both sorrow and gratitude that I rededicate myself to carrying Hakomi forward, my best attempt to honor the gift Ron gave me. I would not be where I am today without the teachings of Ron Kurtz. Thank you Ron. Robert Bageant, Taipei, Taiwan.

* * *

I was introduced to Ron's work through reading first his books, and then by a psychotherapist who was one of his first students in the 70s, who brought the work to a handful of therapists in South Africa, not by official training but rather experiencing the work in action. This way of working informs and underpins my current psychotherapy practice, and will continue to do so. I have on a deeply personal level grown and developed a way of living mostly with truth of selfhood, as my own autonomous self started to appear during the teachings and experiencing the Hakomi way. I feel very sad at the news of his death, but also grateful for having been able to learn from him, even in an indirect way. Love to all. Ronelle Hart, Johannesburg, South Africa.

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Ron Kurtz inspired and influenced my life in profound ways back in the early 80s in Santa Fe, New Mexico, when the Hakomi Institute and ideas were just emerging. For the past 30 years I have worked to integrate training, practice, and study of body mind work. I am now the vice president of the Leadership Center at Children's Institute in Los Angeles where I get to implement this work with the kids and families that we serve. His work and friendship changed my life and is helping the inner city kids of Los Angeles. His legacy lives on in them. Leslie Anne Ross, Los Angeles, California.

* * *

To a friend, a visionary, and a trickster in the finest coyote tradition. Ron never missed a chance to celebrate life. A tribute to his courage to begin a family at a senior age. Their loss, as husband and father, must be great. I have only met you once but I offer you my condolences for your loss and for a life fully lived. Peter Levine, Lyons, Colorado.

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Tributes to Ron Kurtz

Very strange. I had not thought about Ron Kurtz since 1981. And then last week—April 5, 2011—I came across a book with an author Ron Kurtz along with Hector Presteria copyright 1976—*The Body Reveals*. I ordered the book from Amazon for \$7.00. The book led me to the Institute and to a posting that Ron had passed away in 2011. What was the date of his passing?

I met Ron only twice. In Bloomington, Indiana I was on Kirkwood Ave at “People’s Park” in summer of 1972 or 1973 (maybe 1974) and saw a handwritten card on a bulletin board: “Encounter Group” call this phone number. Being aware of Gestalt Therapy and Fritz Perls, I signed up not really knowing the reason.

At the first encounter I recall Ron working with about 20 diverse people during that 30-hour session. When it was time for me, Ron noted my shoulders and some energy was being withheld and dug within ten minutes to the place where it hurt, the scene in my mind when my mother left me for the day at this day care school because my father was in the hospital after cancer surgery. She had to work and I had to be left alone for the first time in my life. I could see the street through the window and I would stand there all day until my mom picked me up. Feelings of abandonment, I guess. I had never thought about that over my life. It was my neurosis and he found it sitting there on my shoulders in 30 minutes of focus. The next encounter group I attended with Ron was less productive but I did have a long conversation with him about using Rolf, or Alexander, or Feldenkrais for preparation of an actor when researching for a character and role. I was an actor back then and a director so that was my interest. Then—I never saw Ron again. But I often recalled in my memory the encounter group and sometimes a flash in my memory of Ron and his magic. I never knew Ron studied psychology at Indiana University but our paths crossed because of the random encounter group happening (we were all so trusting then). So why am I at this web site posting a memory and recollection? We never know who or how we affect people as we go through life. God bless his soul and his body of work. Ken Ott, Altadena, California.

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This month Ron Kurtz, a great leader in the field of somatic psychology, passed away. I was saddened to hear about the loss of this great teacher within the field without ever having the opportunity to meet him in person. Kurtz developed The Hakomi Method, which is a mindfulness based somatic psychotherapy. Yet despite never having been in his physical presence, Ron Kurtz has had a powerful impact on my life. As a student of Hakomi, Kurtz’s method introduced me to the powerful wisdom available to us when we listen to our bodies. Hakomi initiated me into the expansive potential of each moment when we enter into a state of mindfulness. The story is that the word Hakomi came to Ron Kurtz in a dream. It was later discovered that Hakomi was a Hopi Indian word that meant “Who are you?” or “How do you stand in relation to these many realms?” Nothing could be more of a perfect fit for this modality.

Hakomi is basically a meditative practice being witnessed and supported by another. The experience of a Hakomi session feels like a dance. A Hakomi practitioner holds the space for a client to explore how he constructs his experience of the world. With a supportive loving witness, the client is invited to dive into the hidden layers of her consciousness. Ebbing and flowing in an organic rhythm, Hakomi allows things to arise and dissolve away at a natural organic pace. When I think about the impact that Hakomi has had in my life, I am reminded of the power that lies in the method’s five principles: organicity, mindfulness, non-violence, mind-body holism, and unity. These are principles that are not only essential ingredients to the method itself but are empowering tools for increasing joy and peace in our daily lives.

Organicity is about honoring the natural unfolding of the self. It is easy to forget that our system holds all the answers within. The organicity principle asks us to have faith in ourselves and our natural pace.

Mindfulness is about remaining in contact with our inner state in each and every moment. It’s about remembering to remain embodied and in touch with our emotions because it is our connected authentic self that has so much to

Tributes to Ron Kurtz

contribute to the world. Non-violence is about supporting our defenses, knowing that they are brilliantly constructed for a reason and serving a purpose. It is about not coming in with a hacksaw to chop down worn out defense mechanisms, but instead to first support them and honor them, knowing that they hold a key to further understanding. Often when we reach that place of feeling “stuck” or “blank,” we are on the edge of a brand new, more expansive universe.

Mind-body holism is about honoring the place where the mind and body meet. It is about trusting the wisdom available by listening to the body. And last but not least is the overarching principle of Hakomi: unity. Unity is about remembering that the whole is composed of many parts. It is both a Buddhist concept about non-duality and an integral concept reminding us of the interconnectedness of all living organic systems.

Kurtz brilliantly enfolded these Buddhist principles into his method, encouraging each session to be a gentle, naturally paced exploration of the self. The Hakomi therapist is encouraged to sit in a state of curiosity, leaving both judgment and analyzing at the door. The “personhood” of the therapist is asked to show up and just “be” with another soul. This allows the therapist to come from a humble person-centered place instead of an egoic “power-over-client” place. This process fosters a soul-to-soul connection. From a place of loving presence, Kurtz invites the sacred to show up in the therapy room. I have often thought to myself, “I wish every moment could be like a Hakomi session.”

What specifically makes a Hakomi session feel like magic? A Hakomi session is just as powerful for the practitioner as it is for the client. What I now believe is happening is that by using the principles of the method, Hakomi invokes a blissful peak state of consciousness.

One of the greatest things about Ron Kurtz was that he was dedicated to the evolution of his work. In line with his principle of organicity, Kurtz allowed the method to evolve in order to rest in a container of loving presence. I love the story of how this came to be. Kurtz explained the story in an interview from 2009: “It popped up many years ago when I was working in Germany. I had done nine straight days of therapy sessions in a group, over and over, and I was exhausted. I was so tired I couldn’t think very well, and I just stopped thinking for a while, even though I couldn’t tell the client. I didn’t interrupt the client; they were just talking and I sort of went blank. In this blank state, looking at this person, I saw a certain kind of beauty in them. And I realized if that person knew that I was seeing this, they would feel it. And I realized, “It shows. I’m looking like I’m feeling this.” And I had the person look at me (he had his eyes closed). He looked at me, and immediately his process changed into something deeper and emotional. And that’s when I realized, “Oh, yeah, that’s the basic engine of the relationship: it’s just appreciating this person to the point where you feel compassion and you feel loving towards them. And that will move the process by itself.”

Ron Kurtz invited this state of loving presence to lead the way in his therapy sessions from here forward. It became this deliciously rich peak state that clients could align with in each session and attune themselves to. Cultivating loving presence is a simple yet profound technique that can be used by anyone on a daily basis to increase joy and cultivate a peaceful state. Try a little taste of Hakomi today. Start by looking at something natural in your environment like a plant, tree, or a ray of sunlight. Notice what it is that you find beautiful about it. Is it the color, the texture, the movement? And when you are ready, take it into your being as loving nourishment. You can even breathe it in. Notice how this increases your sense of connection to your environment. Notice how your consciousness shifts. You can also do this with people in your life. Choose something beautiful and nourishing about their skin tone, coloring, etc and take it in. You’ll find that your presence becomes softer and more inviting. This is a gift of loving presence that you can give anonymously to the world.

I want to express the utmost gratitude to Ron Kurtz, not only for his incredible contribution to the field of psychology, but for the impact he has had on my own life. Your work will live on for a very long time and your loving presence will live on in my heart and thousands of others worldwide. Katherine O’Leary, San Francisco, California.

Tributes to Ron Kurtz

References to article by Katherine O'Leary: Kurtz, R. (1990). *Body-Centered Psychotherapy: The Hakomi Method*. Mendicino: LifeRhythm. • Kurtz, R. & Prester, H. (1976). *The Body Reveals: An Illustrated Guide to the Psychology of the Body*. New York: Harper and Row/Quicksilver Books. • Johanson, G. & Kurtz, R. (1991). *Grace Unfolding: Psychotherapy in the Spirit of the Tao Te Ching*. New York: Bell Tower.

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We acknowledge here all the people who have held thoughts of Ron silently in their hearts, those who might not yet have heard of his passing, and those who were not aware of the USABP website and the opportunity to share.

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book review article

by Greg Johanson, Ph. D.

*The Emergence of Somatic Psychology
and Bodymind Therapy*

by **Barnaby B. Barratt**

London: Palgrave MacMillan, 2010

ISBN: 978-0-230-22216-8 (hardback)

Barnaby Barratt, Ph.D., DHS has written an overview of somatic psychotherapy that is extraordinary in its mature scholarly depth and breadth of presentation. It is thoroughly post-modern in that what he terms somatic psychology and bodymind therapy can only be considered in a highly contextualized way in relation to history, philosophy, cultural values, social structures, science, spirituality, and more. Thus, the reader is confronted with not simple the emerging field of somatic psychotherapy, but the entire field of psychology in relation to Western globalized life. It is radical or prophetic in its implications for somatic ways of cultivating awareness. It encounters the reader with the need to work through weighty issues, whether one agrees completely with Barratt's conclusions and directions or not.

Barratt brings to this work the kind of lifetime practice and reflection that would be necessary for such a challenging undertaking. He has two doctorates, one from Harvard in Psychology and Social Relations, and one from the Institute for Advanced Study of Human Sexuality. He is an elected Fellow of the American Psychological Association and of the American Academy for Psychoanalysis in Psychology, as well as a diplomat of the American Board of Professional Psychology. He is the author of eight books and over seventy professional and scientific articles, reviews and book chapters who has taught at many universities including somatic ones, and has training in a number of bodymind modalities.

This review will offer a highly distilled overview of Barratt's arguments as they progress through the book, and conclude with some critical dialogue in relation to the issues raised.

Section I Introducing a New Discipline

In Barratt's Section I introduction to a new discipline he explains that he wants to deal with what it means to be human, in particular the human experience of embodiment, and how it can be a "harbinger of a radically different future" (p. 2) that includes altering our present understanding of the nature of knowing and of science.

He sets the following challenge: "This book invites you to entertain the question: *Just how radical are the implications of the emerging discipline of somatic psychology and the accompanying healing practices of bodymind therapy?*" (p. 4). *Perhaps the emergence of somatic psychology and bodymind therapy portends a profoundly different and potentially revolutionary way of appreciating the human condition.* (p. 5)

1. Psychology at the Crossroads

In considering the crossroads of psychology today Barratt offers a learned history of pre-twentieth century psychology moving from spiritual to philosophical to scientific psychology. He sees the twentieth century dominated by two paradigms, cognitive behaviorism and psychoanalysis, both of which "endorsed and entrenched the alienation of mind and body," (p. 20) and were "hostile or neglectful toward the lived experience of our embodiment" (p. 10).

In terms of the cultural-social factors Barratt is highly attuned to, he argues that the science of behaviorism is "advanced by the ideological exclusion of major segments of the experience world" (p. 11). "This ideology upholds a vision of mental health as the behavioral conformity of individuals to prevailing social conditions, and keeps the discipline of psychology very much 'in the head'" (p. 13). It

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operates "powerfully in the service of the dominant sociopolitical order" (p. 14), as "'mental health' requires the individual to fit well into the organization of the dominant culture and the ruling social order" (p. 15).

"It might be claimed that the lineage of psychoanalytic exploration . . . has upheld a vision of human liberation from the structures of oppression and repression" (p. 14). However, through the post-Freudian progression through ego psychology, Kleinian psychoanalysis, object-relations, Lacan, and Self-psychology the emphasis gradually focused on mental representations. The tradition was eventually bankrupted through an "abandonment of a vision of human liberation in favor of clinical ideologies of cultural adaptation and socially conformist 'maturation'" (p. 15).

Though this progression could be said to start with Freud himself, Barratt argues that Freud was first and foremost a somatic psychologist,

. . . at least from the time he abandoned his neurological ambitions in the very last years of the nineteenth century, until the beginning of the 1914-1918 World War. After World War I, his theorizing became more systematic, downplayed the fundamental role of the libidinal body, and became more focused on the structures and functions of representations that are "in the head" (p. 15).

The history of twentieth century psychoanalytic psychology has largely been "a retreat away from Freud's seminal insights about the grounding of the psyche in the energetic experiences of our embodiment" (p. 19). Overall, "in Freedheim's . . . *History of Psychology* (1992) . . . the terms *body*, *sexuality* or *sex*, and *somatic* are nowhere to be found" (p. 20).

Because of these and other limitations at our psychological crossroads today, Barratt prophesizes that "by the middle to the end of the twenty-first century . . . psychology will become somatic psychology and psychotherapy will be bodymind therapy" (p. 21).

In terms of definitions:

"*Somatic psychology* is the psychology of the body, the discipline that focuses on our living experience of embodiment as human beings and that recognizes this experience as the foundation and origination of all our experiential potential . . . [And] *Bodymind therapy* is healing practice that is grounded on the wisdom of the body and guided by the knowledge and vision of somatic psychology" (p. 21).

2. *Epistemic Shifting*

Barratt moves next to outlining the parallel epistemic shift happening between the modern meme that has been controlling the possibilities of thought and action for centuries, but is now breaking up and moving toward a postmodern episteme.

In general, and in brief:

The new sciences are proving to us that the modern era's values of scientific distance and detachment, of depth and essentialism, of the technocratic imperative, and the masculinist notion of truth as mastery by domination, are all crumbling. A universe of interdependence — foretold in Vedic, Buddhist, Taoist, and many indigenous teachings — is now being demonstrated scientifically. The dominative separation of subject and object, and along with it the dichotomies of man's mind over nature, mind over body, and so forth, are proving illusory as the necessity of thinking in terms of nonlinear and dynamically complex systems is pressing itself upon us. (p. 31)

What used to be regarded as facts in the modern era are now seen as "always already mediated, and thus are always 'deeply theory laden'" (p. 29). "Philosophy and the social sciences all undertook what has been called the 'turn to language'" (p. 29) A critique developed of mainstream psychology's collusion with "western imperialism, with the wealthy, the male, the white, and dominant order" (p.33). Ethics came to "take priority over epistemology. . . . Ways of living ethically must be engaged, and . . . this task is far more important than the accumulation of further knowledge on the level of factuality and technology" (p. 36).

3. *Illustrations of Bodymind Therapy*

Next, four clinical vignettes are offered that illustrate bodymind therapy and how characterological issues and change "involves the somatic expression of a person's internal conflicts as much as it can be described in terms of mental representations" (p. 45). Overall, the shift Barratt is outlining is from being "*about the body* or *at the body* to *of the body* [that] heralds a difference in the spatiotemporal or ontological relations, as well as the ethical underpinnings, that are engaged with the discipline of psychology" (p. 37).

In terms of offering admittedly inadequate portrayals of bodymind healing processes that he can then refer back to later, Barratt notes the following:

In the outdated climate of a science that values only "evidence-based" findings that are externally observable, measurable, and appear to be the result of unilateral manipulation, the practice of illustrating

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truthfulness by anecdote perhaps needs to be briefly defended. Although vignettes may not meet these narrow standards of evidence, they are necessary in order to offer interested parties some sense of what is involved in processes that are neither public nor readily measurable. For better or for worse, almost the entire history of contemporary psychotherapy . . . has run on the practice of responsible anecdote. (p. 37)

4. *Healing Matters*

The quality of the healing that follows from bodymind therapy contrasts for Barratt with the modern paradigm of healing as avoidance of pain, avoidance of death, or the procedures of "political or sociocultural adaptation" (p. 49). "Rather, healing is inherently a celebration of the liveliness of life itself" (p. 47) where bodily signals are given a voice that leads into deeper awareness, meaning, connections and free flow of energies.

"Healing involves a process of personal and ecological growth, balance or harmony . . . not the machinations of a coercive sociocultural order attempting to regulate its citizenry" (p. 51). Thus, the genuine healing of carpal tunnel syndrome might not be returning someone to "a work life that requires an entirely unnatural usage of the body . . . [but] more plausibly involve a change in the social order such that every worker's daily routines could be varied in a manner that honors the versatility of each individual's embodiment" (p. 50).

In summary, healing "is the mobilization of the life-force and a presencing of our awareness of this natural power" (p. 52).

Freedom and healing into health cannot be attained by coercion, cajolement or compulsion. Healing processes address the ailment, inviting its meanings to shift their mode of expression, inviting blockages to dissipate into the natural flow our beingness. In this way, healing transmutes the adversity intimated by the ailment into alignment or attunement with the natural flow of spiritual-psychic-somatic energy. This is why insightfully wise practitioners have always taught that healing is a the action of *ahimsa* — the presencing of Love. (p. 53)

Barratt adds that traditionally "there is a profound sense in which healing, as a process of being and becoming, is an inherently spiritual — even mystical — process" (pp. 47-48).

5. *The State of Emergence*

Complex living systems display the capacity for the emergence of new creative developments not predictable from previous knowledge. In his next chapter Barratt reflects on the historical roots of the emergence of somatic psychology and bodymind therapy in this newly forming period.

He discusses the dispositions forming the new somatic discipline stemming from early leaders such as Reich, Raknes, Boyeson, Brown, Boadella, Gindler, Jacoby, Selver, Summers, Feldenkrais, Rosen, and many more. Then he traces the developments stemming from Lowen, Pierrakos, Keleman, Kelly, Perls and the third force psychologies. He acknowledges the contributions of Naranjo, the human potential movement, Rosenberg and Rand, Bandler and Grinder, and the general interest in "the holistic interconnectedness of body and mind" (p. 60), and the "call to return to *experience* as the focus of psychology inquiry" (p. 62). He credits the developments of sub-disciplines such as ecopsychology and energy psychology as well as the scholarly efforts of Wilber, Csikszentmihalyi, Almaas, Davidson, and many more.

In viewing the current state of somatic psychology he credits Thomas Hanna for the term "somatics." He notes "the impact of the sensory awareness movement on today's influential practitioners of somatic psychology, such as Ron Kurtz, Peter Levine, Pat Ogden, Susan Aposhyan, and Christine Caldwell, cannot be overestimated" (p. 64). There continues a long list of people, influences, educational institutions, key books, and professional organizations such as the EABP and USABP there is no room to name here. It is a superb overview of the intersection of many converging influences.

Section II Sources: Ancient and Contemporary

In the introduction to his next section on ancient and contemporary sources, Barratt states that somatic psychology is

. . . not yet a cohesive or well-integrated discipline . . . [but] a syncretic momentum that is now undermining the modern era's ways of thinking about the human condition. A syncretic development is defined as one that brings together diverse themes and threads to blend them into the warp and woof of a new fabric. (p. 71)

6. *Psychoanalytic Discoveries*

In his section on psychoanalytic discoveries Barratt enters a nuanced discussion of how Freud's pre-1914 concept of libidinality became incomprehensible within "the epistemic coordinates of the modern era" (p. 77). Once again he cautions that it cannot be adequately represented through talk *about* it.

Libidinality is not only the unpredictable and uncontrollable spontaneity of the life force, it is also a mode of meaningfulness that struggles for expression, yet is ineluctably otherwise than the modality of mental representation. The libidinal life force is always, so to speak, "in" but not "of" the representation of meaningfulness. Therefore, it is "betwixt and between" — a liminal notion. (p. 76-77)

The pre-1914 Freud did make the psychodynamic point for somatic psychotherapy "that a method for listening to the voice of the repressed necessarily and foundationally entails a process of listening to the voice of our embodiment" (p. 75).

7. *Somatic Psychodynamics*

It is paradoxical for Barratt that while psychoanalytic work was criticized for its overemphasis on sex it was actually a "a series of 'body phobic' reactions to Freud's original discoveries" (p. 79) that ended up conceptualizing "Freud's discoveries in terms of a theory of 'sex acts' (and hence avoiding almost entirely the practice of listening to bodily experience)" (p.79). In his next section Barratt weaves an extended discussion of psychodynamics in relation to somatics that incorporates Freud, Jung, Woodman, Rank, Ferenczi, Reich, Gross, Groddeck, Balint, Goodman, Perls, and Grof, including an emphasis on the loss of libidinality on the one hand, and the emphases on here and now embodied experience, character armoring, energy flow, and other influences on the other.

In summarizing what psychodynamics mean, Barratt underlines that it is concerned with meaningfulness, that "the meaning of things is always multiple, *interdependent*, and *nonlinear*," and "consciousness perpetually reveals and conceals meaningfulness that is otherwise than that which it takes itself to mean" (p. 86).

8. *Philosophical and Cultural Studies*

In his chapter that reviews over a hundred years of philosophical and cultural studies Barratt makes clear that "every endeavor of human inquiry has a subject matter, a *method* for studying that subject matter, and an *ethical-political context* of forces that create an interest in the subject matter and method to be pursued" (p. 88).

Habermas pointed out that the notion of "interests" is the "ideological dimension of any investigation" (p. 88).

Barratt begins his historic overview of ideological interests outlining the post-Hegelian problematic of the existing subject and how post-Hegelians such as Kierkegaard and Marx critiqued Hegel's generalities and abstractions in favor of the concrete and passionate. Husserl countered pseudo-rationality in favor of the intentionality of consciousness. Ricoeur argued for the historical character of existence and Maurice Merleau-Ponty for a phenomenological approach to ontological questions.

Merleau-Ponty also "argued for the primacy of perception in how we experience and engage in the world, and thus for the incarnate nature of subjectivity" (p. 90). This underlines the importance of descriptive qualitative methods in psychology fostered in the work of Giorgi.

"Poststructuralist theorists, such as Foucault, Jacques Derrida, Georges Bataille, Julia Kristeva, and Roland Barthes, focused more on the body, in an effort to counteract the somewhat abstract or disembodied structuralist thinking that so greatly influence the social sciences following the 1916 publication of Ferdinand de Saussure's lectures in linguistics" (p. 92). Much interest in the body in social and cultural studies, psychosomatic medicine, sports psychology, rehabilitation medicine were more *about* the body or directed *at* the body as opposed to somatic psychology's work that is *of* the body.

Some critical points of this philosophical-historical review for Barratt include:

Embodied experience is an experience of presence . . . that is anterior to, and foundation of, the subject-object dualism, and our ability to represent things as self and other. . . . Our fleshly incarnate subjectivity comprise a pre-predicative "prehension" or "grasping" toward itself and its world that is prior to the constitution of self and world (that is, prior to the representational formation of subject and object). This is parallel to what Freud was struggling to articulate when he argued that we experience the qualities of things — libidinally — before we judge whether they exist or not. . . . Mental events are always intentional in that they are directed towards, or strive towards, something even before the subject-object framework is established. If consciousness is indeed intentional, then it must be added that the entire body is a mode of consciousness. . . . This is the consciousness of libidinality, or fleshly energy that is "in" but not "of" our mental constructs (pp. 93-94).

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While "secondary consciousness of our representations: alienate us" from the consciousness of our corporeality," we can also "listen to the presentations or presencing of our carnal subjectivity" and engage "what might be called *an evocative-integrative treatment of our embodied being-becoming* that is profoundly different from . . . an instrumental treatment of the body. Here our alienation from our embodied experience is overcome" (p. 94).

The significance of the emergence of somatic psychology is that it establishes, or re-establishes, human experience as the primary subject matter of any inquiry into the psyche and that it acknowledges the primacy of embodied experience. Unlike much twentieth century psychology, the subject matter determines the method of inquire, and not vice versa. And unlike most of the proceedings of this discipline through the twentieth century, somatic psychology follows ethical and political principles that might be called emancipative. . . . The increased attention that is being paid to the body in the objectivistic researchers of anthropology, sociology, medicine and other disciplines is not congruent with the characteristics of somatic psychology, but has certainly provided a scholarly context within which somatic psychology has begun to make its mark. (p. 96)

9. *Western Traditions of Bodywork*

When Barratt uses the term "bodywork" he is referring to "any physical manipulation intended to facilitate healing" (p. 97). This is different from bodymind therapy, of course, but a variety of methods including osteopathy, chiropractic, message, modern dance, eurhythmics, dance movement therapy, aikido and much more emphasized important principles of somatic psychology such as holism, the wisdom of the body, the body's inherent capacity for self-expression, and methods of "focusing on the cultivation of proprioceptive and kinesthetic *awareness* and bodily *appreciation*" (p. 102).

In particular, Barratt notes that dance movement therapy that "aims to restore to individuals a holistic sense of themselves" (p. 101) is organized around six principles:

- (1) body and mind interact, so that a change in movement will affect total functioning;
- (2) movement reflects personality;
- (3) the therapeutic relationship is mediated at least to some extent nonverbally . . .
- (4) movement contains a symbolic function and as such can be evidence of unconscious

- process;
- (5) movement improvisation allows the patient to experiment with new ways of being;
- (6) dance movement therapy allows for the recapitulation of early "object relationships." (p. 101)

While these points may seem unremarkable to some, they are indeed radical "in the context of European and North American cultures that not only have ignored the wisdom of the body, and not been responsive to the voicing of our embodiment, but also have forcefully promoted our alienation from the experience of our embodiment" (p. 102).

In addition, Barratt argues that the western tradition of bodywork lacked "a language for understanding that the body is not only system of structures and functions, as described by allopathic medicine, but is also the conduit for subtle energies" (p. 102), something that was made available through Asian traditions.

10. *The Influx of Asian Wisdom*

In general, Barratt notes that Asian philosophies "tend to offer a more holistic view of the body and of the universe, focusing on health and spiritual growth as a process of deautomatization involving the cultivation of awareness — a holistic reawakening of the senses, as well as a confrontation with whatever obstructs the free flow of spiritual and emotional energies" (p. 105). Many practices help "stop mental chaos, or flow, thus quieting the entire bodymind, in order to experience" (p. 106) the Seer, Compassionate Witness, or the Beloved (Sufi) that can also be used for fine-tuned listening and following of embodied energies. Plus, they offer theories, languages, and technologies related to subtle energies of the body that inform various healing modalities.

11. *Shamanic Practices and Transpersonal Psychologies*

Barratt underlines the paradox that "just when so many indigenous cultures all over the world are under attack and their way of life threatened with extinction by the socioeconomic forces of globalization, the peoples of Europe and North America finally seem more ready to learn from their wisdom" (p. 113). This wisdom includes the notions that "the entire universe exists within the energetic composition of every human body" and that "the subtle energies of our embodiment impact the entire universe" (p. 113). And since the way we perceive is already organized before we go to look, altered states of consciousness can be useful for healing and spiritual-emotional growth. Here the boundaries between inner and outer are challenged along with individualistic models of human-beingness suggesting instead "a universe of complex interdependence" (p. 117).

12. *The Advances of Neuroscience*

While the recent advances in neuroscientific disciplines delivers "powerful support for the agenda of somatic psychology and bodymind therapy" (p. 118), Barratt points out that "*lived experience* must be acknowledged as more complex and of a different order, than its neurophysiological substrate" (p. 119).

Further,

the advances of neuroscience, along with the displacement of the agential "I" and the dispersal of what might be called "consciousness" through the entirety of the bodymind, compel a reconsideration of the way in which the term "consciousness" is used. . . . Some neuroscientists distinguish primary and secondary consciousness. The latter is what we have been calling reflective consciousness. . . . Primary consciousness is often called *awareness* in somatic psychology, and refers to a level of sensitivity and responsiveness . . . that cannot necessarily be translated into words. (p. 123)

Since, "consciousness is an emergent property, more complex than the sum of its parts, and able to affect the systems that support it" (p. 124), there is both upward and downward causation in the system as well as the neuroplasticity to support growth and change. "The vindication of ancient doctrines of subtle energy, such as prana and chi may indeed be imminent" (p. 125).

"The future will involve further understanding of the bodymind as a holistic system with the awareness of its energies — which is itself the energy of awareness — pervading the entire system" (p. 126).

Section III Current Challenges: Possible Futures

For Barratt, it would be a major impediment to the development of somatic psychology if it were not understood as the "psychology of our experience of embodiment" (p. 127), as opposed to the radically different stance of a discipline *about* the body such as sports psychology, rehabilitation medicine, or forms of mind-body medicine.

Likewise, he cautions against foregoing qualitative and phenomenological research that takes into account inner experience to embrace a narrow mainstream slice of

evidence-based research methods that limit and distort humanness, and that measure effectiveness only in terms of "adaptation or adjustment to the prevailing social order" (p. 129).

His major "impediment to the emergence of somatic psychology and the rise of bodymind therapies is . . . the failure on the part of the advocates of this discipline to recognize and embrace its inherent radicalism" (p. 129).

13. *Bodies and Boundaries*

Despite New Age rhetoric "suggesting that boundaries are inherently the problem in human relations" (p. 135) and they should be let down, Barratt maintains the need for boundaries. Some boundaries are appropriately or inappropriately rigid, overly pliant, or semi-permeable. Some are obvious and functional, others "conspicuously matters of social convention" (p. 131).

Even in an ambiguous world where there are death sentences for female but not male adulterers, family honor killings, killing to gain entrance to a gang, ritual genital mutilation, women not allowed to wear pants or vote, blacks who can't drink or eat in a diner, premarital sex allowed or not allowed, women allowed or disallowed to be educated, driving mandated on the right side or left side of the road, work that encourages naps or not, Barratt notes, "rare is the therapist who will explore open-mindedly with patients the effect of the cultural mores and beliefs that have been impressed upon them" (p. 133). This becomes immediately relevant when a practitioner is asked to wield clinical authority in relation to the social order by defining appropriateness, what is normal or abnormal, simply weird or pathological.

"Since the universe actually is — as the new sciences keep telling us — an intricate and fluid concoction of vibrationalities, how we draw boundaries between one thing and another is the foundational question of psychology. Expressed differently, this is the question of *identity*, including the identity of the psyche, in a universe of nonlinear dynamic interdependence." (p. 135)

"As psychoanalytic wisdom has well informed us, the boundary between what is 'me' and what is 'not-me' is complex, always fragile, and somewhat fluid" (p. 136). "Where our embodiment begins and ends is far more challenging than might be supposed" (p. 138). We recognize our skin envelope that provides some boundary definition. But, the body as an energy field extends beyond the envelope. We know how the energy and emotional valence of a room changes depending on who comes in it

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with what attitude. We know physically meaningful touch can be healing, while a therapist who never touches can profoundly violate a person with sexually objectifying energy coming through the eyes.

On one level, "*boundaries elude definition except in relation to other boundaries*" (p. 139). But functionally, boundaries "create and define actors, rather than actors creating or defining boundaries" (p. 141). Think of the issue of touch in relationship to a medical physician, massage therapist, and psychotherapist. It is not the permissible acts legislated in or out so much as the intention behind the act that is crucial. "Therapy is not only a sacred calling, but a profoundly ethical imperative. The issue of touch — emotional and physical — is not so much a matter of what or where is touched. Rather, it is a matter of why it is touched, and the ethicality with which the touching process is undertaken" (p. 144). Specifically, is it in the interest and furtherance of the client's healing process.

The "incest taboo is the prototype or 'boundaries of boundaries'" (p. 140) that is upheld cross-culturally. Also, therapists abstain "from narcissistic and other gratifications in the relationship, including the gratifications of authority, power, sensual pleasure, admiration, and so forth" (p. 143) so that they can enter into "relationships intended to heal the psyche . . . characterized by . . . *safety, freedom, and intimacy*" (p. 141). Such abstinence is prerequisite to the trust that allows the therapeutic relationship to deepen into profound healing places.

While healing is absolutely an ethical calling, Barratt argues "it is also amoral in the sense that it does not necessarily have regard for the plethora of social codes and boundaries. In this respect, we know that touch facilitates emotional and spiritual healing — not the objectivating touch of the medical practitioner, which has mechanical purposes, but the emotionally, sensually and energetically meaningful touch of the bodymind therapist" (p. 141) that societal organizations sometimes judges prohibitively. The community of bodymind therapists needs "to assert the freedom of touch as essential to the healing process, all the while insisting on standards of training that secure each therapist's ability to create relations that are safely intimate" (p. 144).

In line with this ethical stance is the parallel precept that *to not include* the use of touch and make available bodymind interventions in one's practice is unethical. For instance "a seemingly endless procedure of talk and more talk — the perpetual telling and retelling of the patient's stories, which fails to facilitate the patient's potential to live in the present" (p. 142-43) is unethical. Failure to hug a patient

experiencing grief, for instance, could be therapeutically disastrous in reinforcing a characterological belief that "I can't count on support," or "I must always be self-reliant," or "I must not be worthy of care," or many other unhealthy possibilities.

When the refusal to use clinically skillful touch alienates patients from their embodied experience, and fails to facilitate a healing process, it is unethical. It fails to use boundaries skillfully and therapeutically, and prolongs the therapy, thus increasing the time, energy, and money the patient is ultimately burdened with.

14. The Inherent Sexuality of Being Human

Barratt has a strong background in sexology as a past president of the American Association of Sexuality Educators, Counselors and Therapists who directed human sexuality programs as Professor of Family Medicine, P:psychiatry and Behavioral Neurosciences at Wayne State University. In his 2005 book *Sexual Health and Erotic Freedom* he outlined a theory of the *sexification* of North American culture which embraces the paradox that "contemporary culture has become *simultaneously both compulsively sex-obsessive and compulsively sex phobic*" (p. 146).

There is no end of talk *about sex*, no end of "sexy" images in every form of media. There is the phobic backlash "against the — somewhat mythical — 'sexual revolution' of the 1960s . . . that would compel our children into sexual illiteracy" (p. 146). There is the field of sexology that has an ancient history, but in our time centers research on behavior and demographics, anatomical and physiological mechanisms, the frequency, contexts, attitudes, and mechanics of sex acts that fit the modern objectivist scientific paradigm.

However, "the sexiness of contemporary culture does *not* mean that people are more readily able to listen to the voice of their embodiment" (p. 146). Both sides of the paradox of sexification are "compulsive reactions against the power of our bodymind's inherently erotic potential" (p. 146). There is "almost no research on the inner experience of . . . [sexual participants whose] experience of desire and arousal within the bodymind are exquisitely intricate and varied" (p. 150).

In terms of therapy, "psychoanalysis began its history with an understanding of sexuality as the libidinality of our entire embodiment. As the twentieth century progressed, the notion of libido was retained as a term but emptied of its original energetic meaning" (p. 153). Unfortunately the emerging field of somatic psychology and bodymind therapy, out of its desire to fit into mainline traditions and

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distance itself from any association with illicit sexual massage and such, has avoided "speaking of sexuality, let alone exploring its significance in any detail — thus replicating the history of psychoanalysis by progressively avoiding the topic" (p. 147). What kind of un-holistic, non-integrative message is sent to clients, asks Barratt, when therapists are willing to deal with every aspect of their lives except their sexuality?

Barratt seeks to remedy the situation through proposing a new sub-discipline:

Somatic sexology — the marriage of somatic psychology and sexology — is greatly needed. This would be a human-scientific discipline, as contrasted with an allopathic natural-scientific, or literary-aesthetic one. It would research, in a phenomenological or hermeneutic mode, the experience of our embodiment as a sexual or sensual experience (p. 151).

Somatic sexology would move beyond a limiting focus on genital intercourse to include the totality of the body, its skin, and all its orifices. In terms of Asian perspectives it would help study the integration of pelvic area energies into alignment and balance with head, heart, and spirit energies. Genital intercourse could be explored within the larger context of a sacred exchange of energies. Once again, sexuality as the libidinality of our entire bodymind could embrace the wholeness of life including being released to the energetic-erotic energies of appreciating a sunset, the wind on one's face, soul stirring music, the taste of food, the beauty of a child's smile, the pain of a toothache, the performance of a well engineered car, and the rest of life's manifold offerings.

If sexuality is a circulation of energies within and around the entire bodymind, and a running of energies between two or more entities in any sexual experience, then somatic psychology and bodymind therapy need to embrace it as such, and to acknowledge its healing properties. And if indeed sexuality is optimally understood as a communication — as a movement of sensual information — then this understanding generates clinical and sociopolitical practices by which the mechanisms of reification and alienation will be challenged. . . . We need to develop this understanding of human sexuality as something far more than . . . what are customarily designated as "sex acts." (p. 153)

15. *Oppression and the Momentum of Liberation*

In his chapter on oppression and liberation Barratt argues that the field cannot take the "supposedly autonomous individual as its unit of analysis" (p. 159). This is pure fiction as feminists, family therapists, cross-cultural studies, systems theory, post-modernists, and more have demonstrated widely. Still, "Clinicians of every persuasion fail to appreciate the sociocultural and political context of their profession" (p. 159). "The point is not that every act of healing has to be a lesson in sociopolitical consciousness; but that a fully scientific understanding of any ailment of the bodymind needs to include the interpretation of the ailment in its social, cultural, political and economic context" (p. 160).

Repeating a recurrent argument, Barratt maintains that "if psychology is not to operate merely as a functionary of the dominant culture and prevailing social order, then it has to become a critical discipline occupied with these multiple ways in which ideologies condition and constrain human potential" (p. 172).

This danger is all too real for him. "Too many psychoanalysts abandoned the subversive implications of their discipline in exchange for financial privilege, social prestige, and conformity" (p. 161). Likewise, "somatic psychologists . . . have become over-anxious in their pursuit of acceptance within mainstream psychology and the mental health industry" (p. 161), and have not claimed and embraced the critical nature of their work. Generally speaking, the "field of mental health has been captivated by the ideologies of adaptation and maturation" (p. 169).

But indisputably, bodymind therapists know "the human capacity to abuse and exploit others — our proclivity for discrimination, injustice, violence — surely requires our underlying disconnectedness from the awareness of our sensual and sexual bodies.

The process by which we can reconnect with the awareness of our embodied experience have far-reaching implications for cultural, social, political and economic change" (p. 172-73). Certainly we have seen that "traumatization freezes our psychic energy" (p. 165), and can lead to fatalism and anomie, despair and disempowerment. Somatic therapies also know how cultural values and social structures are reflected in the bodymind and why people therefore have "resistance to social and cultural changes" (p. 162).

While this is true for those oppressed, it is also true for those who do the killing and oppressing, those who are bystanders, those who participate in the pathology of normality and the price of privilege that can markedly alienate one "from embodied experience and the wellsprings

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of their desires" (p. 170), those who endure the cost of being a top athlete, or form themselves around the media, medical, and economic ideals of alienated bodies.

Liberation psychologies that correctly make clear the emotional effects of political, economic, and social forces need to align more with bodymind therapies that carry the wisdom and expertise noted above. While it is easy to criticize the shortcomings of capitalism, the values and social structures put in place to foster communism were never effective in changing peoples' heads and hearts to live in happy, productive community. An overall approach to constructive change will have to deal with consciousness of the bodymind expressed in behaviors that are in intimate relationship to cultural values and social structures.

Barratt quotes with approval from Watkins and Shulman 2008 book *Toward Psychologies of Liberation* in terms of summarizing the global situation that is the current context for healing and growth (p.1):

At the beginning of this new millennium, after hundreds of years of colonialism and neocolonialism, we cannot escape the disturbing fact that we live in a world where more than a billion people lack sufficient shelter, food, and clean water, where lakes, rivers, and top soils are dying; where cultures clash, and war, genocide, and acts of terrorism seem ordinary. Transnational corporations with vast reach and power control land, media, economies, and elections. Their policies are decided away from public view, in national and international arenas where the super-rich and super-armed preside. Economic globalization undermines much that is local and personal, affecting possibilities for housing, jobs, cultural expression, and self-governance. Such globalization has created a tidal wave of displacement, undermining families, neighborhoods, and cultures. . . . The psychological effects of deepening divides between the rich and the poor, unprecedented migrations, and worsening environmental degradation make this era as one requiring extraordinary critical and reconstructive approaches. (p. 158)

Barratt also quotes the question driving Watkins and Shulman's book, namely "what kinds of psychological approaches might enhance capacities for critical thinking, collective memory, peacemaking, and the creative transformations of individuals, groups, and neighborhoods" (p. 159) with the hope that somatic psychology could be the source of such an enhancement.

16. Bodily Paths to Spiritual Awakening

In his next chapter, Barratt returns to expound on his tenet that "cultivating the awareness of our embodied experience is an inherently spiritual practice" (p. 182). He argues forcefully that, "the future of somatic psychology and bodymind therapy depends critically on our readiness to deconstruct the separation of science and spirituality that has characterized the modern western world" (p. 182).

"The processes of returning to the awareness of our experiential embodiment are essentially a spiritual practice" (p. 174) that proceed "against the images and concepts of the body propounded by cultural media, objectivistic medical sciences, and capitalist economies" (p. 174). "It is a refusal to treat the body as a conceptual object or thing" (p. 175). "The body becomes a dialogical partner in the processes that constitute our being-in-the-world" (p. 175), that "liberates us from our own alienation" (p. 175). As such, it is a "restorative spiritual event . . . a revitalizing process of reconnection with the lifeforce within, and in this sense it is holy" (p. 175).

Our body "of subtle energies . . . is the body of the lifeforce, the Bergsonian *elan vital* that is the brio or kinesis of life itself — its energies are life's longing for itself" (p. 176). "The movement of subtle energies . . . connects, and renders interdependent, the individual's embodiment with the entire universe" (pp. 176-77), and is "the foundational process and liveliness of our desire — our spirituality incarnate" (p. 177). Barratt concludes that "it seems unavoidable that we need to embrace fully the notion of somatic psychology and bodymind therapy as *an existential and psychospiritual discipline* . . . embrac[ing] fully the notion that we are *spirited bodies* . . . [which] inspire[s] us to challenge the traditional division between the sacred and the secular" (p. 177). Exploring "liberation in the here-and-now . . . follows closely from *kama* — the notion of *the desire of sensuality as a longing for the divine*" (p. 177).

"Once one accepts the notion of our embodiment as a conduit for the infinite flow of esoteric energies, one begins to appreciate these subtle energies as constituting the divinity of our humanity. The awareness of our experiential embodiment becomes a path of spiritual awakening" (p. 177).

Here love is not a representation, but "something more like a vibration we can be attuned to" (p. 178). "Love is grounded in the experience of embodiment, and . . . a communication or a circulation of energies between two or more persons, or between a person and the universe. It is the energetic power of transcendence" (p. 178).

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Freedom likewise "begins with our experience of embodiment, and our ability . . . to engage in this existential-spiritual process of self-realization" (p. 179). Joy also follows from "living fully within one's embodiment" (p. 179), which is a fruit of the Spirit in many traditions. "Reconnecting with our embodied experience . . . is the pathway for our joyful connection to the universe of the divine, . . . connecting our being-in-the-world with the entirety of the universe" (p. 179).

Finally, "Eros is not only the inherent nature of our sexual and sensual corporality; it is the nature of the universe itself" (p. 181). When erotic couples "no longer experience each other as separate . . . the rush of subtle energies throughout the body is experienced as flowing freely into the energies of the entire cosmos" (p. 181), which is a "central tenet of mystical experience" (p. 181). "Somatic awareness flows into cosmic consciousness" (p. 181).

17. *The Future of Human Awareness*

In his last chapter Barratt returns to the key issue of the fundamental relationship between the experiential body, and the linguistic mind. "What sort of language is the 'language' of the bodily awareness, and how is it articulated in relation to representational thinking and reflective consciousness" (p. 184)?

He is highly doubtful and suspicious of everyday language. "Representational language is essentially metaphoric . . . in which the meaning of a sign or symbol is entirely sustained by its relations with other signs and symbols" (p. 184). Something can only be known contextually and Barratt is closely attuned to how social, political, economic contexts alienate and repress. So, he states: "One cannot truly express the voice of embodied experience in language, if the construction of that language is itself the cause of our alienation from that experience" (p. 188).

He then moves to contrast the symbolic language of reflective or secondary consciousness with primary consciousness that "comprises a level of sensitivity and responsiveness to events — including affective dispositions - that may not even be available to conceptual formulation" (p. 185). "The language of the mind . . . is able to trick itself . . . whereas the 'language,' in which the voice of our experiential embodiment expresses itself, perhaps cannot" (p. 184). The body reveals and the body doesn't lie, as others have said.

Since ordinary language fails, Barratt suggests a special domain for bodily expression. "The meaningfulness of bodily awareness occurs in the domain of what might be called *somatic semiotics*. It is the bodymind's consciousness of its own corporeal experience. . . . This system might be described as nonsymbolic, presymbolic, preverbal, or

preconscious. . . . Awareness . . . is attuned to the movement of subtle energies . . . and cannot be adequately captured in the language of representational thinking" (p. 186).

However, the key issue and question remains of what is the connection between the domain of somatic semiotics and reflective consciousness? "Is the praxis of somatic psychology an expansion of ordinary consciousness, or an act of ideology critique . . . and if it is both, then when, where, and how, are these radically different directions operative?" (p. 188)

Eugene Gendlin is one who has put much psychological and philosophical thought into this issue. But Barratt casts doubt on Gendlin's move from awareness of a preverbal felt sense to words with a felt sense of rightness because he maintains that Gendlin's Focusing method shares the assumption of European phenomenology that "representationality is an open system, receptive to voices that come from beyond its own limitations" (p. 186).

Barratt believes there is "an irrevocable divergence between phenomenological philosophy and psychodynamic practice" that participates in the school of suspicion that sees "reflective consciousness and conceptualization as principally an ideological system of 'false consciousness'" (p. 187). "The representational realm is structured in such a way as to suppress or repress our awareness of embodied experience" (p. 187).

For his own solution Barratt goes back to classical psychoanalytic practice and asserts that:

. . . free-associative discourse . . . opens consciousness to the *otherwise* dimensions of our being . . . [and is] inherently healing. . . . Nothing about our experiential embodiment needs be regarded as alien; yet healing requires that its wisdom be listened to as the voice of something strange, miraculous, and essential to our well being and to our life itself. Bodily awareness is the authentic ground of our being-in-the-world. (p. 189)

The last paragraph of the book contains Barratt's summary argument and challenge to the field:

We now need to return to a sense of belonging with our bodies — not to a program of conceptually evaluating them, improving them, or attempting to control their mechanics, but to listening to the wisdom that comes from their somatic semiotics. This is a revival of our knowledge of freedom and presence as the healing processes that honor the life force itself. Once we dissolve its blockages and obstructions, our awareness of the wisdom of our

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embodiment opens us to an otherwise world from that which oppresses us today. It opens us to new possibilities for our human potential — culturally, politically, and spiritually. This then is the mandate of somatic psychology and bodymind therapy, and its potential for the prospective creation of profound change in our human condition cannot be overestimated. (p. 190)

Reviewer Reflections

General

Overall, Barratt has written a stunning, remarkable contribution to the field of psychology in general and somatic psychotherapy in particular. It is a deep, mature, and thoughtful work that should be given appropriate credit for simply engaging basic questions and assumptions regarding the nature of awareness, language, the body, sexuality, philosophical psychology, and the importance of cultural-social contexts, which many psychological writers gloss over or ignore. Those in the field of bodymind therapy, in particular, are often so entranced by the power of experiential, transformational work, that they leave theorizing about presuppositions and implications to others. In terms of Wilber's Integral Philosophy, Barratt demonstrates more encompassing four-quadrant thinking and writing than many who identify themselves as Integral Psychotherapists.

What happens, of course, when one writes such a brief though dense volume that touches so many fundamental issues, is that questions are evoked that one would like to have the author discuss more.

Ideology

For instance, Barratt is eloquent about how much the ideology of current social-political-economic structures show up in the bodymind in terms of repression and alienation. I would welcome him commenting more about how *ideology is not optional*.

Every person comes into the world with the basic task of making sense of it, organizing the blooming buzzing confusion, and creating meaning. The title of Stolorow, Brandchaft, and Atwood's chapter on "transference" in their 1987 book on *Psychoanalytic Treatment: An Intersubjective Approach*, is "The Organization of Experience." Daniel Siegel considers the mind that aspect of us that organizes the flow of information and energy in the brain-body.

Obviously, some ideologies organize the various aspects of our lives in more functional and satisfying way than others. Therapy issues usually have to do with what aspects of life a client has organized out, what has been repressed to the shadows. In Hakomi Therapy there is agreement with Bateson that for a living system to be organic, which means self-organizing, self-directing, and self-correcting, all the parts must be communicating within the whole.

The point here is that while psychology needs to be a critical discipline, as liberation psychologies are, it also needs to be constructive. Especially after the massive upheavals, wars, and deaths of the last century, continuing to today, I would like to hear more from Barratt about what economic thinkers he would like to make common, interdisciplinary cause with in terms of proposing healthier, more humane structural systems for creating a common life together.

And, with all his cautions about psychotherapists not simply serving uncritically the powers that be, a constructive vision would have include a way of evaluating people who display notably different behavior than the general population. Is the person simply displaying their own non-harmful uniqueness? Are they are a genius ahead of their time? Are they crazy, chronically or acutely, in a way that could hurt themselves or others? Are they disturbed in the manner of a canary in a mine shaft that should be a signal to us that something is array in the public square? The need to make evaluative judgments always remains.

Since structural systems flow from and are based on cultural values, there must be a necessary and persuasive ideology behind changes or new directions in our political, economic ways. Since, sociologically speaking, core cultural values are rarely invented out of nothing, one would normally have to tie into existing memes to significantly move a population to embrace new ways.

In America, those who want to promote large-scale changes usually attempt to tie into the American Dream meme and argue that their proposals are a way of bringing about a more perfect union. To produce any results of consequence, arguments for listening more closely to our embodied experience would likely have to be framed in terms of a more perfect freedom, integrity, functionality, and authenticity in order to engender the safety of people orienting within recognizable values, and to mobilize the requisite motivation to enter into such processes.

Also, what constructive sociopolitical practices and visions might Barratt suggest would change the culture to allow for greater, appropriate sensual appreciation and expression? Ordinary people are not simply sex-phobic about their

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children, although the sexification of the culture concerns them. Certainly a number of cultures world-wide, as well as in America, do not believe enhancing the sexification of the culture is the answer, though a more relaxed attitude toward sex has been a value in lowering some anxiety among the young. People are seeking and open to a more alluring, positive, and pragmatic vision of a good life that includes its overall erotic quality.

In terms of exploring visions and practices, anyone can easily point to the worst examples of repressive and alienating actions flowing from religious institutions. However, empirically speaking, every major survey confirms that church-going people whose faith affirms the creation as good and sexuality as a good gift of the Creator, consistently have more satisfying sex lives than the general public. The influence of faith traditions on billions of people cannot be minimized or easily replaced with unstructured references to a new secular spirituality, even though there are many who consider themselves spiritual but not religious. Wilber recognizes this with his cogent challenge to the church to be the great conveyor belt that moves people from magical mythical thinking to the rational, and then the mystical, something it has so far dramatically failed to accomplish.

A fundamental aspect of Wilber's point, that Barratt says little about in this essay, is that people develop. There could be a romantic tendency in Barratt's work, that it would be good to hear him say more about, that implies if one were raised with exquisite sensitivity to one's embodied experience, life would automatically be more compassionate, wise, healthy, and altruistic.

Is, as Barratt argues, embodied experience a necessary and perhaps sufficient practice for the individual's authentic realization of his or her connection with the divine? If so, it is not clear why one person with sensitivity such as Thich Nhat Hahn develops to identify not only with the young girl who jumps overboard to her death after being raped by a sea pirate, but also with the pirate whose heart has not yet learned how to love, and another with superb training in sensitivity to subtle energies becomes an accomplished Ninja killer.

Even with high quality dyadic and self regulation happening as a child grows, research shows it will recognize differences between male and female, black and white, and become sexist and racist if caregivers do not specifically model and teach a more encompassing consciousness. Again, Wilber points out that every child must begin from square one and move through developmental stages from a necessarily and appropriately egocentric beginning, and then advance to ethnocentric followed by worldcentric consciousness. Sadly, some 70% of the world's population

never progress beyond tribal identity as is seen in the multitude of wars in the world today, and the polarization of political positions in the United States.

One would like more dialogue with Barratt about inevitable developmental hurdles and conscious ways of working with them. Likewise, how would he suggest somatic psychology engage the present social-cultural structures which influence the consciousness of the vast majority of people so that the implications of bodymind therapy not be doomed to an isle of irrelevance in terms of the small number of people ready to embrace them.

Linguisticity

Being conscious alludes to the crucial issue in Barratt of language and experience. It is not quite clear if Barratt actually affirms that *language is constitutive of experience and therefore also not optional* or, as with many psychologists, he assume there can be an end run around it by contacting a level of experience prior to linguisticity that can be contacted without language.

Actually it is the imagination that is the middle or mediating function that transforms the givens of existence and reality in such a way to make them available to awareness. Reasoning is always a tertiary reflection on the images and symbols that the imagination produces. According to Cassirer humans are fundamentally more *animal symbolicum* than *animal rationale*. Ricoeur argues that it is symbols that give rise to thoughts.

Unlike objective reason's demand for separation between subject and object, the imagination tends to hold them together, and does not usually separate the emotional and passionate 'how' of awareness from the 'what' or object of awareness. The products of imaginative knowledge are more immediate and bodily based. The imagination is the transformer, map-maker, or active, creative filter that both organizes experience and gives it emotional meaning, import, and value through the affections and metaphors, which is why we can refer to core organizing beliefs, or core narrative beliefs.. These imaginative transformations normally operate below consciousness, organizing our thinking, feelings and actions before we think, feel, or move.

So Barratt is quite right in agreeing with Lacan that the unconscious is structured by language. Thus, even a felt sense, body posture, gesture, or pregnant, inarticulate silence is organized or mediated by language broadly conceived, and one can indeed wonder with Barratt how the language that structures, rigidifies, or alienates embodied experience and ordinary consciousness can be used to change it. He seems to be agreeing with Watzlawick and other theorists that linguistically formed consciousness is

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the problem. Therefore, therapeutic techniques must avoid it by using hypnotic, paradoxical, or free associative techniques that sidetrack the reflective consciousness of the client, (but not that of the therapist who is put in an even more powerful position through the employment of these techniques).

However, to say that an experience of Spirit, of a tree, a kiss, a computer, or a sunset is mediated through language, which means its meaning is context-bound and relative, is not grounds for escaping language. It is simply a given that no signifier can express the meaning of anything without remainder, and any signifier of a never completely knowable referent will give rise to multiple, unique significations within multiple individuals.

Certainly ten descriptions of a tree will yield ten different versions, pictures, or images. Notes of lovers to one another often start with, "*Words cannot express* how much I . . ." However, the good news is that there can be enough shared linguistic structures and cultural backgrounds that there can be overlaps or points of shared experience that allows two or more people to call to mind similar-enough significations to be able to communicate.. Knowledge is communicatively mediated, as Habermas suggests.

Language not only represses, it expresses. It is true that the actual referent never absolutely determines the signified. The meaning of the relationship between the signifier and the signified is conferred by their context, which entails an infinite chain of associations that have left their memory traces in the system. This is why it is important to increase one's language and communication skills through a liberal arts education, traveling, meeting with diverse communities, and so forth to enhance the numbers of contexts and connections one brings to a conversation.

This is why people such as C. S. Lewis argue that poetic language is uniquely effective and cannot be reduced to descriptive language. For instance, which type of language usage most effectively conveys and makes present the truth of "coldness?" Scientific language: "It was minus-nine degrees Celsius." Ordinary descriptive language: "It was very cold." Poetic story language: "Ah, bitter chill it was! The owl for all his feathers was a-cold. The hare limped trembling through the frozen grass. And silent was the flock in wholly fold: Numb'd were the Beadsman's fingers." While all language is ultimately metaphorical, poetic-story language obviously uses more signifiers, which call into play more memory traces and contexts, and thus a richer signified connection to the referent reality.

So, while psychoanalysis is a school suspicious of false consciousness that employs tools like free association, it still remains a talking cure. Barratt seems to want to push beyond this to say that being attuned to the movement of subtle energies in embodied experience cannot be captured in the language of representational thinking. The inability to capture without remainder has already been agreed to above.

He also wants to suggest that bodily attunement is an experience of presence that is prior to the organization of the self-system. It is true that a person is a holarchically structured system with large degrees of initial freedom, but human living systems end up reflecting energy that has been progressively organized into sensations, feelings, muscular tensions, dispositions, and integrated into meaning-full overall attitudes and world views.

It is much more questionable to assert that we can become aware in a non-linguistic way of energy as basic building blocks outside of its integration into a unified, organized whole. There might be an *otherwise world* to discover, but can someone move beyond the linguisticity of experience Theodore Jennings outlines and listen to that otherwise world without language? (We are not speaking here of non-dual awareness.)

Consciousness

Barratt seems to keep that question open by asking what is the connection between the domain of somatic semiotics and reflective consciousness? "Is the praxis of somatic psychology an expansion of ordinary consciousness, or an act of ideology critique . . . and if it is both, then when, where, and how, are these radically different directions operative?" The answer would seem to be not in a debate about the nature of language, but about the nature of consciousness that it would be good to hear him address more completely.

Everyone agrees that ordinary consciousness, language, and the body are already organized by unconscious core organizers in implicit memory. Persons can accommodate new information to a certain extent by expanding their structures of their awareness. However, if the new information touches limbic-based fears, people will assimilate it into old structures of understanding, whether it is a good fit or not. This is what concerns Barratt.

Barratt's hope and program is that our alienation from our embodied experience through instrumental treatments can be overcome through listening to our carnal subjectivity with a sensitivity and responsiveness characteristic of what he calls "primary" as opposed to "reflective" consciousness,

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often termed "awareness" in somatic psychology. Instead of arguing that this approach transcends the linguisticity of experience, it is better understood as a shift into different state of consciousness.

Hakomi Therapy understands this as a shift from ordinary consciousness into a mindful or contemplative state of consciousness. As Barratt noted earlier, it is shift that helps "stop mental chaos, or flow, thus quieting the entire bodymind, in order to experience" the otherwise world in a new way that allows new learnings to emerge from the unknown.

Phenomenologically speaking, we are able to switch from an ordinary to a mindful state of consciousness that demonstrably slows down, engages curiosity, suspends theories and agendas, concentrates on here-and-now present experience in a passive or receptive way similar to the releasement consciousness of Heidegger or the bare awareness of Buddhist practice.

Ordinary consciousness is a step removed from experience since it most often seeks to categorize and know, which means it generates theories *about* experience. In contrast, mindfulness attends directly to felt, present experience in a way that allows for immediacy, passion, mystery, not knowing, and more of a state of being than one of doing.

Where ordinary consciousness is unreflective in the sense that experience is on "automatic," habitually governed by implicit core organizers, mindfulness takes the self under observation and enables one to study the organization of his or her experience.

Altered states of consciousness such as this can be useful for healing and spiritual-emotional growth as Barratt suggests in his chapter on Shamanic transpersonal sources. Something similar to this shift in consciousness seems to be in play in Barratt's own clinical examples such as the woman who notices a tightness in her upper chest. Barratt invited her to breathe into that tightness and notice what happened in an open experimental, exploratory way that resulted in a memory arising that had fed into one of her core organizing beliefs. Likewise, Gendlin's Focusing is not simply an exercise in European phenomenology, but also a skillful use of states of consciousness that mitigates the tyranny of language.

In general, the use of contemplative states of consciousness allows for a clinically useful *mind/body interface* where one can study how attitudes are reflected in the body, and how awareness of the subtle energies of the body can reveal what meanings are embodied there.

Part of what is happening here is what Buddhist teachers call mindfulness of the mind. A crucial aspect of taking the body-mind under observation is that there is a distance introduced that allows people to be present to the immediacy of their experience, but one step back, which means not totally at the mercy of automatic rules and structures. What was once subject according to Kegan can become subject.

A crucial point for this discussion is that consciousness is not distracted as in classical hypnosis, since a client is more aware than ever of what is going on, and language is not suspended. The fact that our mind-body is organized and structured remains.

However, being able to stand back in a curious way to simply notice or study how we organize around various life issues such as support, intimacy, competitiveness, freedom or whatever also allows the possibility of reorganizing around new, more healthy beliefs.

Transformation in living, organic systems often has to do with organizing in elements of life (held in the shadows) previously organized out. In a mindful state of consciousness one can also study all the automatic barriers that arise in relation to a new possibility of living being introduced, and also what those barriers need to calm down and allow in new experiences. When experience is listened to in a mindful state of consciousness, there is an assumption that it will reveal organic signals or impulses meant to heal or guide persons in their evolutionary unfolding.

To respond to Barratt's question above, when transformation occurs there is both an expansion of consciousness and an ideological critique happening simultaneously. There is an enhanced wisdom and consciousness gained through the interconnection of more parts within the whole.

Certainly the person's own ideology is critiqued as less inclusive than it needs to be. For instance, perhaps a person's transformation has to do with integrating in the possibility of including anger in present day relationships, something that was not possible in earlier developmental years. Here the context might be fairly personal, perhaps reaching out to the level of the family.

Or, perhaps the source of a woman not living the truth of her anger stems from cultural values and strictures that discourage women from having a voice. Here the healing process would involve a critique of culture. In addition to helping the woman's individual consciousness reorganize around the inclusion of anger without shame, behaviorally speaking, it might be necessary for her to join in women's groups that are advocating for new cultural values and social

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structures that allow and affirm the fullness of a women's participation in society.

In addition to mindfulness allowing for a clinically useful mind/body interface, the combination of passive awareness, and active compassionate wisdom points toward a larger Self that is different from the historically influenced parts that often rule our lives. While there is not a Self-as-a-thing in Buddhist thought, Barratt has already pointed to the reality of the Seer, Compassionate Witness, or the Beloved. People like Almaas, Eisman, Schwartz, and others are likewise talking about the clinical usefulness of resourcing clients through fostering greater access to the client's Self, Essential Self, Organic Self, Heart Self, Ontological Self, Inmost Self, or whatever designation is appropriate.

There are some therapists who ask people to engage in spiritual practices or communities as an adjunct to therapy. It would be good to hear Barratt explore more about how the larger consciousness of a Compassionate Witness could facilitate bodymind therapy. At the same time, he could add more thoughts on how self-realization relates to self-transcendence.

As a final note, it is undoubtedly good for spiritually sensitive therapists to advocate for and be a resource for embodied spirituality, and to help research methods for expanding consciousness and compassion beyond tribal identity. However, to guide people into higher, non-dual states of consciousness is normally best left to a spiritual-religious community with multiple resources. To suggest psychotherapists become the new priests of a secular spirituality would be to accept enormous responsibilities,

and claim huge capabilities and associated personal maturity.

And, it is not clear how new or how secular such a move might be. There are already a vast array of religious communities that cater to vastly different spiritual sensibilities. Since language is essentially metaphorical and inadequate with words only meaningful in relation to other words, to replace personal metaphors of the divine with supposedly more scientific ones such as God as a "force" would simply evoke signifieds such as a powerful wind, or waves breaking against the shore. To speak of God as an all-embracing chaotic Attractor, acting as Whitehead said, throughout the world by gentle persuasion toward love, is fine, but will necessarily return to evoking more personal images of embracing love.

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To repeat, Barratt's book calls into question current realities in a deep scholarly way at the same time it proposes a passionate vision for somatic psychology and bodymind therapy. At the same time, it raises questions and hopes for extended comments on the possibility of constructive solutions to the issues raised.

The volume would be appropriate as core reading in classes dealing with somatic psychology, clinical psychology, philosophical psychology, history and systems of psychology, new directions in psychology, and eclectic psychology. However, for this to happen on a widespread basis will require the publisher to issue a paperback edition that is considerably cheaper than the present hardback that costs over \$90.

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Poems

Reynold Ruslan Feldman, Ph. D.

Editor's note: Reynold Ruslan Feldman, PhD, is a retired English professor, dean, and academic vice president. Although his specialty was 19th-Century American literature, his real interest—in practical wisdom and character development—emerged late in his career. To date he has published three books on wisdom plus a spiritual autobiography, *Stories I Remember—My Pilgrimage to Wisdom*. He currently lives in Boulder, Colorado, where he edits academic and popular manuscripts, tutors undergraduates, coordinates interfaith-inter-spiritual outreach for the World Subud Association, and has become Cedar Barstow's partner in multiple ways including her husband and world traveling companion. He can be reached at reynoldfeldman@yahoo.com.

Rilke Hoeren mit Siebzig

Das ist schon lange her,
Fuenfzig Jahre, etwas mehr,
Als ich zuerst Rilke hoerte,
Hoerte und auswendig lernte.
Yale-Student war ich dann,
Yale-Student und junger Mann.
Meine Welt war gross.
Dann ging ich los,
Nicht wissend, was auf mich kommt.
Inzwischen bin ich alter Mann.
Frau, Kinder, Arbeit wie nach Plan,
Doch kam es anders als ich dachte.
Das Leben bedingte, was ich machte.
So heute fang' ich wieder an,
Neuer Platz, neue Frau, neuer Name.
Nun geht alles schnell vorbei,
Das Du, das Ich, das Allerlei,
Und doch am Ende geht's uns gut,
Die Seele weiss und macht uns Mut.
Die Welt dreht sicher, ohne Ringen,
Und Gott wird uns nach Hause bringen.

Hearing Rilke at Seventy

It's already long ago—
Fifty years, a little more,
That I first heard Rilke,
Heard and got him by heart.
I was just a Yalie then,
A Yalie and a callow youth.
My world was large.
And then I left,
Not knowing what would happen next.
Now I am old and gray,
With wife, kids, and work along the way.
Yet things happened differently from how I thought,
Life controlled how things came out.
So today I'm starting up again:
A new place, a new woman, a new name.
Things are passing like a flash—
Me and You and, well, don't ask.
And yet in the end it's all all right:
Our souls they know and give us light.
The world turns boldly on its own,
And God will surely bring us home.

— rrf, April 20, 2010, Boulder

Taking the Thermals

In Florida it was the hawks.
Here in Hilton Head
It's the pelicans.
Other birds I'm sure do it too—
Take the thermals.

The hawks wheel in circles
For minutes on end, taking my breath away.
The ones I saw
Simply move their bodies this way and that
To stay the course they are on.

The pelicans, with imposing beaks,
Glide straight ahead in formation,
Paralleling the ocean and the beach.
They know what they're doing too:
Wing flapping not required.

O God, in the time I have left
Teach me to take the thermals,
To relax into your wind,
To glide where you want me to go.

Then when it's time to leave,
Help me to move my body
Oh so subtly,
To complete my earthly round,
Then to fly away,
To fly straight to Thee.

—*rff*, 28/3/2009, Hilton Head