

Hakomi Forum

Issue 26



Table of Contents

Essays and Articles

<i>Lévinas and the Disruptive Face of the Other</i> Steven Bindeman	3
<i>Hakomi and the Ambiguous Nature of Research</i> Greg Johanson	11
<i>Lost in Translation: “Chi” and Related Terms of Shame in the Confucian Tradition</i> Louise Sundararajan	27
<i>Mindfulness: A Way of Cultivating Deep Respect for Emotions</i> Belinda Siew Luan Khong	31
<i>The Origins of Jewish Guilt: Psychological, Theological, and Cultural Perspectives</i> Simon Dien	39

Remembering Marilyn Morgan

<i>Attachment and Hakomi</i> Marilyn Morgan	49
<i>This Sacred Ground So Finely Assembled</i> Marilyn Morgan	61

Back Pages

<i>School of Hard Knocks, Indonesian Style</i> Cedar Barstow	67
<i>Glossary of Hakomi Therapy Terms</i>	71
<i>About the Hakomi Method and Ron Kurtz, the Founder</i>	74
<i>Hakomi-related Books</i>	76

Lévinas and the Disruptive Face of the Other

Steven L. Bindeman, Ph.D.

Editor's note: The concept of the *other* has been a central issue in recent philosophy and philosophical psychology. In this article, Steven Bindeman explores the contribution of French philosopher, Emmanuel Lévinas, to the ongoing dialogue in a way that invites Hakomi therapists to, once again, embrace radical mindful openness to the *other*, and to hold lightly various conceptions of character development when with a unique individual. The article is based on three separate papers Bindeman presented at American Psychological Association conventions: "Lévinas's Engagement with the Face of the *Other*," "Lévinas, Language, and the Disruptive Infinite *Other*," and "Lévinas: The Face of *Otherness* and the Ethics of Therapy." The third essay was published in the Japanese *Journal of Interdisciplinary Phenomenology*, Vol. 3, in 2006.

Steven L. Bindeman was professor of philosophy and department chairperson at Strayer University, Arlington, VA campus until his retirement at the end of 2010. His teaching experience reflects not only his interest in philosophy and psychology, but in film and media studies, science fiction, world music, and comparative religion. He has been elected into *Who's Who in American Colleges and Universities*. He has published articles on Heidegger, Wittgenstein, Lévinas, the creative process, and postmodernism, in addition to numerous book reviews. His book, *Heidegger and Wittgenstein: The Poetics of Silence*, (1981, Lanham: University Press of America) is currently a recommended text under the listing "Heidegger" in the *Encyclopedia Britannica*. Communications regarding "Lévinas and the Disruptive Face of the *Other*" may be sent to Steven Bindeman at his email address: bindeman1@verizon.net

ABSTRACT

Lévinas's concept of *otherness* is the foundation for his ethical philosophy. The play of forces on the face of the *other* demands that we place the needs of the *other* before our own. This demand disrupts our sense of order. It changes what we value, from things that we measure (wealth, beauty, intelligence) to things that can't be measured (care, justice, love). We learn to remove our mask of social identity and discover in its place an embodied vulnerability that is attentive to the call of the *other*. This article explores the ramifications of this call, especially with regards to how language, truth, and justice are intertwined.

Key words: Lévinas, psychotherapy, philosophical foundations, concept of the "other," ethics, values, embodied vulnerability

In his play *Marat/Sade*, Peter Weiss has one of his characters say: "You must pull yourself up by your own hair, and turn yourself inside out, so that you may see the world with new eyes." For Emmanuel Lévinas, confrontation with the face of the *other* has the capacity to turn us inside out in just the same way.

Lévinas challenges us with the question: what does the face of the *other* ask of us? When we are within the affect of its gaze we recognize the infinite play of complexities on its surface. The transcendence of this experience drives us to act in an ethically responsible way. We learn to substitute ourselves for the *other*, and his or her needs become of paramount importance to us—even replacing our own in terms of priority. What we give value to changes as well. The things we measure, like beauty, wealth, intelligence, and status, either recede into the background or disappear completely. What takes their place are the things that can't be measured, including friendship, care, devotion, spirituality, justice, and love. This article addresses some of the disruptive aspects of the ethical demands Lévinas places on his readers.

According to Lévinas in a fundamental distinction he develops near the beginning of his first great work, *Totality and Infinity*, those who follow the agenda of measurement are the totalizers. They follow the metaphysics of ontology and develop egocentric systems of sameness around themselves. They violate their surroundings by their acts of measurement, which, he claims, are also acts of violence. This is so because conceptuality as a kind

of measurement violates the alterity—the unknowable difference—of the *other*. By reducing difference to sameness, conceptuality leads to understanding, then control, and finally violence. The horrors of war, especially those of the twentieth century, can be seen as a consequence of this process. Those who follow the *other* path, the infinitizers, are the proponents of subjectivity. They pass through the experiences of infinity and transcendence. Their universe is decentered, rooted in a heightened awareness of the radical difference of *otherness*. The *other* is not there for me, but rather the other way around. For Lévinas, I am here for the *other*. My personal belief is that this stance is one of the most shocking, disorienting, and far-reaching ethical commitments in the entire history of philosophy. Its implications can be felt in the way we relate to community, language, politics, justice, and divinity.

This disorientation is grounded in the experience of the face-to-face relation. When the self meets the *other*, face-to-face, what is the nature of this confrontation? Does it entail a special kind of listening, of hearing what the *other* has to say, perhaps through a privileged kind of dialogue? Or does it require instead a heightened kind of seeing, of looking at the *other* in a certain way, differently from how one might view, for example, an inanimate object? The answer of course is both. Lévinas asserts that seeing the face of the *other* is not a matter of simple perception. To understand his point, we should recognize that perception belongs to the philosophical tradition of representation, part of what he calls “the said,” with its tendency to possess, appropriate, reify, and totalize, which he is trying to avoid. Instead, he is pointing to a deeper kind of experience of the face of the *other*, part of what he calls “the saying.” (We will return to Lévinas’s distinction between *the said* and *the saying* later on in this paper.) The face, then, should not be reduced to its physical aspects alone. However, it is not merely a metaphor for something else, either. The face of the *other* is real. In fact, the face-to-face relation starts with an awareness of the physical incarnation of the face. What Lévinas is asking of us is a profound reconsideration of our perception of this face. When we recognize someone, when we go even further and say we know him or her, we have fallen into the habit of seeing as a kind of understanding. We need to learn how to see *otherwise*, in order to respect, morally speaking, the singularity and *otherness* of the *other*. We need to let the absolute foreign nature of the *other* astonish us.

This confrontation with the *other* becomes, therefore, both an occasion and an opportunity. It is an occasion to the degree we are passively affected by the encounter. In this

context the face operates symbolically, uniting a feeling with an image. The feeling it evokes is responsibility, and the image it presents is of infinite variability. The experience of the face of the *other* therefore is an epiphany, a revelatory appearance of God through this contact with infinity. “I approach the infinite,” Lévinas says, “insofar as I forget myself for my neighbor who looks at me. . . . A you is inserted between the I and the absolute He” (Lévinas, 1987, pp. 72-73).

The consequences of this experience are far-reaching, affecting both the proper subject matter of philosophy and the language it uses. The face, however, is also an opportunity for intentionally discovering the nonrepresentational consciousness of affectivity. The face in this context *means* responsibility. “Meaning” here, though, is a kind of “felt meaning.” For Lévinas, to intend affectively is to mean through feeling. We “feel” responsible for the *other* when we find ourselves face-to-face with him or her. Because of this feeling of responsibility, confrontation with the face of the *other* discourages intellectual categorization. The specific uniqueness of the face calls instead for an ethical commitment to preserving the very qualities such categorization eliminates.

Lévinas’s ethics, grounded in the originary experience of the face as a living presence, is therefore an embodied ethics. The call of the *other*—to feel responsibility for him or her—takes hold of our flesh. It not only affects our gestures, the ways by which we comport ourselves in our social relations to others, but our listening, looking, and seeing as well. This call is not to be understood through an intellectual or cognitive act; rather it is something to be felt. We feel the presence of the *other* through the experience of the face-to-face, and this felt experience has real meaning for us. The ethical subject is not determined by its freedom and autonomy (as it is in liberal humanism, for example) but by being subjected to and attentive to this call.

Freedom is consequently to be understood not for oneself, but for the *other*. As Lévinas writes: “The Good is not presented to freedom; it has chosen me before I have chosen it. No one is good voluntarily” (Lévinas, 1998, p. 15). His ethics is not, therefore, based on the rights and responsibilities of a person with free will using rational principles, but on an embodied dimension that is prior to this. It is a response to a call that it is not yet heard by the ego. Although incomprehensible, befalling us from “beyond essence,” this call is still real. Lévinas is referring, in fact, to “a reason before the beginning, before any present, because my responsibility for the *other* commands me before any

decision, before any deliberation” (Lévinas, 1998, p. 166).

The ego is not yet able to hear the call of the *other* because the ego is attached to a mask. “Prior to the play of being,” says Lévinas, “before the present, older than the time of consciousness that is accessible in memory . . . the oneself is exposed as hypostasis, of which the being it is as an entity is but a mask” (Lévinas, 1998, p. 106). The “I,” he continues, is at first a “no one, clothed with purely borrowed being, which masks its nameless singularity by conferring on it a role” (Lévinas, 1998, p. 106). We discover our true moral self only by tearing off this mask and exposing our face to the face of the *other*. The mask we tear off is our socialized, artificially constructed identity, which gave us our name and protected us from disorientation and loss of self. However, it is only in this state of embodied vulnerability, beyond ego, that we are attentive to the *other’s* call.

The call of the *other* is disruptive. It disintegrates egological identity and leaves it with nothing more than a nameless ipseity. It calls into question the intentionality and primacy of consciousness. It uproots the self from history and undermines its sense of freedom. It leaves the self within an ethically grounded universe of obligation that is unending in its demands and asymmetrical in character. This means that the ethical demand to be good and just is not contingent on the *other’s* reciprocity. Yet for Lévinas, only this disinterested selflessness is “what is better than being, that is, the Good” (Lévinas, 1998, p. 19).

Lévinas’s work is disruptive in another sense, too. It disrupts the movement towards certainty of the modern European philosophical tradition. This movement gives precedence to the atemporal mode of presence, since presence is what enables knowledge to take shape through the process of philosophical analysis. This quest for knowledge assumes that everything that is *other* (object, thing, or being) is in principle accessible or reducible to theoretical contemplation. (Heidegger, in making a similar point, uses the term “presencing” to call attention to the need to emphasize the key role temporality plays in consciousness. With this term he refers to the event of appropriation whereby truth as unconcealment comes into the clearing opened up by the experience of authenticity. Authenticity in turn is discovered either through the exploration of certain artworks or from the increased awareness of one’s own mortality. Within authenticity, one’s personal time slows down. Presencing is being as time, or temporal coming-about—like in the unfolding of a cubist portrait where the identity of the subject is refracted and hidden—but presencing almost unnoticeably becomes “something present” when it is named or represented. The modernist reification and totalization

of presencing, which transforms it into something present, is found most noticeably in modern technology, and is violent, anxiety driven, and defensive. Lévinas, through his reading of Heidegger, learned from him that the modernist search for scientific clarity transformed language into a mere tool for the accumulation of knowledge. As Lévinas puts it, knowledge is what reduces the *other* to the same (see Lévinas, 1966, p. 151). That which is both agent and container for this transmutation (or what could also be called the shift from difference to identity) is variously called by the tradition ego, self, consciousness, mind, or Dasein. Its end result is nothing more than the reiteration of what one already knows, where nothing new, nor *other*, nor strange, nor transcendent, can appear or affect someone. Lévinas attempts in its stead to develop a kind of alternative phenomenology based on the experience of transcendence, which, as a trace of the infinite, is discovered through the infinite variability on the face of the *other* within the face-to-face relation.

In order to articulate the experience of transcendence, Lévinas makes a key distinction between two modes of confronting the face of the *other*. They echo the two rhetorical modes whereby Lévinas addresses his readers. He makes what is for him a fundamental distinction in his later work otherwise than Being or Beyond Essence between categorical thinking, which he calls *the said*, and the authentic awareness that is a consequence of affective confrontation with the face of the *other*, which he calls *the saying*. As his language oscillates between phenomenological description and moral exhortation, he seems to want us to respond at a deep, bodily felt level, to what is morally good in what he has to say.

In search of a truly ethical language, Lévinas turns his critical attention to the normative and egological aspects of our linguistic framings of the world. These framings are shown to do untoward violence to the *other*, necessitating numerous attempts by Lévinas to say things about the experience of *otherness* in a different way. The problem is essentially this: Although we live and experience the world within time from moment to moment, the language we use persists in a timeless present and consists of words that identify (in Lévinas’s words) “this as that” (Lévinas, 1998, p. 35). In this way *the said* coagulates the lived experience in the flow of time into a defined something, ascribes it a specific meaning, and fixes it in the present moment. The challenge is to rescue *saying* from *the said*, to see what *saying* signifies *otherwise*. And further, if *saying* signifies responsibility for another, how is it to be found, beyond the influence of *the said*?

By the time he wrote *Otherwise Than Being or Beyond Essence*, Lévinas had begun to recognize the ethical importance of the need to overcome the ontological assumptions inherent in the terminology of his earlier work. His central occupation subsequently concerned the possibility of constructing an ethical *saying*, one that would rupture the ontological language of *the said*. *The said* for him designates the structured totality of language that is both a system of nouns designating entities and an order founded on the law of identity. Identity, in turn, works through a system of crossreferences with *other* identities, coexisting with them in the universe of discourse. In the linguistic universe of *the said*, identities are all different from each other in significant ways, each completely distinct from the others. Language in this limited context represents reality in such a way that thought and being are understood to be one and the same, coexisting simultaneously. This synchronic organization of that which is spatially and temporally dispersed, Lévinas calls *thematization*. He then characterizes it in a negative way as a system of power and control, which reaches its apotheosis in the authoritarian state and in war, both of which reduce individuals to bearers of someone else's will.

Against this ontological *said*, Lévinas posits a *saying* that is primary to it, a pre-original anarchy that remains unnamable but not unsayable. Saying dethematizes or desynchronizes the rational integrity of the system by recalling an anarchy that remains unassimilable. Since this dethematization requires the very language that it attempts to call into question, the unsaying of *the said* can take place only through *the said* itself, and *saying* thus betrays itself. Philosophical discourse as a consequence of this remains mired in the ontological, identity-oriented synchronic order of *the said*. Such discourse must find a way to transcend itself in order to find its moorings, which it discovers in the felt meaning of the ethical language of responsibility that is grounded in the nonrepresentational alterity of *otherness*.

For Lévinas, the essential pathway to *otherness* is through the intentionality of the nonrepresentational consciousness of affectivity. To intend affectively is to mean through feeling. To say that the face "means" responsibility means that in the face-to-face relation, one feels responsible for the *other*. One also is affected by the *other's* face-to-face proximity. Affectivity thus presents itself in two ways. First is its intentional aspect, which as an activity of the ego presupposes one's ability or intention to respond to its demand. It is a kind of ethical choice. Second is its non-intentional aspect, which one neither chooses for oneself nor reaches as

a kind of conclusion from a series of judgments. It is a kind of passivity; whereby one simply is affected. Affectively, this occurs most powerfully in the face-to-face encounter.

When the face of the *other* awakens us to the alterity of the *other*, we are obligated somehow to avoid the reifying and totalizing habits of ordinary discourse. We accomplish this through a re-orientation, a re-prioritizing of the center—away from the ego and towards the *other*. Although Lévinas speaks of an egological "I" looking and seeing the face of the *other*, he insists that this is not merely a matter of perception (Lévinas, 1985, pp. 85-87). The face, then, is not merely a "phenomenon," a thing that discloses itself through its gradual and unfolding appearance over time. Nor is it something that can be reduced to the physical. We already know how to see; the problem is to learn how to see "otherwise." Indeed, we already know how to see the face; the problem is to learn how to see it *otherwise*. "The absolute experience," says Lévinas, "is not disclosure but revelation . . . the manifestation of a face over and beyond form" (Lévinas, 1969, pp. 65-66). The face cannot actually itself be seen; nor can it be known. It is beyond essence; it is invisible. As the manifestation of a living presence, though, it is the play of infinity. It undoes every form I may attempt to impose on it. It is also beyond the authority of the gaze, the "panoramic look" (Lévinas, 1969, p. 289) that is inherently blind to the play of infinity. Allied with the forces of totality, the gaze "totalizes the multiple" (Lévinas, 1969, p. 292) and imposes the categories of objectivity on its field of vision.

In fact, seeing for Lévinas is highly problematic. For example, the authority of the gaze is the violent application of theoretical consciousness onto the plane of the *other*. As David Michael Levin writes in his recent book *The Philosopher's Gaze*, "Seeing the *other* person as something, inevitably subjects the *other* to the violence of classification" (Levin, 1999, p. 247). For Lévinas, we do not "see" the face since the face cannot be an object of knowledge. The face, rather, is a commandment to feel responsibility. The experience of the face of the *other* is also an opportunity for transcendence into infinity. Infinity, though, is forever outside the grasp of seeing. How to liberate philosophy from the domination of vision and reason may be Lévinas's central dilemma. In his words, "what is needed is a thought for which the very metaphor of vision and aim is no longer legitimate" (Lévinas, 1969, p. 155). Since reason demands lucidity, transparency, and visibility, it is a natural ally of light. Truth for Lévinas must be located elsewhere.

For Lévinas, however, language, truth, and justice are

intertwined. "Truth," he writes in his early major work *Totality and Infinity*, in a section entitled "Rhetoric and Injustice," "is produced only in veritable conversation or in justice" (Tal 71). He emphasizes in the same passage that "We call justice this face to face approach, in conversation." Injustice, in turn, starts with rhetoric, the kind of discourse that violates the freedom of the *other*. Rhetoric itself cannot be the problem, however, since Lévinas uses it himself, as a way of breaking through the boundaries of reason. The problem rather is in the way that rhetoric is used. The wrong way is found especially, he says, in "pedagogy, demagoguery, and psychagogy" (Lévinas, 1969, p. 70), which are all systems of measurement and control. When ethics thus moves into the domain of politics and becomes morality, the possibility of violence appears because of the threat of the application of such absolutist forms of thought. Although the moral agent must remain free in order to avoid the totalizing domination of the state, morality must still be grounded in the ethical relation of the face-to-face. For Lévinas, justice is not an abstract notion but is found in the expression of duty and obligation discovered in the face of the *other*. When ethical discourse is grounded in the face-to-face relation so that the freedom of the *other* is respected and preserved, absolutist systems are thereby renounced.

Justice for Lévinas is still more complicated, though. Although every face is invisible to me even when facing me, it bespeaks its kinship with all other human beings however distant from me. With this insight Lévinas passes from his development of an ethics between singular persons to a theory of justice related to the idea of kinship. Present to all face-to-face relations is the addition of what he points to as a kind of "third party," a condition that he calls "illeity" (Lévinas, 1998, pp. 12-13). This third party acts as a witness to the proceedings. This addition brings up the issue of social standards, and along with it another serious problem for Lévinas. He somehow has to pass over from the ethically grounded specificity of the face-to-face relation to the universality of the institution of justice. Can justice be fair and impartial on the one hand, yet on the other hand still be connected to the transcendence discovered on the face of the *other*?

The challenge that Lévinas provides his readers regarding justice is this: how can one maintain an ethically necessary respect for the unique specificity (or ipseity) of another person, while simultaneously working within the confines of a language that employs universal concepts? For example, I identify the person with whom I am engaged in a specific social activity as belonging to the category of hu-

man beings. But no person is merely a being, a thing, or an entity. As an open-ended set of possibilities, s/he presents rather more than that. As an *other*, this person like me is a subject, someone who projects his/her own sense of the world onto his/her experience of it. Furthermore, within that individual's frame of reference, I am the *other*. But the words by which I choose to refer to this *other* person will still tend to represent him/her as a thing, since in language, only the word "I" can be the subject.

The problem is not merely one of becoming sensitive to how language objectifies experience, however. The post-structuralist call to subvert and demystify the covert effects of objectifying language, which made us more aware of the relations between knowledge and power, is not enough. The egoism and narcissism of consciousness must be overcome as well. Furthermore, this calling into question of the ontological assumptions of language when referring to *otherness* should not be seen as part of a search for moral self-justification. It is intended rather as a calling to account of one's own responsibility for the *other*. In *Otherwise Than Being or Beyond Essence*, Lévinas identified this call as substitution, or as "me for the *other*" (Lévinas, 1998, p. 11), saying further that "Toward another culminates in a for another, a suffering for his suffering" (Lévinas, 1985, p. 18). It is by this move that Lévinas attempted to evade the Husserlian claim that subjectivity is transcendental. Since first philosophy is no longer ontology for Lévinas but ethics, subjectivity is then a kind of radical passivity; a being subject to the *other* that is prior to freedom, consciousness, and identity.

There is consequently a sense of distance and even of absence in the questioning glance of the *other*, which comes at me from inside his/her own interior world. However, the only medium within which I can coexist with this *other* and still leave his/her *otherness* intact is language. When an "I" learns to pay serious attention to an *other* and to the strange world s/he inhabits, this kind of communication is an example for Lévinas of *speaking*. Through my response to the *other* in this way, I am able to transcend the limitations of myself. I can even discover that the transcendent face of the *other* can reflect a "trace" (meaning that which has passed by but is no longer there and therefore cannot be captured) of God. Furthermore, for my communication to be ethically responsible and for it to go beyond the egoism of casual discourse, an act of generosity is necessary, one that offers a giving of my world to the *other*. On the other hand, when I choose to pay attention to the *other*, taking account of the strange world s/he inhabits, I become aware of the arbitrariness of my own views and of the attitudes to which my uncritical egocentric freedom has led

me. I become aware of the need to justify or overcome my egocentric attitudes, and of the possibility of doing justice to the *other* in my thoughts and actions. Through this enlightened response to the *other* I am able to transcend the limitations of myself.

The lived experience of such an ethically charged situation demonstrates that reason has many voices and many centers. This *other*-oriented mode of speaking and of thinking pays less attention to things as they appear to the separated self, and more to their radical *otherness*, to their "alterity." From this guise, the aim of philosophy is not to acquire knowledge with the aim of knowing and then acting, but to demonstrate a readiness to listen and a capacity to learn from experience. This readiness leads to the kind of action that constructs systems of justice and peace that are recognized by Lévinas as prior to speaking and thinking. Furthermore, it is the *other* who gives the self the opportunity for transcendence, for going beyond the thoughts and feelings that trap it in the subjectivism of its own system. If, for example, I am able to learn to fight against the need to fit all my experiences into a system, and instead discover the desire to know the other person as she is for herself or he is for himself, I become free. I then discover the possibility of becoming infinitely responsible for the *other*. This desire to know and to be responsible for the *other* (and not just for some selected *others* but for all sorts of extreme types) enables me to transcend my self-centered categories. It also enables the alterity of that which is radically *other* than myself to appear to me in an ethically grounded way.

This taking account of the *other* can take place most notably in the face-to-face encounter. The face, as the realm of the pre-conceptual and non-intentional, opens up into a play of different forces, such as between concealment and un-concealment or between closure and dis-closure. Although these forces are beyond the control of the individual will, what is revealed is the experience of infinity, of never being able to reach the depths of oneself or of an *other*. The face is where the bottom drops off, where the surface opens up, where the abyss appears. Ethically, the face of the *other* has the power to command me not to kill him/her (if and when I might otherwise wish to do so), due to the difficulty of carrying out this action face-to-face. Moreover, what gains my respect here is the mystery of the *other*, the realization of unfathomable depths. What goes on then in a face-to-face encounter is an intimation of the beyond.

The face also operates as a symbol, though one that unites a feeling with an image. The feeling it evokes is responsibility, and the image it presents is of infinite variability. A trace

of God may be found in this infinite variability on the face of the *other*. But a trace of God is not itself God. This is similar to the idea of the infinite itself not being infinite. Lévinas attempts to escape such ontological assumptions by developing a unique sense of the term "trace." Ordinarily, a trace is a kind of residual phenomenon. The examples Lévinas gives of this way of understanding the term are the fingerprints left by a criminal, the footsteps of an animal, or the vestiges of ancient civilizations (Lévinas, 1996, p. 61). In all these cases, though, the trace is the mark of something absent that was previously present. Lévinas's conception of the trace is more radical than this. For him, the trace of the *other* is itself otherwise. It has no connection to a being that is or was present in this world. The *other* leaves a trace only by effacing its traces. Furthermore, my responsible relation to the *other* avoids the presence/absence dyad. In this way the *other* can be neither denied nor enclosed. If the trace of God were to be found in the trace of the *other*, as Lévinas repeatedly says, it would be a God not contaminated by being, a God whose very name is unpronounceable.

By stretching language beyond its categorical limits, Lévinas lays the foundation for a philosophy of alterity, one that preserves and respects the *other* and everything that makes him/her unique. This preservation, in turn, is part of an ethical concern that for Lévinas is prior to all other themes. By focusing his attention on the repercussions that take place because of the felt experience of face-to-face proximity to an *other*, Lévinas is able to establish ethics as first philosophy. This prioritizing of the ethical over all other ways of thinking and being serves to provide his philosophy with a transformative character that is far-reaching in its effects. Since for Lévinas justice is not reciprocal, the *other* is not responsible to me like I am to him/her. If there is in consequence a surplus of duties over rights, then it needs to be allowed that this is not fair and balanced. It does however seem that the alternatives lead to ever-expanding systems of control and dominance.

Bibliography

- Bernasconi, R., & Critchley, S., (Eds.) (1991). *Re-reading Lévinas*. Bloomington, IN: University Press.
- Bindeman, S. (1981). *Heidegger and Wittgenstein: The poetics of silence*. Lanham: University Press of America.
- Bindeman, S. (1996). *Schizophrenia and postmodernism: Critical analysis of a concept*. *The Humanist Psychologist*, 24, 262-282.
- Blond, P. (1998). *Post-secular philosophy: Between philosophy and theology*. New York, NY: Routledge.
- Ciaramelli, F. (1995). The riddle of the pre-original. In A. Peperzak (Ed.) *Ethics as first philosophy: The significance of Emmanuel Lévinas for philosophy, literature and religion*, pp. 87-94. New York, NY: Routledge.
- Derrida, J. (1978). Violence and metaphysics: An essay on the thought of Emmanuel Lévinas. In A. Bass (translator) *Writing and difference*, pp. 79-153, Chicago, IL: University of Chicago Press.
- Heidegger, M. (1996). *Being and time: A translation of Sein and Zeit* (J. Stambaugh, translator.). Albany, NY: State University of New York.
- Levin, D. (1999). *The philosopher's gaze: Modernity in the shadows of the enlightenment*. Berkeley, CA: University of California Press.
- Lévinas, E. (1969). *Totality and infinity* (A. Lingis, translator). Pittsburgh, PA: Duquesne University Press.
- Lévinas, E. (1985). *Ethics and infinity* (R. Cohen, translator). Pittsburgh, PA: Duquesne University Press.
- Lévinas, E. (1987). *Collected philosophical papers* (A. Lingis, translator). The Hague: Martinus Nijhoff.
- Lévinas, E. (1996). *Basic philosophical writings*. A. Peperzak, S. Critchley, & R. Bernasconi (Eds.). Bloomington, IN: University Press.
- Lévinas, E. (1998). *Otherwise than being or beyond essence*. Pittsburgh, PA: Duquesne University Press.
- Lévinas, E. (2000). *God, death, and time* (B. Bergo, translator). Stanford, CA: Stanford University Press.
- Peperzak, A. (1995). *Ethics as first philosophy: The significance of Emmanuel Lévinas for philosophy, literature and religion*. New York, NY: Routledge.
- Roth, M. (1996). *The poetics of resistance: Heidegger's line*. Evanston, IL: Northwestern University Press.
- Schroeder, B. (1996). *Altared ground: Lévinas, history, and violence*. New York, NY: Routledge.
- Schurmann, R. (1987). *Heidegger: On being and acting: From principles to anarchy* (C. Gros, translator). Bloomington, IN: University Press.
- Taylor, M. (1987). *Altarity*. Chicago, IL: University of Chicago Press.
- Waldenfels, B. (1995). Response and responsibility in Lévinas. In A. Peperzak (Ed.) *Ethics as first philosophy: The significance of Emmanuel Lévinas for philosophy, literature and religion*, pp. 39-52. New York, NY: Routledge.

Hakomi and the Ambiguous Nature of Research

Greg Johanson

Editor's note: After entering Hakomi therapy or trainings, many people inquire about research and the Hakomi method. This article explores how Hakomi authors and researchers relate to many aspects of research.

Gregory J. Johanson, Ph.D., NCC, LPC is the director of Hakomi Educational Resources in Mill City, Oregon that offers psychotherapy, teaching, training, and consultation to individuals and organizations. He is a founding trainer of the Hakomi Institute who has been active in writing, including (with Ron Kurtz) *Grace Unfolding: Psychotherapy in the Spirit of the Tao-te Ching*, and serves on the editorial boards of six professional journals. His background is in theology as well as therapy, and he is a member of the American Psychological Association as well as the American Association of Pastoral Counselors. He has taught adjunct at a number of graduate schools, currently as adjunct faculty of the Education Master of Counseling Program, project advisor, University of Lethbridge, Alberta, Canada, and Doctor of Ministry dissertation advisor at George Fox Evangelical Seminary. Correspondence may be addressed to: Greg Johanson, PO Box 23, Mill City, Oregon 97360 USA; telephone: (503) 897-4830, or e-mail: greg@gregjohanson.net; website: www.gregjohanson.net

Abstract

In this article, the relationship between Hakomi therapy, science in general, and psychotherapy research in particular is explored. It outlines how the Hakomi Institute as a provider of psychotherapy trainings functions as both a consumer and generator of research. Issues explored include how Hakomi therapists have pioneered aspects of psychotherapy—such as the use of mindfulness—in advance of collaborating research findings; how findings are engaged critically in light of clinical experience, and how findings beyond psychotherapy in cognate fields such as neuroscience, developmental studies, multicultural and spiritual areas are necessarily integrated into the research base of Hakomi therapy.

Key words: psychotherapy research, Hakomi Therapy, AQAL integral theory

Science and Research

As previously chronicled (Johanson, 2012), Hakomi was born in the post-1960s in a period of relative discontent and dissatisfaction with the psychological theory and research of the period. The efficacy of psychotherapy was not high. Ron Kurtz, the founder of Hakomi Therapy, generated a lot of excitement in those who gathered around him in the 1970s by approaching psychotherapy through means other than those used by the standard well-worn schools of psychology. Rather, he evaluated and incorporated various therapeutic modalities and sub-processes—through the lens of his background in the sciences of complexity and non-linear living organic systems—as these informed what it meant to be human. Thus, those involved with Hakomi have had a long-standing, continuous interest in scientific research and the philosophy of science broadly conceived (Johanson, 2009b, 2009c).

This unique background foundation in non-linear systems has served the Hakomi Institute well in its primary functioning as a training institute as opposed to a research institute. Hakomi of Europe, headquartered in Germany, led the way in getting Hakomi approved as a scientifically validated modality within the European Association of Psychology in the European Union. As such, the Hakomi Institute is an approved psychotherapy training provider in the European Union. Credits in doctoral programs for studying Hakomi have been obtained through a number of educational institutions worldwide. Likewise, the Hakomi curriculum was approved as an official national training for psychotherapists in New Zealand through the Eastern Institute of Technology in Napier. Subsequently, chapters on Hakomi Therapy have been included in standard textbooks on theories of

Hakomi and the Ambiguous Nature of Research

Greg Johanson

Editor's note: After entering Hakomi therapy or trainings, many people inquire about research and the Hakomi method. This article explores how Hakomi authors and researchers relate to many aspects of research.

Gregory J. Johanson, Ph.D., NCC, LPC is the director of Hakomi Educational Resources in Mill City, Oregon that offers psychotherapy, teaching, training, and consultation to individuals and organizations. He is a founding trainer of the Hakomi Institute who has been active in writing, including (with Ron Kurtz) *Grace Unfolding: Psychotherapy in the Spirit of the Tao-te Ching*, and serves on the editorial boards of six professional journals. His background is in theology as well as therapy, and he is a member of the American Psychological Association as well as the American Association of Pastoral Counselors. He has taught adjunct at a number of graduate schools, currently as adjunct faculty of the Education Master of Counseling Program, project advisor, University of Lethbridge, Alberta, Canada, and Doctor of Ministry dissertation advisor at George Fox Evangelical Seminary. Correspondence may be addressed to: Greg Johanson, PO Box 23, Mill City, Oregon 97360 USA; telephone: (503) 897-4830, or e-mail: greg@gregjohanson.net; website: www.gregjohanson.net

Abstract

In this article, the relationship between Hakomi therapy, science in general, and psychotherapy research in particular is explored. It outlines how the Hakomi Institute as a provider of psychotherapy trainings functions as both a consumer and generator of research. Issues explored include how Hakomi therapists have pioneered aspects of psychotherapy—such as the use of mindfulness—in advance of collaborating research findings; how findings are engaged critically in light of clinical experience, and how findings beyond psychotherapy in cognate fields such as neuroscience, developmental studies, multicultural and spiritual areas are necessarily integrated into the research base of Hakomi therapy.

Key words: psychotherapy research, Hakomi Therapy, AQAL integral theory

Science and Research

As previously chronicled (Johanson, 2012), Hakomi was born in the post-1960s in a period of relative discontent and dissatisfaction with the psychological theory and research of the period. The efficacy of psychotherapy was not high. Ron Kurtz, the founder of Hakomi Therapy, generated a lot of excitement in those who gathered around him in the 1970s by approaching psychotherapy through means other than those used by the standard well-worn schools of psychology. Rather, he evaluated and incorporated various therapeutic modalities and sub-processes—through the lens of his background in the sciences of complexity and non-linear living organic systems—as these informed what it meant to be human. Thus, those involved with Hakomi have had a long-standing, continuous interest in scientific research and the philosophy of science broadly conceived (Johanson, 2009b, 2009c).

This unique background foundation in non-linear systems has served the Hakomi Institute well in its primary functioning as a training institute as opposed to a research institute. Hakomi of Europe, headquartered in Germany, led the way in getting Hakomi approved as a scientifically validated modality within the European Association of Psychology in the European Union. As such, the Hakomi Institute is an approved psychotherapy training provider in the European Union. Credits in doctoral programs for studying Hakomi have been obtained through a number of educational institutions worldwide. Likewise, the Hakomi curriculum was approved as an official national training for psychotherapists in New Zealand through the Eastern Institute of Technology in Napier. Subsequently, chapters on Hakomi Therapy have been included in standard textbooks on theories of

counseling and psychotherapy (Roy, 2007), as well as investigated in various theses and dissertations (Benz, 1981; Kaplan, 2005; Myllerup, 2000, Rosen, 1983; Schanzer, 1990; Smith, 1996), other books (Johanson & Taylor, 1988), and articles.

Research in general, of course, is a broad topic with numerous aspects. Hakomi, as a training institute consumer of research, has striven to have an engaged, constructive, yet critical relationship with psychotherapy research in particular that remains in tension with its clinical experience.

To begin, Hakomi practitioners have not been willing to wait for positivistic scientific approval of what seemed clearly therapeutically helpful, though we do track a wide range of scientific studies for confirmation or disconfirmation as they arise. For instance, Kurtz realized in the early 1970s the potency of mindfulness in helping clients become aware of and transform the way they organized their experience, something central to depth-psychotherapies (Shedler, 2010, p. 100; Stolorow, Brandchaft, & Atwood, 1987). The effectiveness of this discovery has been explored and deepened through Hakomi ever since. Most other therapists who were interested in the mindfulness-therapy interface would not allow themselves to speak of it in professional settings until the early 1990s (Siegel, R., 2010). Kabat-Zinn began publishing about the use of mindfulness for working with pain in the mid-1980s (Kabat-Zinn, Lipworth, & Burney, 1985). Linehan (1993) published on the use of mindfulness in treating borderline personality disorders in the early 1990s. Today, there is an ever-growing wealth of studies related to mindfulness and psychotherapy (Johanson, 2006a, 2009a). In particular, there is now much exciting knowledge from interpersonal neurobiology about the underlying mechanism of mindfulness (Hanson, 2009; Siegel, D., 2007, 2010; Simpkins & Simpkins, 2010).

The example of mindfulness illustrates that experimental psychotherapy research does not generally produce new knowledge so much as evaluate hypotheses generated in clinical practice (Gendlin, 1986; Goldfried, 2009). It is also an example of when Hakomi has maintained “the standard of a respectable minority . . . out of concern that the standard of common practice was insensitive to emerging but not yet popular treatments,” a standard that “recognized that the healthcare fields do not always have a consensual view of what is effective” (Beutler, 2009, p. 308).

This stance of a respectable minority has also played out in Hakomi’s caution of the supposed gold standard of

randomized clinical trials (RCTs) that separate “the person of the therapist from the acts of psychotherapy” (Beutler, 2009, p. 311). Hakomi trainings always balance concentration on the being or personhood of the therapist with the doing aspects of method and technique, as it has always been obvious that it is the characterological limitations of therapists that restrict their effectiveness in utilizing the process itself. This position is congruent with much research that has built on the investigation of common factors and underlined the importance of the therapeutic relationship (Ablon & Jones, 2002; Beutler, et al., 2003; Beutler et al., 2004; Castonguay & Beutler, 2006; Duncan & Miller, 2000; Horvath & Bedi, 2002; Horvath & Symonds, 1991; Mahoney, 1991; Norcross, 2002, 2005; Orlinsky, Ronnestad, & Willutzki, 2004; Safran & Muran, 2000; Sexton & Whiston, 1991; Shedler, 2010; Tombs, 2001; Vocisano et al., 2004; Wampold, 2001; Whiston & Coker, 2000).

Along this line, Hakomi agrees with those who argue we need to “revise our definition of ‘research-informed psychotherapy practice’ [RIP] so that it addresses those factors that actually comprise psychotherapy” (Beutler, 2009, p. 302). The Hakomi unity principle agrees that variables must not be ruled out related to “therapist and patient personalities, interpersonal values, therapist and patient gender, social skills, and attachment levels and the like [which] are not always capable of being randomly assigned” in RCT trials (Beutler, 2009, p. 310). The same applies to cross-cultural issues (Johanson, 1992). And, as Gendlin (1986) has pointed out, it is better not to isolate out chemical vs. psychological vs. social, but control for all three and test them together. “They are already always together. . . . Everyone thinks, feels, dreams and imagines; has a body; has a family; acts in situations; and interacts with others” (Gendlin, 1986, p. 135). Likewise, “the practice of therapy often involves more complex clinical cases” with numerous co-morbid conditions than are dealt with in much academic research (Goldfried, 2009, p. 26). Though the DSM is purposefully a-theoretical, Hakomi continues to see, with others (Blatt & Zuroff, 2005), the connections in character issues related to Axis II that affect many Axis I conditions, and thus, the value of teaching characterology, though in a non-pathologizing way.

As a psychodynamic depth-psychotherapy, it is significant to Hakomi that “researchers . . . have yet to conduct compelling outcome studies that assess changes in inner capacities and resources” (Shedler, 2010, p. 105), because

the goals of psychodynamic therapy include, but extend beyond, alleviation of acute symptoms. Psychological

health is not merely the absence of symptoms; it is the positive presence of inner capacities and resources that allow people to live life with a greater sense of freedom and possibility. Symptom-oriented outcome measures commonly used in outcome studies . . . do not attempt to assess such inner capacities (Shedler, 2010, p. 105).

The development of such tools as the Shedler-Westen Assessment Procedure (SWAP) (Shedler & Westen, 2007) that assesses “inner capacities and resources that psychotherapy may develop” (Shedler, 2010, p. 105) in support of healthy functioning is important to Hakomi since a main goal of the method is to mobilize a client’s capacity to employ mindful or compassionate awareness (Eisman, 2006) with aspects of themselves that might be evoked throughout a lifetime, beyond formal therapy. This kind of research could help confirm that it is intra-psychic changes in the organization of a client’s experience, something central to Hakomi (Johanson, 2006a), that “account for long-term treatment benefits” (Shedler, 2010, p. 103). A change mediated through the neuroplasticity of the brain alters the flow of energy and information and “activates neuronal firing that is integrative and produces the conditions to promote the growth of integrative fibers in the nervous system” (Siegel, 2009, p. 166), the physiological mechanism for effective psychotherapy.

Many people in the field are aware of the “long standing strain in the alliance between clinicians and researchers” (Goldfried, 2009, p. 25). For one, evidence-based treatments don’t work as well in actual practice settings as they do in the lab, partly because perfectly and narrowly diagnosed clients do not walk through the treatment door, and it does matter who uses a treatment protocol in what way. Others note “. . . the chasm that exists between science and practice . . . [along with] how weak the evidence is for certain widely held beliefs about the nature of empirically supported treatments (ESTs)” (Beutler, 2009, p. 301; Goldfried, 2009, p. 26). For instance, it is not true that “psychotherapy would be more effective if everyone practiced an ‘empirically supported treatment’ . . . [or that] cognitive and cognitive-behavioral therapies are more effective than relational and insight-oriented forms of psychotherapy” (Beutler, 2009, p. 303); (cf. also Duncan & Miller, 2006; Elkin et al., 1989; Kazdin, 2008; Schulte et al., 1992; Shedler, 2010; Wampold, 2001; Wampold et al., 1997).

Likewise, it is now clear that “most manual-driven therapies are equivalently effective and not substantially different from most rationally derived therapies” (Beutler, 2009, p. 310). The effects of cognitive behavioral interventions

tend to fade, and require relapse prevention strategies (de Maat et al., 2006; Gloaguen et al., 1998; Westin, Novotny, & Thompson-Brenner, 2004).

Though it is not yet common knowledge in all academic or therapeutic quarters, empirical evidence plainly supports the efficacy of psychodynamic therapy, a characteristic of Hakomi (Ablon & Jones, 1998; Bateman & Fonagy, 2008; Blatt & Auerbach, 2003; Bucci, 2001; Clarkin, Levy, Lenzenweger, & Kernberg, 2007; Fonagy et al., 2002; Jones & Pulos, 1993; Leichsenring, 2005; Leichsenring & Leibing, 2003; Leichsenring & Rabung, 2008; Leichsenring, Rabung, & Leibing, 2004; Milrod et al., 2007; Shedler, 2010; Szecsoedy, 2008; Westen, 1998).

Norcross, Beutler, and Levant (2005) note other unexamined assumptions and limitations of research. There is certainly a social construction aspect to validity studies (Kvale, 1995). Linford & Arden (2009) have called into question what they term the *Pax Medica* of the current three part standard of therapeutic practice comprised of strict DSM categories, evidence-based treatments (Blatt & Zuroff, 2005; Duncan & Miller, 2006; Elkin et al., 1989; Kazdin, 2008), and the use of antidepressants (Greenberg, 2010; Kirsch, 2010; Meyer et al., 2001; Turner et al., 2008; Wakefield & Horwitz, 2007).

Based on Hakomi principles (Johanson, 2009b; Kurtz, 1990), practitioners recognize the interrelatedness of all things and generally think that psychological science would do well to conceptualize research subjects with a metaphor something like the rhizome suggested by Deleuze and Guattari (1987): “A rhizome has no beginning or end; it is always in the middle between things, interbeing” (p. 25). It embodies an “acentered multiplicity” (p. 17) that is multiply derived or over-determined, which displays nonlinear emergent properties. Thus, there can be “no dictatorial conception of the unconscious” (p. 17). While hardly anyone will disagree that a human being is a non-linear system with the possibility of emergent properties that defy easy determinisms, almost all psychotherapy research defaults to a linear setting (Johanson, 2009b, 2009c; Marks-Tarlow, 2011; Thelen & Smith, 2002), and thus builds in constraints and limitations that tend to throw away unexpected results.

The rhizome metaphor would lend itself to adopting Kurtz’s preference to work with Popper and Eccles (1981) conception of unconscious behavioral determinants as “dispositions.” We are not absolutely determined, but rather disposed by many factors such as genes, biochemistry, interpersonal relationships, cultural and social forces in

various directions. Since everything is interconnected, each variable will produce a disposition in relation to the other so no one item can remain independent. This approach fosters a healthy degree of humility in psychological research that allows for a pluralistic conception of psychology and a number of types of investigation, something contemporary theorists are calling for (Held, Richardson, Slife, & Teo, 2010; Teo, 2009).

Certainly, according to Hakomi principles, there is no question that all psychological research and methodologies reflect underlying philosophies and values (Bishop, 2007; Johanson, 1979-80; Polkinghorne, 1983; Spackman & Williams, 2001), of which one should be as conscious and explicit as possible (Romanyshyn, 2007, 2010). For instance, the pre-WWII period valued the importance of the Freudian differentiated autonomous self as opposed to the self-in-relation concept of post-war feminist therapists (Gilligan, 1982; Jordan, et al., 1991). Hakomi's unity principle fits most closely with Wilber's (1995, 2000, 2006) AQAL (all quadrants, all levels, all lines) integral model of human functioning. Here the quadrants are derived from acknowledging both the individual and communal aspect of being human, combined with both the objective-outer-monological, and the subjective-inner-dialogical aspects. The resultant quadrants represent the inner aspects of individual consciousness and cultural values as well as the outer aspects of individual behavior, biochemistry, and social structures in a non-reductionistic mutual interplay where each quadrant has a science, methodology, and validity appropriate to its field. A research danger from this integral perspective is over-emphasizing variables from one quadrant while ignoring those from the others, which constricts the contextual field and relevance of the research.

This integral, holonic (Koestler, 1967) conception of humanity certainly makes room for the use of qualitative research stemming from phenomenological, existential, hermeneutical perspectives (DeAngelis, 2010; Giorgi & Giorgi, 2003; Halling, & Nill, 1995; Michell, 2003; Moustakas, 1990; Packer & Addison, 1989; Wertz, 2005; Wiggins, 2009). It honors and requires quantitative studies as well. It celebrates developments in neurobiology that demonstrate that mind (inner aspect) and brain (outer aspect) inform each other (Kandal, 2007; Porges, 2011; Schacter, 1992, 1996; Siegel, 1999, 2006, 2007).

Thus, Hakomi supports the use of mixed methods research that combines to offer the broadest view of a subject (Creswell & Plano Clark, 2007). Wiggins (2011) writes that there is a dilemma in the use of mixed methods in that every use of the mix tends to come from an underlying

positivist or interpretivist worldview that evaluates or subsumes the methods in accord with its privileged viewpoint. Mruk (2010) offers a research approach to an integrated description that carefully conserves overall holistic humanistic concerns and principles, but incorporates traditional positivistic values related to validity, prediction, measurement, control, and real world utility. The APA Presidential Task Force on Evidence-Based Practice (2006), on the other hand, wanted to endorse "the evidentiary value of a diversity of research methods" (Wiggins, 2011, p. 55). However, in an unacknowledged way, "as Wendt and Slife (2007) observed, the task force proposal places qualitative methods on the bottom of a hierarchy of research methods, ranked according to their rigor and value within a positivistic worldview" (Wiggins, 2011, p. 55).

For Hakomi, the research paradigm wars (Gage, 1989), and dilemmas (Wiggins, 2011) are transcended by the adoption of Wilber's AQAL model that not only honors, but invites the "otherness" of methods appropriate to each quadrant. A framework that accounts for, welcomes, and utilizes the most research from the most places is more inclusive than a lesser one, and it is not an arbitrary power move to say this, any more than it is to assert that a molecule has a more inclusive embrace than an atom, or that this paragraph has more significance than a single letter, though atoms and letters are more foundational as building blocks (Ingersoll & Zeitler, 2010; Wilber, 1995). Those espousing the AQAL framework would, however, criticize approaches with a limited viewpoint and methodology such as Baker, McFall, and Shoham (2010) who attempt to be imperialistic or reductionistic in making their partial perspective more than what it is.

With all the above cautions noted, the overall thrust of psychotherapy research in the last thirty years, in conjunction with that of cognate disciplines such as interpersonal neurobiology, trauma, and developmental studies, has been quite substantial and encouraging. It is an exciting time in psychology and psychotherapy. Research now confirms that psychotherapy is actually effective (Seligman, 1995), and the Dodo Bird conclusion from comparing therapies that "all have won and everyone must have prizes" has likewise induced some helpful humility in the field, motivating schools to learn from each other, including the delineation of common factors (Bateman & Fonagy, 2008; Beutler et al., 2003; Bohart, 2000; Bucci, 2001; Castonguay, 1993; Frank, 1986; Lambert & Ogles, 2004; Lipsey & Wilson, 1993; Luborsky, Singer, & Luborsky, 1975; Mahoney, 1991; Orlinsky, Ronnestad, & Willutzki, 2004; Sexton & Whiston, 1991; Smith & Glass, 1977; Smith, Glass, &

Miller, 1980; Stevens, Hynan, & Allen, 2000; Stiles, Shapiro, & Elliot, 1986; VandenBos & Pino, 1980; Wampold et al., 2002; Wampold et al., 1997).

At the same time, Lilienfeld (2007), and Cummings and Donohue (2008) have noted the problems of simply following charismatic leaders in the field who circumvent honest dialogue with the research tradition. As Neukrug (2007, p. 384) argues, though it is necessarily true that “all research is biased . . . that does not mean that research is not important.” And, all research that results in actual data is good, even though the theory that drove the experiment might not hold up (Johanson, 1988). The post-modern quest to know everything contextually in relation to everything else remains, and requires that we honor all the pieces of the puzzle available to us (Wilber, 1995).

One of the common factors of therapeutic effectiveness delineated by Castonguay et al., (1996) relates to levels of experiencing. Of the seven levels the study explores, Hakomi Therapy operates routinely and preferably at the highest levels of gaining “awareness of previously implicit feelings and meanings . . . [and] an ongoing process of in-depth self-understanding” (p. 499). It has been gratifying that many stock and trade elements of Hakomi from its post-1960s beginnings have found mainline psychological support through ongoing research. For instance, Hayes (2004) notes that the cognitive-behavioral therapy tradition

. . . has maintained its core commitments to science, theory, and good practice. In the last 10 years, a set of new behavior therapies has emerged that emphasizes issues that were traditionally less emphasized or even off limits for behavioral and cognitive therapists, including mindfulness, acceptance, the therapeutic relationship, values, spirituality, meditation, focusing on the present moment, emotional deepening, and similar topics. (Hayes, Follette, & Linehan, 2004, p. xiii)

Another gratifying development in psychodynamic work through the influence of attachment, developmental, and psychotherapy efficacy studies, is research supporting the use of compassion and positive affects in therapy (Baumeister & Leary, 1995; Beebe & Lachmann, 2002; Bridges, 2006; Davidson & Harrington, 2002; Decety & Jackson, 2004; Fehr, Sprecher, & Underwood, 2009; Fosha, 2000, 2004, 2009c; Fredrickson, 2001; Fredrickson & Losada, 2005; Germer, 2009; Gilbert, 2005, 2010; Greenberg & Paivio, 1997; Greenberg, Riche, & Elliott, 1993; Ji-Woong et al., 2009; Johnson, 2009; Keltner & Haidt, 1999; Laithwaite et al., 2009; Lamagna & Gleiser, 2007; Lewis,

Amini, & Lannon, 2000; Panksepp, 2001; Paivio & Laurent, 2001; Prenn, 2009; Schore, 2001; Shiota et al., 2004; Trevarthen, 2001; Tronick, 1998; Tugade & Frederickson, 2004). This is something Kurtz (1990) affirmed from the beginning, though he knew it was not the mainline model of “professional demeanor” (Kurtz, 2008, p. 15) at the time. He was often heard in trainings to say, “Find something in the client to love.”

Something occurs in therapy that seems beyond the control of therapist and/or client. Growth happens in the face of ignorance, stumbling, and fumbling by therapist and client alike. Growth doesn't happen despite the most highly trained clinician employing the most state of the art techniques. Peck (1978) was so impressed that growth happens at all—in the face of so many obstacles working against it—that he posited some spiritual force called *grace* to account for it in his best seller *The Road Less Traveled*. In Hakomi, Kurtz (1990) often referred to the concept of “negentropy” as expounded by Bateson (1979), Prigogine and Stengers (1984), and Wilber (1995): the notion that there is a force in life that moves to build wholes out of parts, as well as the more well-known second law of thermodynamics that posits the opposite. By any name (“transformance” for Fosha, 2000; “the life-forward direction” for Gendlin, 1996), there is an organic impulse, that can be experienced phenomenologically, to heal through moving toward increased complexity and wholeness. Hakomi therapists always count on this organic impulse, and it has received increasing research support in recent years (Eigen, 1996; Emde, 1988; Fosha, 2006, 2008, 2009a, b; Ghent, 1999, 2002).

There are also core aspects of mindfulness or consciousness—inclusive of passive awareness and active compassion—that Hakomi therapists assume are essentially present in all clients. These potentials are there, regardless of the person's object-relations history as it shows up on the ego level of past conditioning. Others refer to these essential qualities as comprising the self, core self, heart self, ontological self, and so on. The concept of a larger self, new to Western psychology (Schmidt, 1994), has likewise received research support since Hakomi's beginnings (Almaas, 1988; Fosha, 2005; Kershaw & Wade, 2011; Mones & Schwartz, 2007; Panksepp & Northoff, 2008; Russell & Fosha, 2008; Schwartz, 1995). Eisman (2006) has led the way in Hakomi by developing an entire healing approach called the *recreation of the self* (RCS) that centers on resourcing clients as fast as possible in the non-egocentric trans-historical aspects of this larger self state.

The emphasis on resourcing through larger self states is congruent with the more general emphasis on resourcing in Hakomi by helping clients be in touch with their strengths, bodily energies, hopes, positive images and memories, and so forth. Much recent research supports this emphasis (Gassman & Grawe, 2006). For trauma therapists who work with lower brain activation, multiple forms of resourcing are absolutely necessary (Ogden, Minton, & Pain, 2006). Hakomi in general always begins with fostering qualities of safety, curiosity, and present moment experiencing, which is a way of resourcing clients to be able to successfully explore inner material (Fogel, 2009). Humor—that Kurtz was so brilliant with—was a hypnotic affirmation of faith communicating to clients that they had what it took to deal with whatever was afflicting them. Working through barriers to transformation and the introjection of positive “missing experiences” in Hakomi is a way of both unburdening hurtful experiences and expanding a client’s toleration of positive experiences (Robbins, 2008). Encouraging clients to move toward the future with hope by integrating more positive experiences in their lives, while dealing mindfully with whatever barriers arise, stimulates the immune system and a more grateful, energized way of meeting life (Johanson, 2010; LeShan, 1989).

Although Hakomi Therapy trainings are primarily offered as continuing education for licensed mental health professionals, the central importance of relationship, self-qualities, compassion, and awareness to psychotherapy has led Institute faculty to also accept others in the trainings who are assessed as able to benefit from the teaching. An array of body workers, naturopaths, lawyers, teachers, artists, nurses, medical doctors, and others have taken Hakomi trainings, either to learn Hakomi methods they can incorporate into their work, or as a way of tasting the field of psychotherapy before committing to various graduate programs. Is it ethical to train people in therapeutic techniques who are not licensed? What does the research have to say about this?

As it turns out, research of our commonly held assumptions about what makes better psychotherapists, enshrined in our requirements for licensure and membership in clinical associations, are not faring well in recent research. Surely getting advanced degrees and licensure enhances our effectiveness. No, not really. Nyman, Nafzier, & Smith (2010) established that there was no discernible difference in outcome if the therapy was done by a licensed doctoral level psychologist, a pre-doctoral intern, or a practicum student. How about professional training, discipline, and experience? It certainly sounds logical, but no, it doesn’t

hold up (Beutler, et. al., 2004). Using the right method or the latest evidence-based treatment should help. While we continually keep trying to find the key, any single one has yet to be found, though many seem to work in their own way (Duncan, Wampold, & Hubble, 2010). Plus, no studies support increased effectiveness through continuing education, which is disappointing and hard to believe. What about therapists working on themselves as their own best instrument in therapy? There are wonderful subjective benefits reported here, but they do not show up in terms of affecting effectiveness (Geller, Norcross, & Orlinsky, 2005).

The upshot of this research does not support the necessity of state licensure boards so much as registries of psychotherapists that list one’s training and ethical allegiances, and then respects a client’s ability to seek and find practitioners who provide the help they are seeking. (Hakomi faculty members, due to our tender Hakomi pride and hubris, might point out that the above research did not study Hakomi trainings and supervision.)

One bright spot in efficacy outcome studies is that soliciting and responding appropriately to client feedback does improve the outcome for the client and the development of the therapist (Anker, Duncan, & Sparks, 2009; Duncan, 2010; Duncan, Solovey, & Rusk, 1992). This research finding is fully congruent with training in the Hakomi method. Hakomi’s organicity principle states that when all the parts are connected within the whole, the system is self-organizing and self-correcting. This translates into the Hakomi therapist tracking and contacting a client’s felt present experience in such a way that the therapist helps the person safely mine the wisdom of his or her own experience in a continuously collaborative way. This fine-tuned collaboration in turn provides a profound safeguard against either licensed or non-licensed trainees unwittingly committing forms of violence on the client and/or inducing appropriate resistance. Other aspects of Hakomi trainings could be explicated that fit in with research findings on how psychotherapists develop and grow (Orlinsky & Roennestad, 2005).

In contrast to the state of psychology in the 1960s, there is now serious and sustained research dedicated to cross cultural and social issues (Augsburger, 1986; Foster, Moskowitz, & Javier, 1996; Helms & Cook, 1999; Keita & Hurrell, 1994; Marsella, 1998; Marsella, 2009; Marsella et al., 1994; Marsella et al., 2008; McGoldrick, Giordano, & Pearce, 1996; Nadar, Dubrow, & Stamm, 1999; Pinderhughes, 1989; Ponterotto et al., 2010; Sue & Sue, 2010; Vasquez, 2012; Wessells, 1999).

Likewise, though Hakomi has never been presented as a spiritual path or endorsed the path of any other spiritual tradition, it has always been open to the spiritual dimension of a client as an important aspect of their being. This significant facet of many clients' lives (Eisner, 2009; Johanson, 1999; Mayo, 2009; Sperry, 2010; Torrance, 1994), routinely ignored or pathologized in the twentieth century (LeShan, 1990), is now being researched by such journals as the American Psychological Association's Division 36 *Psychology of Religion and Spirituality* and the *Journal of Spirituality in Mental Health* from Routledge Press, textbooks such as Miller (2003), numerous APA titles, and myriad contributions of others.

Hakomi leaders have encouraged and pursued research wherever possible within Hakomi's context as a training institute. Through the leadership of the Hakomi Institute of Europe, the first major empirical research was done demonstrating the efficacy of body-psychotherapy methods in outpatient settings. This multi-year, multi-center investigation was done in Germany and Switzerland, and involved both clinical practitioners and university professors (Koemeda-Lutz et al., 2008). In the United States, Kaplan and Schwartz (2005) provided a methodologically rigorous study of the results of working with two clients within a twelve-session protocol.

Further research into body-inclusive psychotherapy was given a major impetus when Halko Weiss, director of the Hakomi Institute of Europe, joined with his colleague Gustl Marlock, to edit the *Handbuch der Koerperpsychotherapie*, a thousand page handbook on body psychotherapy published by Schattauer, a highly respected medical publisher in Germany. This well referenced and positively reviewed work has contributions from 82 international experts. When it is translated into English, it will likewise further the field in many countries and give impetus to the growing literature addressing somatic issues (Aron & Anderson, 1998; Boadella, 1997; Field, 1989; Griffith & Griffith, 1994; Halling & Goldfarb, 1991; Heller, 2012; Kepner, 1993; Leder, 1984, 1990; Matthew, 1998; Ogden, Minton, & Pain, 2006; Romanyshyn, 1992; Shaw, 2003, 2004; Stam, 1998; van der Kolk, 1994).

Hakomi faculty has taken leadership positions in the European Association for Body Psychotherapy and the United States Association for Body Psychotherapy, supporting both professional conferences and journals. The Hakomi Institute itself has sponsored numerous professional conferences that have highlighted keynote speakers outside Hakomi, such as Stephen Wolinsky, Peter Levine, Richard C. Schwartz, Thomas Lewis, Stephen Porges, Bessel van der

Kolk, Diana Fosha, Susan Aposhyan, Babette Rothschild, Christine Caldwell, and more.

Through 2013, the Institute has published 26 editions of its annual journal, the *Hakomi Forum*. In the first 10 years of the *Forum*, many contributions concentrated on clinical reports on the use of the method with couples, psychodrama, biofeedback, emotionally disturbed adolescents, values, cancer patients, eating disorders, seniors, the Q-sort technique, storytelling, yoga, curiosity research, neurological correlates, groups, organizations, supervision, adolescents, families, ontological development, transference and countertransference in the here-and-now therapies, touch, pre- and perinatal trauma, laughter, psychotic jail inmates, emotion, grace, boundaries, ethics, multiplicity, self theory, and more.

As the Hakomi method matured and grew, the editorial board was significantly increased beyond the founding trainers of the Institute, and more articles referencing mainline psychology appeared, though the editorial policy continued to accept more experiential, poetic, and clinically informed articles along with scholarly and scientific contributions. A number of colleagues and collaborators outside of Hakomi have contributed to the ongoing dialogue of the *Forum* over the years, including Eligio S. Gallegos, Chogyam Trungpa, Jerome Liss, William S. Schmidt, David Feinstein, Suzanne M. Peloquin, Albert Pessa, Stephen Pattison, Eugene Gendlin, Jack Engler, Richard Schwartz, Stephen Wolinsky, Belinda Siew Luan Khong, Aline LaPierre, David N. Elkins, Martha Herbert, Siroj Sorajjakool, Miriam Greenspan, Carole M. McNamee, Louise Sundararajan, Diana Fosha, and others.

The majority of clinical research by Hakomi therapists has been dedicated to what Gendlin (1986, p. 133) has termed "playing in the laboratory." This is part of the trend in psychotherapy research toward identifying and evaluating small sub-processes of therapeutic interactions, as opposed to evaluating entire therapies in relation to each other (Johanson, 1986). Playing in the lab involves creatively and curiously exploring a sub-process with the rapid feedback in a clinical encounter that can confirm or disconfirm a hunch, or open up new trailheads. It eventually leads to promising hypotheses that are worthy of the more extensive time, money, and energy that goes into formal research.

The main laboratory settings for Hakomi are private practice, public and private health services clinics, and comprehensive psychotherapy trainings. Here Gendlin's (1986) suggestion that there be a central data bank of

successful cases that can be examined further is carried out. Ron Kurtz left over 400 videotapes demonstrating his work. The Hakomi Institute asks those who have successfully shown enough competency in the method to become certified Hakomi therapists or practitioners to place copies of their certification tapes in a central office archive. These case examples are available for the psychotherapy process Q-sort, PQS of Jones (2000), and other research uses outlined by Goldfried and Wolfe (1996), Jones and Pulos (1993), Kazdin (2007), Nathan and Gorman (2002), and others. There are a number of research studies the Hakomi Institute would like to engage when possible.

However, on behalf of the many right-brained practitioners drawn to the experiential power of the Hakomi method, it must be said there is much sympathy for the summary of Shedler (2010, p. 107) who asserts:

Many of the psychotherapy outcome studies . . . are clearly not written for practitioners . . . [but] for other psychotherapy researchers. . . . I am unsure how the average knowledgeable clinical practitioner could navigate the thicket of specialized statistical methods, clinically unrepresentative samples, investigator allegiance effects, inconsistent methods of reporting results, and inconsistent findings across multiple outcome variables of uncertain clinical relevance Psychotherapy research needs to be more consumer relevant (Westen, Novotny & Thompson-Brenner, 2005).

Today, as suggested above, psychology and psychotherapy comprise an exciting and promising field that has grown considerably since Hakomi's beginnings in the post-1960s era. Part of the excitement is the responsibly eclectic expansion of concern to include contributions from developmental studies, interpersonal neurobiology, trauma, and the body (Levine, 1997; Ogden, Minton, & Pain, 2006; Rothschild, 2000; van der Kolk, 1994, 2003), multi-cultural values, social structures, and more. All this is being done with a view to better integrate theory and clinical practice while making applications to coaching, teaching, human relationships, group, corporate situations, and more. Hakomi, as a mindfulness-centered somatic psychotherapy, has a specific and unique contribution to make to the training of healers in today's world. At the same time, the large umbrella of its theoretical principles offers a home base from which research contributions from these many realms of healing can be integrated. A hallmark and value of Hakomi remains the close congruence between theory, method, and technique, always tested and refined through experience in the field.

Final Word

With all that has been said here (and the more that could be said) about Hakomi engaging the ambiguity of the promises and perils of psychotherapy research, it must be noted that the governmental and corporate entities who control third-party payments still look with tunnel vision at hard experimental research yielding quantitative results. It has been hard for psychotherapy in general, let alone somatic psychotherapy (Barratt, 2012; May, 2005; Young, 2010) to meet such requirements in a manner similar to double blind psychotropic drug research. Given the myriad issues suggested above, more philosophical perspectives that could be brought to bear, political-economic interests, and the overwhelming monetary requirements involved, Hakomi will not likely be producing the requisite research soon, though the Institute remains open to finding university, government, or corporate partners who can facilitate such substantial research programs. Though Hakomi can point to over 2,500 research studies on the efficacy of mindfulness in therapy alone, plus so much other research we draw on from interpersonal neurobiology and developmental studies, people in power will still ask, "Where are the studies on Hakomi *per se*?" This means that prospective Hakomi students will have to make considered choices about training in a method that is subjectively meaningful and effective for clients and therapists, but carries objective costs in terms of finances and official standing beyond private practice settings—another source of ambiguity.

References

- Ablon, J. S., & Jones, E. E. (1998). How expert clinicians' prototypes of an ideal treatment correlate with outcome in psychodynamic and cognitive-behavioral therapy. *Psychotherapy Research, 8*, 71-83.
- Ablon, J. S., & Jones, E. E. (2002). Validity of controlled clinical trials of psychotherapy: Findings from the NIMH treatment of depression collaborative research program. *American Journal of Psychiatry, 159*, 775-783.
- Almaas, A. H. (1988). *The pearl beyond price: Integration of personality into being: an object relations approach*. Berkeley, CA: Diamond Books.
- American Psychological Association Presidential Task Force on Evidence-Based Practice. (2006). Evidence-based practice in psychology. *American Psychologist, 61*, 271-285.
- Anker, M., Owen, J., Duncan, B., & Sparks, J. (in press). The alliance in couple therapy: Partner influence, early change, and alliance patterns in a naturalistic sample. *Journal of Consulting and Clinical Psychology*.
- Aron, L. & Anderson, F. S. (1998). *Relational perspectives on the body*. Hillsdale, NJ: Analytic Press.

- Augsburger, D. A. (1986). *Pastoral counseling across cultures*. Philadelphia, PA: The Westminster Press.
- Baker, T., McFall, R., & Shoham, V. (2010). Current status and future prospects of clinical psychology toward a scientifically principled approach to mental and behavioral health care. *Psychological Science in the Public Interest, 9*, 67-103.
- Barratt, B. (2012). Research in body psychotherapy. Unpublished manuscript prepared for publication in G. Marlock & H. Weiss, (Eds.) *Handbook of Body Psychotherapy*.
- Bateman, A., & Fonagy, P. (2008). 8-year follow-up of patients treated for borderline personality disorder: Mentalization-based treatment versus treatment as usual. *American Journal of Psychiatry, 165*, 631-638.
- Bateson, G. (1979). *Mind and nature: A necessary unity*. New York, NY: E. P. Dutton.
- Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin, 117*, 497-529.
- Beebe, B., & Lachmann, F. M. (2002). *Infant research and adult treatment: Co-constructing interactions*. Hillsdale, NJ: Analytic Press.
- Benz, D. (1981). The analysis, description and application of an experiential, body-centered psychotherapy (Psy.D. dissertation), Massachusetts School of Professional Psychology.
- Benz, D. & Weiss, H. (1989). *To the core of your experience*. Charlottesville, VA: Luminas Press.
- Beutler, L. E. (2009). Making science matter in clinical practice: Redefining psychotherapy. *Clinical Psychology: Science and Practice, 16*(3), 301-317.
- Beutler, L. E., Malik, M., Alimohamed, S., Harwood, T. M., Talabi, H., Noble, S., et al. (2004). Therapist variables. In M. J. Lambert (Ed.), *Handbook of psychotherapy and behavior change (5th ed., pp. 227-306)*. New York, NY: John Wiley and Sons.
- Beutler, L. E., Moleiro, C., Malik, M., Harwood, T. M., Romanelli, R., Gallagher-Thompson, D., et al. (2003). A comparison of the Dodo, EST, and ATI indicators among co-morbid stimulant dependent, depressed patients. *Clinical Psychology and Psychotherapy, 10*, 69-85.
- Bishop, R. (2007). *The philosophy of the social sciences: An introduction*. London, England: Continuum.
- Blatt, S. J., & Auerbach, J. S. (2003). Psychodynamic measures of therapeutic change. *Psychoanalytic Inquiry, 23*, 268-307.
- Blatt, S. J., & Zuroff, D. C. (2005). Empirical evaluation of the assumptions in identifying evidence based treatments in mental health. *Clinical Psychology Review, 25*, 459-486.
- Boadella, D. (1997). Embodiment in the therapeutic relationship. *International Journal of Psychotherapy, 2*, 31-44.
- Bohart, A. C. (2000). The client is the most important common factor: Clients' self-healing capacities and psychotherapy. *Journal of Psychotherapy Integration, 10*(2), 127-149.
- Bridges, M. R. (2006). Activating the corrective emotional experience. *Journal of Clinical Psychology: In Session, 62*, 551-568.
- Bucci, W. (2001). Toward a "psychodynamic science" The state of current research. *Journal of the American Psychoanalytic Association, 49*, 57-68.
- Castonguay, L. G. (1993). Common factors and non-specific variables: Clarification of the two concepts and recommendations for research. *Journal of Psychotherapy Integration, 3*, 267-286.
- Castonguay, L. G., & Beutler, L. E. (Eds.) (2006). *Principles of therapeutic change that work: Integrating relationship, treatment, client and therapist factors*. New York, NY: Oxford University Press.
- Castonguay, L. G., Goldfried, M. R., Wisner, S. L., Raue, P. J., & Hayes, A. H. (1996). Predicting the effect of cognitive therapy for depression: A study of unique and common factors. *Journal of Consulting and Clinical Psychology, 64*, 497-504.
- Clarkin, J. F., Levy, K. N., Lenzenweger, M. F., & Kernberg, O. F. (2007). Evaluating three treatments for borderline personality disorder: A multiwave study. *American Journal of Psychiatry, 164*, 922-928.
- Creswell, J. W., & Plano Clark, V. L. (2007). *Designing and conducting mixed methods research*. Thousand Oaks, CA: Sage.
- Cummings, N. A., & O'Donohue, W. T. (2008). *Eleven blunders that cripple psychotherapy in America*. New York, NY: Routledge Press.
- Davidson, R. J., & Harrington, A. (Eds.) (2002). *Visions of compassion: Western scientists and Tibetan Buddhists examine human nature*. New York, NY: Oxford University Press.
- DeAngelis, T. (2010). Closing the gap between practice and research. *Monitor on Psychology, 41*, 42-45.
- Decety, J., & Jackson, P. L. (2004). The functional architecture of human empathy. *Behavioral and Cognitive Neuroscience Reviews, 3*, 71-100.
- Deleuze, G. (1987). *A thousand plateaus: Capitalism and schizophrenia*. Minneapolis, MN: University of Minnesota Press.
- de Maat, S., Dekker, J., Schoevers, R., & de Jonghe, F. (2006). Relative efficacy of psychotherapy and pharmacotherapy in the treatment of depression. A meta-analysis. *Psychotherapy Research, 16*, 562-572.
- Duncan, B. (2010). *On becoming a better therapist*. Washington, DC: American Psychological Association.
- Duncan, B. L., & Miller, S. D. (2006). Treatment manuals do not improve outcomes. In J. C. Norcross, L. E. Beutler, & R. Levant (Eds.), *Evidence-based practices in mental health. Debate and dialogue on the fundamental questions (pp. 140-149)*. Washington, DC: American Psychological Association.

- Duncan, B. L. & Miller, S. D. (2000). *The heroic client*. San Francisco, CA: Jossey-Bass.
- Duncan, B., Miller, S., Wampold, B. & Hubble, M. (Eds.) (2010). *The heart and soul of change: Delivering what works in therapy (2nd ed.)*. Washington, DC: American Psychological Association.
- Duncan, B., Solovey, A. & Rusk, G. (1992). *Changing the rules: A client-directed approach*. New York, NY: Guilford.
- Eigen, M. (1996). *Psychic deadness*. Northvale, NJ: Jason Aronson.
- Eisman, J. (2006). Shifting states of consciousness: The re-creation of the self-approach to transformation. *Hakomi Forum*, 16-17, 63-70.
- Eisner, T. (2009) Following the footsteps of the soul in research. *Psychological Perspectives*, 52, 24-36.
- Elkin, I., Shea, T., Watkins, J. T., Imber, S. D., Sotsky, S. M., Collins, J. F., Parloff, M. B. et al. (1989). National institutes of mental health treatment of depression collaborative research program. *Archives of General Psychiatry*, 46, 971-982.
- Emde, R. N. (1988). Development terminable and interminable. *International Journal of Psycho-Analysis*, 69, 23-42.
- Fehr, C., Sprecher, S. & Underwood, L. G. (2009). *The science of compassionate love: Theory research and application*. Chichester, UK: Wiley.
- Field, N. (1989). Listening with the body: An exploration in the countertransference. *British Journal of Psychotherapy*, 5, 512-522.
- Fogel, A. (2009). *Body sense: The science and practice of embodied self-awareness*. New York, NY: W. W. Norton.
- Fonagy, P., Allison, L., Clarkin, J. F., Jones, E. E., Kachele, H., Krause, R., Lopez, D., & Perron, R. (Eds.) (2002). *An open door review of the outcome of psychoanalysis*. London: International Psychoanalytic Association.
- Fosha, D. (2000). *The transforming power of affect: A model for accelerated change*. New York, NY: Basis Books.
- Fosha, D. (2004). "Nothing that feels bad is ever the last step:" The role of positive emotions in experiential work with difficult emotional experiences. *Clinical Psychology and Psychotherapy*, 11, 30-43.
- Fosha, D. (2005). Emotion, true self, true other, core state: Toward a clinical theory of affective change process. *Psychoanalytic Review*, 92, 513-552.
- Fosha, D. (2006). Quantum transformation in trauma and treatment: Traversing the crisis of healing change. *Journal of Clinical Psychology/In Session*, 62, 569-583.
- Fosha, D. (2008). Transformance, recognition of self by self, and effective action. In K. J. Schneider (Ed.), *Existential-integrative psychotherapy: Guideposts to the core of practice* (pp. 290-320). New York, NY: Routledge.
- Fosha, D. (2009a). Positive affects and the transformation of suffering into flourishing. In W. C. Bushell, E. L. Olivo, & N. D. Theise (Eds.), *Longevity, regeneration, and optimal health: Integrating Eastern and Western perspectives* (pp. 252-261). New York, NY: Annals of the New York Academy of Sciences.
- Fosha, D. (2009b). Emotion and recognition at work: Energy, vitality, pleasure, truth, desire and the emergent phenomenology of transformational experience. In D. Fosha, D. J. Siegel & M. F. Solomon (Eds.) *The healing power of emotion: Affective neuroscience, development, clinical practice* (pp. 172-203). New York, NY: Norton.
- Fosha, D. (2009c). Positive affects and the transformation of suffering into flourishing. In W. C. Bushell, E. L. Olivo, & N. D. Theise (Eds.), *Longevity, regeneration, and optimal health: Integrating Eastern and Western perspectives* (pp. 252-261). New York, NY: Annals of the New York Academy of Sciences.
- Foster, R. P., Moskowitz, M., Javier, R. A. (1996). *Reaching across boundaries of culture and class: Widening the scope of psychotherapy*. Northvale, NJ: Jason Aronson.
- Frank, J. (1986). Common features in psychotherapy. *The Harvard Medical School Mental Health Letter*, 2(11), 4-5.
- Frankl, V. (1966). Self-transcendence as a human phenomenon. *Journal of Humanistic Psychology*, 6, 97-106.
- Fredrickson, B. L. (2001). The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. *American Psychologist*, 56, 211-226.
- Fredrickson, B. L. & Losada, M. (2005). Positive affect and the complex dynamics of human flourishing. *American Psychologist*, 60, 687-686.
- Gage, N. L. (1989). The paradigm wars and their aftermath: A "historical" sketch of research on teaching since 1989. *Educational Researcher*, 18(7), 4-10.
- Gassman, D. & Grawe, K. (2006). General change mechanisms: The relation between problem activation and resource activation in successful and unsuccessful therapeutic interactions. *Clinical Psychology and Psychotherapy*, 13, 1-11.
- Geller, J., Norcross, J. & Orlinsky, D. (Eds.) (2005). *The psychotherapist's own psychotherapy: Client and clinician perspectives*. New York, NY: Oxford University Press.
- Gendlin, E. (1986). What comes after traditional psychotherapy research? *American Psychologist*, 41, 131-136.
- Gendlin, E. (1996). *Focusing-oriented psychotherapy: A manual of the experiential method*. New York, NY: Guilford Press.
- Germer, C. K. (2009). *The mindful path to self-compassion*. New York, NY: Guilford Press.
- Ghent, E. (1999). Masochism, submission, surrender: Masochism as a perversion of surrender. In S. A. Mitchell & L. Aron (Eds.) *Relational Psychoanalysis* (pp. 211-242). Hillsdale, NJ: Analytic Press.
- Ghent, E. (2002). Wish, need, drive: Motive in light of dynamic systems theory and Edelman's selectionist theory. *Psychoanalytic Dialogues*, 12, 763-808.
- Gilbert, P. (2010). *Compassion focused therapy*. New York, NY: Routledge/Taylor and Francis.
- Gilbert, P. (Ed.) (2005). *Compassion: Conceptualisations, research and use in psychotherapy*. London, UK: Routledge.
- Gilligan, C. (1982). *In a different voice: Psychological theory and women's development*. Cambridge, MA: Harvard University Press.

- Giorgi, A. (1970). *Psychology as a human science: A phenomenologically based approach*. New York, NY: Harper and Row.
- Giorgi, A. P. & Giorgi, B. M. (2003). The descriptive phenomenological psychological method. In P. Camic, J. E. Rhodes, & L. Yardley (Eds.) *Qualitative research in psychology* (pp. 242-273). Washington, DC: American Psychological Association.
- Gloaguen, V., Cottraux, J., Cucherat, M., & Blackburn, I. (1998). A meta-analysis of the effects of cognitive therapy in depressed patients. *Journal of Affective Disorders*, 49, 59-72.
- Goldfried, M. R. (2009). Making evidence-based practice work: The future of psychotherapy integration. *Psychotherapy Bulletin*, 44(3), 25-28.
- Goldfried, M. R., & Wolfe, B. E. (1996). Psychotherapy practice and research. Repairing a strained alliance. *American Psychologist*, 51, 1007-1016.
- Greenberg, G. (2010). *Manufacturing depression: The secret history of a modern disease*. New York, NY: Simon and Schuster.
- Greenberg, L. S. & Paivio, S. C. (1997). *Working with emotions in psychotherapy*. New York, NY: Guilford Press.
- Greenberg, L. S., Riche, L. N., & Elliott, R. (1993). *Facilitating emotional change: The moment-by-moment process*. New York, NY: Guilford Press.
- Griffith, J. L. & Griffith, M. E. (1994). *The body speaks: Therapeutic dialogues for mind-body problems*. New York, NY: BasicBooks.
- Halling, S., & Goldfarb, M. (1991). Grounding truth in the body: Therapy and research renewed. *The Humanistic Psychologist*, 19, 313-330.
- Halling, S., & Nill, J. D. (1995). A brief history of existential-phenomenological psychiatry and psychotherapy. *Journal of Phenomenological Psychology*, 26, 1-45.
- Hanson, R., with Mendius, R. (2009). *The Buddha's brain: The practical neuroscience of happiness, love, and wisdom*. Oakland, CA: New Harbinger Publications.
- Hayes, S. C., Follette, V. M., Linehan, M. M. (2004). *Mindfulness and acceptance: Expanding the cognitive-behavioral tradition*. New York, NY: Guilford Press.
- Held, B., Kirschner, S. R., Richardson, F., Slife, B., & Teo, T. (2010). Uses and misuses of critical thinking in psychology. A symposium presentation to the American Psychology Association at the San Diego convention centre, August 13, 2010.
- Heller, M. (2012). *Body psychotherapy: History, concepts, and methods*. New York, NY: W. W. Norton & Co.
- Helms, J. E. & Cook, D. A. (1999). *Using race and culture in counseling and psychotherapy: Theory and process*. Boston, MA: Allyn and Bacon.
- Herman, J. L. (1992). *Trauma and Recovery*. New York, NY: BasicBooks.
- Horvath, A. O., & Bedi, R. P. (2002). The alliance. In J. C. Norcross (Ed.) *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients* (pp. 37-61). New York, NY: Oxford University Press.
- Ingersoll, R. E. & Zeitler, D. M. (2010). *Integral psychotherapy: Inside out/outside in*. Albany, NY: State University of New York Press.
- Ji-Woong, K., Sung-Eun, K., Jae-Jin, K., Bumseok, J., Chang-Hyun, P., Ae Ree, S., et al. (2009). Compassionate attitude towards others' suffering activates the mesolimbic neural system. *Neuropsychologia*, 47, 2073-2018.
- Johanson, G. (1979-80). The psychotherapist as faith agent. *The Journal of Pastoral Counseling*, Vol. XIV, Number 2, 71-75.
- Johanson, G. (1986). Editorial: Taking it home with you. *Hakomi Forum*, 4, 1-6.
- Johanson, G. (1988). A curious form of therapy: Hakomi. *Hakomi Forum*, 6, 18-31.
- Johanson, G. J. (1992). A critical analysis of David Augsburger's *Pastoral counseling across cultures*. *Journal of Pastoral Care* 46(2), 162-173.
- Johanson, G. J. (1999). Making grace specific: The renewed chapter of spirituality in the history of white, mainline protestant pastoral care in America (dissertation). Drew Graduate School, Madison, NJ, USA.
- Johanson, G. J. (2006a) A Survey of the use of mindfulness in psychotherapy. *The Annals of the American Psychotherapy Association* 9/2, 15-24.
- Johanson, G. J. (2006b, in press) The organization of experience: A systems perspective on the relation of body-psychotherapies to the wider field of psychotherapy. In G. Marlock, and H. Weiss, (Eds.) *Handbook of Body Psychotherapy* first published in German as *Die Organisation unserer Erfahrungen – ein systemorientierter Blick auf die Koerperpsychotherapie*. Herausgegeben von Gustl Marlock und Halko Weiss *Handbuch der Koerperpsychotherapie*. Stuttgart: Schattauer Verlag.
- Johanson, G. J. (2009a). Selected bibliography on mindfulness and therapy. Retrieved from <http://www.hakomi.org/resources>
- Johanson, G. J. (2009b). Psychotherapy, science and spirit: Nonlinear systems, Hakomi therapy, and the Tao. *The Journal of Spirituality in Mental Health*, 11/ 3, 172-212.
- Johanson, G. J. (2009c). Non-linear science, mindfulness, and the body in humanistic psychotherapy. *The Humanistic Psychologist*, 37, 159-177.
- Johanson, G. J. (2010). Walking into the future with hope. *The Annals of the American Psychotherapy Association*, 13/2, 72-73.
- Johanson, G. J. (2012). Editorial: 25th edition. *Hakomi Forum*, 25, 3-5.
- Johanson, G. & Taylor, C. R. (1988). Hakomi therapy with seriously emotionally disturbed adolescents. In C. E. Schaefer (Ed.) *Innovative interventions in child and adolescent therapy* (pp. 232-265). New York, NY: John Wiley and Sons.

- Johnson, S. M. (2009). Extravagant emotion: Understanding and transforming love relationships in emotionally focused therapy. In D. Fosha, D. J. Siegel & M. F. Solomon (Eds.) *The healing power of emotion: Affective neuroscience, development, clinical practice* (pp. 257-279). New York, NY: Norton.
- Jones, E. E. (2000). *Therapeutic action: A guide to psychoanalytic therapy*. Northvale, NJ: Jason Aronson.
- Jones, E. E., & Pulos, S. M. (1993). Comparing the process in psychodynamic and cognitive behavioral therapies. *Journal of Consulting and Clinical Psychology, 61*, 306-316.
- Jordan, J., Kaplan, A., Miller, J., Stiver, I. & Surrey, J. (1991). *Women's growth in connection: Writings from the Stone Center*. New York, NY: Guilford Press.
- Kabat-Zinn, J., Lipworth, L., & Burney, R. (1985). The clinical use of mindfulness meditation for the self-regulation of chronic pain. *Journal of Behavioral Medicine, 8*, 163-190.
- Kandel, E. (2007). *In search of memory: The emergence of a new science of mind*. New York, NY: Norton.
- Kaplan, A. H. (2005). Listening to the body: Pragmatic case studies in body-centered psychotherapy. (Psy.D. dissertation). Rutgers University, Piscataway, New Jersey.
- Kaplan, A. H. & Schwartz, L. F. (2005). Listening to the body: Pragmatic case studies of body-centered psychotherapy. *The USA Body Psychotherapy Journal, 4*(2), 33-67.
- Kazdin, A. E. (2007). Mediators and mechanisms of change in psychotherapy research. *Annual Review of Clinical Psychology, 3*, 1-27.
- Kazdin, A. E. (2008). Evidence-based treatment and practice: New opportunities to bridge clinical research and practice, enhance the knowledge base, and improve patient care. *American Psychologist, 63*, 146-159.
- Keita, G. & Hurrell, J. (Eds.) (1994). *Job stress in a changing workforce: Investigating gender, diversity, and family issues*. Washington, DC: American Psychological Association.
- Keltner, D. & Haidt (1999). Social functions of emotions at four levels of analysis. *Cognition and Emotion, 13*, 505-521.
- Kepner, J. I. (1993). *Body process: Working with the body in psychotherapy*. San Francisco, CA: Jossey-Bass.
- Kershaw, C. & Wade, J. (2011). *Brain change therapy: Clinical interventions for self-transformation*. New York, NY: W. W. Norton.
- Kirsch, I. (2010). *The emperor's new drugs: Exploding the antidepressant myth*. New York, NY: Basic Books
- Koemeda-Lutz, M., Kaschke, M., Revenstorf, D., Scherrmann, T., Weiss, H., & Soeder, U. (2008). Evaluation of the effectiveness of body psychotherapy in outpatient settings: A multi-centre study in Germany and Switzerland. *Hakomi Forum, 19-21*, 113-124. First published in 2006 in German in the *Psychother Psych Med Psychosom, 56*, 480-487.
- Koestler, Arthur (1967). *The ghost in the machine*. London, UK: Arkana.
- Kurtz, R. (1990). *Body-centered psychotherapy: The Hakomi method: The integrated use of mindfulness, nonviolence and the body*. Mendocino, CA: LifeRhythm.
- Kurtz, R. (2008). A little history. *Hakomi Forum, 19-20-21*, 7-18.
- Kurtz, R. & Prester, H. (1976). *The body reveals: An illustrated guide to the psychology of the body*. New York, NY: Harper & Row/Quicksilver Books.
- Kvale, S. (1995). The social construction of validity. *Qualitative Inquiry, 1*, 19-20.
- Laithwaite, H., Gumley, A., O'Hanlon, M., Collins, P., Doyle, P., Abraham, L., et al. (2009). Recovery after psychosis (RAP): A compassion focused programme for individuals residing in high security settings. *Behavioural and Cognitive Psychotherapy, 37*, 511-526.
- Lamagna, J., & Gleiser, K. (2007). Building a secure internal attachment: An intra-relational approach to ego strengthening emotional processing with chronically traumatized clients. *Journal of Trauma and Dissociation, 8*, 22-54.
- Lambert, M. J., & Ogles, B. (2004). The efficacy and effectiveness of psychotherapy. In M. J. Lambert (ed.) *Bergin and Garfield's handbook of psychotherapy and behavior change (5th ed., pp. 139-193)*. Hoboken, NJ: Wiley.
- Lewis, L., Amini, F., & Lannon, R. (2000). *A general theory of love*. New York, NY: Vintage Books.
- Leder, D. (1984). Medicine and paradigms of embodiment. *The Journal of Medicine and Philosophy, 9*, 29-43.
- Leder, D. (1990). *The absent body*. Chicago: University of Chicago Press.
- Leichsenring, F. (2005). Are psychodynamic and psychoanalytic therapies effective? *International Journal of Psychoanalysis, 86*, 841-868.
- Leichsenring, F., & Leibling, E. (2003). The effectiveness of psychodynamic therapy and cognitive behavior therapy in the treatment of personality disorders: A meta-analysis. *American Journal of Psychiatry, 160*, 1223-1232.
- Leichsenring, F., & Rabung, S. (2008). Effectiveness of long-term psychodynamic psychotherapy: A meta-analysis. *Journal of the American Medical Association, 300*, 1551-1565.
- Leichsenring, F., Rabung, S., & Leibling, E. (2004). The efficacy of short-term psychodynamic psychotherapy in specific psychiatric disorders: A meta-analysis. *Archives of General Psychiatry, 61*, 1208-1216.
- LeShan, L. (1989). *Cancer as a turning point*. New York, NY: E. P. Dutton.
- LeShan, L. (1990). *The dilemma of psychology: A psychologist looks at his troubled profession*. New York, NY: A Dutton Book.
- Levine, P. with Frederick, A. (1997). *Waking the tiger: Healing trauma*. Berkeley, CA: North Atlantic Books.
- Lilienfeld, S. O. (2007). Psychological treatments that cause harm. *Perspectives on Psychological Science, 2*, 53-70.

- Linehan, M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York, NY: Guilford Press.
- Linford, L. & Arden, J. B. (2009). Brain-based therapy and the *Pax Medica*. *Psychotherapy in Australia*, 15(3), 16-23.
- Lipsey, M. W., & Wilson, D. B. (1993). The efficacy of psychological, educational, and behavioral treatment: Confirmation from meta-analysis. *American Psychologist*, 48, 1181-1209.
- Luborsky, L., Singer, B., & Luborsky, L. (1975). Comparative studies of psychotherapies. *Archives of General Psychiatry*, 32, 995-1008.
- Mahoney, M. J. (1991). *Human change process: The scientific foundations of psychotherapy*. New York, NY: BasicBooks.
- Marks-Tarlow, T. (2011). Merging and emerging: A nonlinear portrait of intersubjectivity during psychotherapy. *Psychoanalytic Dialogues*, 21, 110-127.
- Marlock, G., & Weiss, H. (Eds.) (2006). *Handbuch der koeperspsychotherapie*. Stuttgart: Schattauer (being translated into English).
- Marsella, A. J. (1998). Toward a global psychology: Meeting the needs of a changing world. *American Psychologist*, 53, 1282-1291.
- Marsella, A. J. (2009). Diversity in a global era: The context and consequences of differences. *Counselling Psychology Quarterly*, 22, 119-135.
- Marsella, A. J., Johnson, J., Watson, P., & Gryczynski, J. (Eds.) (2008). *Ethnocultural perspectives on disaster and trauma*. New York, NY: Springer SBM Publications.
- Marsella, A. J., et al. (Eds.) (1994). *Amidst peril and pain: The mental health and well being of the world's refugees*. Washington, DC: American Psychological Association.
- Maslow, A. H. (1971). *The farthest reaches of human nature*. New York, NY: Viking.
- Matthew, M. (1998). The body as instrument. *Journal of the British Association of Psychotherapists*, 35, 17-36.
- May, J. (2005). The outcome of body psychotherapy research. *The USA Body Psychotherapy Journal*, 4/2, 93-115.
- Mayo, K. R. (2009). *Creativity, spirituality, and mental health*. Burlington, VT: Ashgate Publishing.
- McGoldrick, M., Giordano, J., & Pearce, J. K. (1996). *Ethnicity and family therapy (2nd Ed.)*. New York, NY: Guilford Press.
- Meyer, G. J., Finn, S. E., Eyde, L. D., Kay, G. G., Moreland, K. L., Dies, R. R., . . . Reed, G. M. (2001). Psychological testing and psychological assessment: A review of evidence and issues. *American Psychologist*, 56, 128-165.
- Michell, J. (2003). The quantitative imperative: Positivism, naive realism and the place of qualitative methods in psychology. *Theory and Psychology*, 13, 5-31.
- Miller, G. (2003). *Incorporating spirituality in counseling and psychotherapy: Theory and technique*. Hoboken, NJ: John Wiley & Sons.
- Milrod, B., Leon, A. C., Busch, F., Rudden, M., Schwalberg, M., Clarkin, J., . . . Shear, M. K. (2007). A randomized control trial of psychoanalytic psychotherapy for panic disorder. *American Journal of Psychiatry*, 164, 265-272.
- Mones, A. G. & Schwartz, R. C. (2007). A functional hypothesis: A family systems contribution toward an understanding of the healing process of the common factors. *Journal of Psychotherapy Integration*, 17, 314-329.
- Moustakas, C. (1990). *Heuristic research: Design, methodology, and application*. London, England: Sage.
- Mruk, C. J. (2010). Integrated description: A qualitative method for an evidence-based world. *The Humanistic Psychologist*, 38, 305-316.
- Myllerup, I. M. (2000). From mind body fragmentation to bodymind wholeness: A call to embodied intelligence (dissertation), Institute of Psychology, University of Aarhus, Denmark.
- Nadar, K., Dubrow, N., & Stamm, B. (Eds.) (1999). *Honoring differences. Cultural issues in the treatment of trauma and loss*. Philadelphia, PA: Bruner/Mazel.
- Nathan, P. E., & Gorman, J. M. (Eds.) (2002). *A guide to treatments that work (2nd ed.)*. New York, NY: Oxford University Press.
- Neukrug, E. (2007). *The world of the counselor (3rd ed.)*. Belmont, CA: Thomson, Brooks/Cole.
- Norcross, J. C. (Ed.) (2002). *Psychotherapy relationships that work: Therapist contributions and responsiveness to patient needs*. New York, NY: Oxford University Press.
- Norcross, J. C. (2005). The psychotherapist's own psychotherapy: Educating and developing psychologists. *American Psychologist*, 60, 840-850.
- Norcross, J. C., Beutler, L. E., & Levant, R. F. (Eds.) (2005). *Evidence based practices in mental health: Debate and dialogue on the fundamental questions*. Washington, DC: American Psychological Association.
- Nyman, S., Nafzier, M., & Smith, T. (2010). Client outcome across counselor training levels within a multitiered supervision model. *Journal of Counseling and Development*, 88, 204-209.
- Ogden, P., Minton, K., & Pain, C. (2006). *Trauma and the body: A sensorimotor approach to psychotherapy*. New York, NY: W. W. Norton.
- Orlinsky, D. & Roennestad, M. (2005). *How psychotherapists develop: A study of therapeutic work and professional growth*. Washington, DC: American Psychological Association.
- Orlinsky, D. E., Ronnestad, M. H., & Willutzki, U. (2004). Fifty years of psychotherapy process-outcome research: Continuity and change. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (5th ed., 307-389). New York, NY: Wiley.
- Packer, M. J. & Addison, R. B. (1989). *Entering the circle*. Albany, NY: State University of New York Press.
- Panksepp, J. (2001). The long-term psychobiological consequences of infant emotions: Prescriptions for the 21st century. *Infant Mental Health Journal*, 22, 132-173.
- Panksepp, J. & Northoff, G. (2008). The trans-species core self: The emergence of active cultural and neuro-ecological agents through self related processing within subcortical-cortical midline networks. *Conscious and Cognition*.

- Paivio, S. C., & Laurent, C. (2001). Empathy and emotional regulation. *Journal of Clinical Psychology, 57*, 213-226.
- Peck, M. S. (1978) *The road less traveled: A new psychology of love, traditional values and spiritual growth*. New York, NY: Simon and Schuster.
- Pinderhughes, E. (1989). *Understanding race, ethnicity, and power: The key to efficacy in clinical practice*. New York, NY: The Free Press.
- Polkinghorne, D. E. (1983). *Methodology for the human sciences: Systems of inquiry*. Albany, NY: SUNY Press.
- Ponterotto, J. G., Casas, J. M., Suzuki, L. A., & Alexander, C. M. (2010). *Handbook of multicultural counseling (3rd ed.)*. Thousand Oaks, CA: SAFE Publications.
- Popper, K. R., & Eccles, J. C. (1981). *The self and its brain*. London, England: Springer International.
- Porges, S. (2011). *The Polyvagal Theory: Neurophysiological foundations of emotions, attachment, communication, self-regulation*. New York, NY: W. W. Norton.
- Prenn, N. (2009). I second that emotion! On self-disclosure and its metaprocessing. In A. Bloomgarden & R. B. Menutti, (Eds.) *The therapist revealed: Therapists speak about self-disclosure in psychotherapy* (pp. 85-99). New York, NY: Routledge.
- Prigogine, I. & Stengers, I (1984). *Order out of chaos: Man's new dialogue with nature*. New York, NY: Bantam Books.
- Robbins, B. (2008). What is the good life? Positive psychology and the renaissance of Humanistic Psychology. *The Humanistic Psychologist, 36*, 96-112.
- Romanyshyn, R. D. (1992). The human body as historical matter and cultural symptom. In M. Sheets-Johnstone (Ed.), *Giving the body its due* (pp. 159-179). Albany, NY: State University of New York Press.
- Romanyshyn, R. D. (2007). *The wounded researcher: Research with soul in mind*. New Orleans, LA: Spring Journal Books.
- Romanyshyn, R. D. (2010). The wounded researcher: Making a place for unconscious dynamics in the research process. *The Humanistic Psychologist, 38*, 275-304.
- Rosen, E. G. (1983). Contemporary theory and methodology in three body-centered, experiential psychotherapies (thesis). West Georgia College, Carrollton, GA.
- Rothschild, B. (2000). *The body remembers: The psychophysiology of trauma and trauma treatment*. New York, NY: W. W. Norton.
- Roy, D. M. (2007). Body-centered counseling and psychotherapy. In D. Capuzzi and D. R. Gross (Eds.) *Counseling and psychotherapy: Theories and interventions, 4th Ed.* (pp. 360-389). Upper Saddle River, NJ: Pearson/Merrill-Prentice Hall.
- Russell, E. & Fosha, D. (2008). Transformational affects and core state in AEDP: The emergence and consolidation of joy, hope, gratitude and confidence in the (solid goodness of the) self. *Journal of Psychotherapy Integration, 18*, 167-190.
- Sanfran, J. D., & Muran, J. C. (2000). *Negotiating the therapeutic alliance: A relational treatment guide*. New York, NY: Guilford.
- Schacter, D. L. (1996). *Searching for memory: The brain, the mind, and the past*. New York, NY: Basic Books.
- _____. (1992). Understanding implicit memory: A cognitive neuroscience approach. *American Psychologist, 47*, 559-569.
- Schanzer, L. (1990). Does meditation-relaxation potentiate psychotherapy? (Psy.D. dissertation), Massachusetts School of Professional Psychology.
- Schore, A. N. (2001). The effects of relational trauma on right brain development, affect regulation, and infant mental health. *Infant Mental Health Journal, 22*, 201-269.
- Schmidt, W. S. (1994). The development of the notion of self: Understanding the complexity of human interiority. Lewiston, NY: Edwin Mellen Press.
- Schulte, D., Kunzel, R., Pepping, G., & Schulte-Bahrenbert, T. (1992). Tailor-made versus standardized therapy of phobic patients. *Advanced Behavior Research and Therapy, 14*, 67-92.
- Schwartz, R. C. (1995). *Internal family systems therapy*. New York, NY: Guilford Press.
- Schwartz-Salant, N., & Stein, M. (Eds.) (1986). *The body in analysis*. Wilmette, IL: Chiron.
- Sexton, T. L., & Whiston, S. C. (1991). A review of the empirical basis for counseling: Implications for practice and training. *Counselor Education and Supervision, 30*, 330-354.
- Shaw, R. (2004). The embodied psychotherapist: An exploration of the therapists' somatic phenomena within the therapeutic encounter. *Psychotherapy Research 14*(3), 271-288.
- Shaw, R. (2003). *The embodied psychotherapist: The therapist's body story*. New York, NY: Bruner-Routledge.
- Shedler, J. (2010). The efficacy of psychodynamic psychotherapy. *American Psychologist, 65*(2), 98-109.
- Shedler, J., & Westen, D. (2007). Shedler-Westen Assessment Procedure (SWAP): Making personality diagnosis clinically meaningful. *Journal of Personality Assessment, 8*, 41-55.
- Seligman, M. E. P. (1995). The effectiveness of psychotherapy. *American Psychologist, 50*, 965-974.
- Shiota, M., Keltner, D., Campos, B., & Hertenstein, M. (2004). Positive emotion and regulation of interpersonal relationships. In P. Phillipot & R. Feldman, (Eds.) *Emotion regulation* (pp. 127-156). Mahwah, NJ: Erlbaum.
- Siegel, D. J. (2007). *The mindful brain: Reflection and attunement in the cultivation of well-being*. New York, NY: W. W. Norton.
- Siegel, D. J. (2009). Emotion as integration: A possible answer to the question, what is emotion? In D. Fosha, D. J. Siegel, & M. Solomon (Eds.), *The healing power of emotion: Affective neuroscience, development, and clinical practice* (pp. 145-171). New York, NY: W. W. Norton.

- Siegel, D. J. (2010). *The mindful therapist: A clinician's guide to mindsight and neural integration*. New York, NY: W. W. Norton.
- Siegel, D. J. (2007). *The mindful brain in human development*. New York, NY: Norton.
- Siegel, D. J. (2006). An interpersonal neurobiology approach to psychotherapy: Awareness, mirror neurons, and well-being. *Psychiatric Annals*, 36(4), 248-256.
- Siegel, D. J. (1999). *The developing mind: Toward a neurobiology of interpersonal experience*. New York, NY: Guilford Press.
- Siegel, R. D. (2010). *The mindfulness solution: Everyday practices for everyday problems*. New York, NY: Guilford Press.
- Simpkins, C. & Simpkins, A. (2010). *The Dao of neuroscience: Combining eastern and western principles for therapeutic change*. New York, NY: W. W. Norton.
- Smith, M. L., & Glass, G. V. (1977). Meta-analysis of psychotherapy outcome studies. *American Psychologist*, 32, 752-776.
- Smith, W. R. (1996). The Hakomi psychotherapy system: Facilitating human change (thesis). University of Waterloo Canada.
- Smith, M. & Glass, G. (1977). Meta-analysis of psychotherapy outcome studies. *American Psychologist*, 32, 752-776.
- Smith, M., Glass, G., & Miller, T. (1980). *The benefits of psychotherapy*. Baltimore, MD: John Hopkins University Press.
- Spackman, M. P., & Williams, R. N. (2001). The affiliation of methodology with ontology in scientific psychology. *The Journal of Mind and Behavior*, 22, 389-406.
- Sperry, L. (2010). Psychotherapy sensitive to spiritual issues: A postmaterialist psychology perspective and developmental approach. *Psychology of Religion and Spirituality*, 2, 46-56.
- Stam, H. J. (Ed.) (1998). *The body and psychology*. London, England: SAGE.
- Stevens, S. E., Hynan, M. T., & Allen, M. (2000). A meta-analysis of common factors and specific treatment effects across outcome domains of the phase model of psychotherapy. *Clinical Psychology: Science and Practice*, 7, 273-290.
- Stolorow, R. D., Brandchaft, B., & Atwood, G. E. (1987). *Psychoanalytic treatment: An intersubjective approach*. Hillsdale, NJ: Analytic Press.
- Sue, D. W. & Sue, D. (2010). *Counseling the culturally different: Theory and practice (5th ed.)*. New York, NY: John Wiley and Sons.
- Szecsoedy, I. (2008). A single-case study on the process and outcome of psychoanalysis. *The Scandinavian Psychoanalytic Review*, 31, 105-113.
- Teo, T. (2009). Editorial. *Journal of Theoretical and Philosophical Psychology*, 29, 61-62.
- Thelen, E. & Smith, L. B. (2002). *A dynamic systems approach to the development of cognition and action*. Cambridge, MA: Bradford Book/MIT Press.
- Tombs, S. K. (2001). The role of empathy in clinical practice. *Journal of Consciousness Studies*, 8, 247-258.
- Torrance, R. M. (1994). *The spiritual quest: Transcendence in myth, religion, and science*. Berkeley, CA: University of California Press.
- Trevarthen, C. (2001). Intrinsic motives for companionship in understanding: Their origin, development and significance for infant mental health. *Infant Mental Health Journal*, 22 (1-2), 95-131.
- Tronick, E. Z. (1998). Dyadically expanded states of consciousness and the process of therapeutic change. *Infant Mental Health Journal*, 19, 290-299.
- Tugade, M., & Frederickson, B. L. (2004). Resilient individuals use positive emotions to bounce back from negative emotional experiences. *Journal of Personality and Social Psychology*, 86, 320-333.
- Turner, E. H., Matthews, A. M., Linardatos, B. S., Tell, R. A., & Rosenthal, R. (2008). Selective publication of antidepressant trials and its influence on apparent efficacy. *New England Journal of Medicine*, 358, 252-260.
- VandenBos, G. R. & Pino, C. D. (1980). Research in the outcome of psychotherapy. In G. R. VandenBos (Ed.), *Psychotherapy: Practice, research, policy* (pp. 23-69). Beverly Hills, CA: Sage.
- van der Kolk, B., (1994). The body keeps the score: Memory and the evolving psychobiology of posttraumatic stress. *Harvard Review of Psychiatry*, 1, 253-265.
- van der Kolk, B. (2003). Post traumatic stress disorder and the nature of trauma. In M. F. Solomon and D. J. Siegel (Eds.) *Healing trauma: Attachment, mind, body, and brain*, (pp. 168-195). New York, NY: W. W. Norton.
- Vasquez, M. (2012). Psychology and social justice. Why we do what we do. *American Psychologist*, 67/5, 337-346.
- Vocisano, C., Klein, D. F., Arnow, B., Rivera C., Blalack, J., Rothbaum, B., et al. (2004). Therapist variables that predict symptom change in psychotherapy with chronically depressed outpatients. *Psychotherapy: Theory, Research, Practice, Training*, 41, 255-265.
- Wakefield, J. and Horwitz, A. (2007). *The loss of sadness: How psychiatry transformed normal sorrow into depressive disorder*. New York, NY: Oxford University Press.
- Wampold, B. E. (2001). *The great psychotherapy debate: Models, methods, and findings*. Hillsdale, NJ: Erlbaum.
- Wampold, B. E., Minami, T., Baskin, T. W., & Callen-Tirney, S. (2002). A meta-(re)analysis of the effects of cognitive therapy versus "other therapies" for depression. *Journal of Affective Disorders*, 68, 159-165.
- Wampold, B. E., Mondin, G. W, Moody, M., Stich, F., Benson, K., & Ahn, H. (1997). A meta-analysis of outcome studies comparing bona fide psychotherapies: Empirically, all must have prizes. *Psychological Bulletin*, 122, 203-215.
- Wendt, D. C., Jr., & Slife, B. D. (2007). Is evidence-based practice diverse enough? Philosophy of science considerations. *American Psychologist*, 62, 613-614.
- Wertz, F. J. (2005). Phenomenological research methods for counseling psychology. *Journal of Counseling Psychology*, 52, 167-177.

- Wessells, M. (1999). Culture, power and community: Intercultural approaches to psychosocial assistance and healing. In K. Nader, N. Dubrow, & B. Stamm (Eds.) *Honoring differences: Cultural issues in the treatment of trauma and loss* (pp. 267-282). Philadelphia, PA: Bruner/Mazel.
- Westen, D. (1998). The scientific legacy of Sigmund Freud: Toward a psychodynamically informed psychological science. *Psychological Bulletin, 124*, 333-371.
- Westin, D., Novotny, C. M., & Thompson-Brenner, H. (2004). The empirical status of empirically supported psychotherapies: Assumptions, findings, and reporting in controlled clinical trials. *Psychological Bulletin, 130*, 631-663.
- Westin, D., Novotny, C. M., & Thompson-Brenner, H. (2005). EBP not equal to EST: Reply to Crits-Christoph et al. (2005). *Psychological Bulletin, 131*, 427-433.
- Whiston, S. C., & Coker, J. K. (2000). Reconstructing clinical training: Implications from research. *Counselor Education and Supervision, 39*, 228-253.
- Wiggins, B. J. (2009). William James and methodological pluralism: Bridging the qualitative and quantitative divide. *Journal of Mind and Behavior, 30*, 165-183.
- Wiggins, B. J. (2011). Confronting the dilemma of mixed methods. *Journal of Theoretical and Philosophical Psychology, 31*(1), 44-60.
- Wilber, K. (1995). *Sex, ecology, spirituality: The spirit of evolution*. Boston, MA: Shambhala.
- Wilber, K. (2000). *Integral psychology: Consciousness, spirit, psychology, therapy*. Boston, MA: Shambhala.
- Wilber, K. (2006). *Integral spirituality: A startling new role for religion in the modern and postmodern world*. Boston, MA: Integral Books.
- Young, C. (2010). The history of science in body psychotherapy: Part 2, *United States Body Psychotherapy Journal, 8*(2), 5-15.

Lost in the Translation: “Chi” and Related Terms of Shame in the Confucian Tradition

Louise Sundararajan, Ph.D.

Editor's note: Hakomi grows and changes through its encounter with cross-cultural contexts, both within the United States and throughout the world. In this article we are privileged to benefit from the wisdom of Louise Sundararajan, who has a long history of exploring mindfulness emotions and multi-cultural issues, especially those related to the East. Her article here was first published in the *Emotion Researcher*, Vol. 26 (3), pp. 9-11, and is used with permission.

Louise K. W. Sundararajan received her Ph.D. in the history of religions from Harvard University, and her Ed.D. in counseling psychology from Boston University. As a member of the International Society for Research on Emotions, she publishes regularly on topics pertaining to emotions in clinical and cross-cultural contexts. She is a past president of the APA's division 36 of Humanistic Psychology as well as the International Society for the Study of Human Ideas on Ultimate Reality and Meaning. She is a licensed psychologist in New York who works in the regional forensic unit in Rochester, and has served on editorial board of the *Journal of Humanistic Psychology*. She may be contacted concerning this article by email: louiselu@frontiernet.net

ABSTRACT

The concept of shame is examined in relation to the Chinese concept of chi. An examination of the Chinese Confucian context offers a contrast to common Western understandings of shame as developmentally negative resulting in insecure attachments. The concept of the relational self in the East is contrasted with the atomic self of the West, and shown to support the development of compassion and empathy that are important for group cohesion and intrinsic morals.

Key words: shame, relational self, atomic self, compassion, empathy, child development, group cohesion, attachment

Shame is a negative emotion, of which the Chinese seem to have an especially large repertoire. We are told in numerous cross cultural studies that this serves to capitalize on conformity and adherence to group norms. A close examination of the language game based on chi and related terms suggests a more nuanced story.

Consider the famous statements of Mencius: “One is not a human without the feeling of commiseration; one is not a human without the feeling of shame [chi] and dislike . . .” (Legge, 1971, Vol. II, pp. 202-204). Unlike emotions such as guilt, feelings of compassion and chi (shame) are enduring sensibilities without any specific antecedents or end points. Such sensibilities are essential to moral autonomy, a factor occluded by the notion of interdependent self construal, but is consistent with the proposal of Kağıtçıbaşı (2005) that the relational self may go hand in hand with an independent autonomous self. Indeed, it was as an alternative to morality through fear conditioning and group think, that Confucius advocated for the development of chi. The Master said:

If the people be led by laws, and uniformity sought to be given them by punishments, they will try to avoid the punishment, but have no sense of shame [chi]. If they be led by virtue, and uniformity sought to be given them by the rules of propriety, they will have the sense of shame [chi], and moreover will become good. (Legge, 1971, Vol. I, p. 146, emphasis in the original)

In support of moral autonomy is the distinction made in the Confucian tradition between intrinsic and circumstantial shame—the former concerns one's moral character; the latter social norms such as position, appearance, wealth, and so on. The Master said, “When internal examination discovers nothing wrong, what is there to be anxious about, what is there to fear?” (Legge, 1971, Vol. I, p. 252). Thus a Confucian gentleman does not let

circumstantial shame bother him—only intrinsic shame counts (Cua, 1996, p. 183). In the Chinese tradition, the ability to withstand extrinsic shame is the hallmark of a crowd defying, creative individual, such as Mao Zedong (Fang & Faure, 2011) and countless poets and statesmen before him.

This protocol of shame is missing from the collectivistic accounts of China, an omission which may be attributable to self-construal—that of the researcher's. The assumption in Western psychology is that the self has two pathways, either to affirm itself as an independent agent or to efface itself for the sake of group cohesion. However, evidence is accumulating (e.g., Harb & Smith, 2008) that beyond the individualism and collectivism dichotomy, a relational self can be differentiated from the collective self. The relational self (Gergen, 2009) account does not first start with an atomic self which then forms relations with other atomic selves. Rather, it conceives of the self as having its origin in a matrix of relationships—as Tu and others have argued, “selfhood arises out of filial (or unfilial) relations with parents, not out of themes of self-relation” (Neville, 1996, p. 216, note 1).

For illustration, consider the following scenario (Mascolo, Fischer, & Li, 2003): A young child refuses to comply with mother's request to share candy with grandma. Mother says with a sad voice and expression, “Aiya [my goodness], Lin won't share her candy,” or “I have a child who won't share with Grandma” (p. 395). Cast in the framework of the relational self, the child might feel her mother's distress over her noncompliance, just as mother feels for hers on a routine basis. In China, “heart aching love” (xin teng) is one of the earliest expressions children learn (Shaver, Wu, & Schwartz, 1992), who are often teased with the question, “does your mother's heart ache for you?” This is part and parcel of the Confucian pedagogy, in which it is empathy—the capacity to feel for the other's pain, not fear of punishment—that motivates one's self correction.

The Chinese parent's tendency to comment on the child's failure in front of others has been interpreted as shaming by Mascolo, Fischer, and Li (2003). An important detail that tends to be overlooked is the fact that the “others” in these scenarios are usually not strangers, but members of the in-group—relatives and friends, who give effusive praises to the child when mother makes disparaging statements about the child. What the child learns in this situation is not necessarily the discrepancy between mother and others (Mascolo et al., 2003), so much as the dialectic of yin-yang complementarity (Fang & Faure, 2011) in social discourse, in which mother and others are on two

sides of the teeter totter of behavioral appraisals. The potentially buffering role of the in-group other is neglected in the analysis, when the mother-child dyad becomes the focus of a collectivistic narrative that highlights the use of shaming to reinforce the values of modesty and self-effacement for the sake of group cohesion.

In sum, there are two accounts of chi that fall along the divide between two types of attachment, secure and insecure (Rothbaum, Morelli, & Rusk, 2011). The collectivistic account casts chi and related terms in the framework of insecure attachment, characterized by the defensive coping of loss of face and its restoration. The Confucian account, by contrast, seems to have capitalized on secure attachment, as evidenced by its emphasis on the constructive coping of compassion, perspective taking (mom hurting for me), and self-correction. It is an empirical question as to which developmental scenario of chi and related terms is more prevalent in different historical contexts: Taiwan, Hong Kong, or mainland China. However, to the extent that the Chinese notions of shame are not always negative in connotation, and to the extent that they are broader in scope than their Western counterpart, there is reason to believe that the secure attachment version of chi constitutes an essential ingredient in the Chinese understanding of this emotion.

References

- Cua, A. S. (1996). A Confucian perspective on self-deception. In R. T. Ames, & W. Dissanayake (Eds.), *Self and deception/A cross-cultural philosophical enquiry* (pp. 177-199). Albany, NY: State University of New York.
- Fang, T. & Faure, G. L. (2011). Chinese communication characteristics: A yin yang perspective. *International Journal of Intercultural Relations*, 35, 320-333.
- Gergen, K. J. (2009). *Relational being*. Oxford, UK: Oxford University Press.
- Harb, C., & Smith, P. B. (2008). Self-construals across cultures: Beyond independence-interdependence. *Journal of Cross-Cultural Psychology*, 39, 178-197.
- Kağıtçıbaşı, Ç. (2005). Autonomy and relatedness in cultural context: Implications for self and family. *Journal of Cross-Cultural Psychology*, 36, 403-422.
- Legge, J. (1971). *The Chinese classics: Vols. 1 & II*. Taipei: Wen Shi Zhe Ch'uban Shè (First edition Shanghai, 1935).
- Mascolo, M. F., Fischer, K. W., and Li, J. (2003). Dynamic development of component systems of emotions: Pride, shame, and guilt in China and the United States. In R. J. Davidson (Ed.), *Handbook of affective sciences* (pp. 375-408). Oxford, UK: Oxford University Press.
- Neville, R. C. (1996). A Confucian construction of a self-deceivable self. In R. T. Ames, & W. Dissanayake (Eds.), *Self and deception/A cross-cultural philosophical enquiry* (pp. 201-217). Albany, NY: State University of New York.

- Rothbaum, F., Morelli, G., & Rusk, N. (2011). Attachment, learning, and coping. In M. J. Gelfand, C-y. Chiu, and Y-y. Hong (Eds.), *Advances in culture and psychology* (pp. 153-215). Oxford, UK: Oxford University Press.
- Shaver, P. R., Wu, S., Schwartz, J. C. (1992). Cross-cultural similarities and differences in emotion and its representation: A prototype approach. In M. S. Clark (Ed.), *Review of personality and social psychology* (Vol. 13), *Emotion* (pp. 175-212). Beverly Hills, CA: Sage.

Mindfulness: A Way of Cultivating Deep Respect for Emotions

Belinda Siew Luan Khong, Ph.D.

Editor's note: We welcome Belinda Siew Luan Khong back to the *Hakomi Forum*. She, like those in Hakomi, has been fostering the clinical use of mindfulness and Buddhist concepts for many years. In this paper, first presented at the American Psychological Association Convention (San Diego, 2010), she shares how mindfulness can bring an open, respectful, non-attached way of relating to emotions that she illustrates with a PTSD case study. Her presentation was first published in the journal *Mindfulness* (Vol. 2(1), pp. 27-32) and is used with the kind permission of Springer Science and Business Media.

Belinda Siew Luan Khong, LLB (Hons), Ph.D., MAPS, MCCounP is a consulting psychologist and lecturer at Macquarie University, Sydney, Australia. She counsels individuals and families on relationship issues, depression, stress management, and personal growth. She has been a member of the editorial boards of *Constructivism in the Human Sciences*, *Transcultural Society for Meditation E-Journal*, *The Australian Journal of Counselling Psychology*, *The Humanistic Psychologist*, and *Mindfulness*. Her primary interests include integrating Western psychology and Eastern philosophies, especially existential therapy, Jungian psychology, Heidegger's philosophy, and Buddhism in counseling and research. She has published articles and book chapters in *Psychology and Buddhism: From Individual to Global Community* (2003), *Encountering Buddhism: Western Psychology and Buddhist Teachings* (2003), and *Horizons in Buddhist Psychology: Practice, Research and Theory* (2006). She was guest editor for *The Humanistic Psychologist Special Issue* (2009) on *Mindfulness in Psychology* (APA). Belinda conducts workshops on the integration of meditation, mindfulness, and psychotherapy in Australia and overseas. Visit Belinda's website at: www.BelindaKhong.com. Correspondence regarding this article may be addressed to the author via email: bkhong@belindakhong.com

ABSTRACT

The practice of mindfulness affords individuals a way of cultivating deep respect for, rather than avoiding, emotions. Cultivating a deep respect for emotions means appreciating and honoring what is unfolding moment by moment. When one nourishes a deep respect for whatever emotion arises, then one greets it as an honored guest with an important message to deliver, rather than an enemy to contend with. In embracing and befriending whatever arises, mindfulness makes it possible for the individual to savor and get in touch with more refined emotions. A case study—Katy's experience with post-traumatic stress disorder (PTSD) is discussed to demonstrate how mindfulness enables her to develop deep respect for the range of emotions she experienced as a result of her trauma, and to make space for them. Specific mindfulness practices and other complementary psychological approaches adapted to her concerns were put in place to help her to "override" her body memory (an important feature of PTSD) of the experience. The processes involved in the mindfulness practice enabled Katy to get in touch with her motivations for her actions and her more refined emotions of compassion and sense of responsibility. Incorporating mindfulness in her treatment plan helped Katy to cope with PTSD more effectively and also made it possible for her to acquire a life skill that went beyond learning to cope with the trauma.

Key words: mindfulness, emotions, post-traumatic stress disorder, deep respect, honored guest.

Introduction

Emotions are complex. As noted by Ekman (2008), “emotions unite and divide the worlds in which we live, both personal and global, motivating the best and worst of our actions” (p. xii). Emotions not only divide our worlds, we ourselves have a propensity to divide emotions—into positive and negative ones. Our habitual tendency is to avoid negative emotions, wishing them to go away, and attach ourselves to positive ones, hoping that they will linger longer. Generally, psychology is geared towards helping people to understand and cope with emotions, especially negative ones. Mindfulness grounded on Buddhist concepts and practices aims to help people to tolerate and accept all emotions, positive and negative. In addition to understanding, coping with, tolerating and accepting our emotions, we need to cultivate a more refined and gracious way of relating to them—one that allows us to befriend and embrace all our emotions, and to appreciate the impact and meaningfulness of our emotions in their entirety. As therapists, we could facilitate our clients with this process by not only helping them to understand and accept their emotions, but to cultivate a deep respect for them.

Current research and anecdotal evidence on mindfulness-based treatments have shown that mindfulness has been effective in helping individuals reduce the impact of negative emotions across a range of anxiety-provoking situations. However, mindfulness can play a larger role than just assisting individuals to cope with negative emotions. Generally the practice of mindfulness is perceived as a skilful way of developing a greater tolerance for and acceptance of difficult thoughts, negative states of mind, feelings, and emotions, by letting them be, and learning to let them go.

Today, the use of mindfulness with mental health and health issues has become well known and familiar through a range of mindfulness-based approaches such as mindfulness-based stress reduction (Kabat-Zinn, 1996); mindfulness-based cognitive therapy (Segal, William & Teasdale, 2002); acceptance and commitment therapy (Hayes & Smith, 2005), and dialectical behavior therapy (Dimeff & Linehan, 2001). Mindfulness practice has also gained worldwide acceptance and recognition through the works of many prominent researchers including Davidson et al. (2003) and Siegel (2007, 2009a), and the research that has emerged from the ongoing dialogue between his Holiness, the Dalai Lama and neuroscientists organized by the Mind and Life Institute. Numerous studies relating to mindfulness have been published, attesting to the efficacy of using mindfulness in the area of mental health (Khong & Mruk, 2009).

Understanding Mindfulness

What is mindfulness? Kabat-Zinn (2005) described mindfulness “as moment-to-moment, non-judgmental awareness cultivated by paying attention in a specific way, that is in the present moment, and as non-reactively, as non-judgmentally and as open-heartedly as possible” (p. 108). Mindfulness is a way of being, rather than doing (Khong, 2009). The aim of mindfulness is to become continually aware of, and to label our thoughts, feelings, and emotions objectively, and to accept them for what they are without needing to change or justify them (Gunaratana, 1991). In this sense, mindfulness is emotion friendly, as being mindful makes it possible for individuals to get in touch with a range of emotions and feelings in a non-confrontational, neutral manner (Khong, 2004) and to learn to respond to them authentically and whole heartedly.

Although for the most part, Western psychology tends to relate to the mind, brain, and body (and heart) as discrete entities, this is not the case in most Asian philosophies and cultures. In fact, the Chinese character for mindfulness incorporates the words heart and mind with the word now so mindfulness means to be present now with one’s heart (body)-mind, the heart-mind being perceived as one integrated whole. The understanding that mindfulness entails heartfulness is important to the way we deal with emotions.

If we relate to emotions primarily with the mind, there is a tendency to think about emotions and to appraise them cognitively (“I think that I am angry”) and this could trigger a lot of internal dialogue, often unrelated to the felt sense of anger itself (“I don’t have friends”). On the other hand, if we relate to emotions with the heart-mind, and are aware when we sense anger arising in us (“I am feeling angry”), we could learn to just be present with this felt sense (e.g., pulse racing, tightening of the stomach) without automatically triggering off ruminative thinking about anger. The ability to be mindful of and to befriend the bodily sensations associated with emotions is an important initial step in learning to cultivate deep respect for emotions.

Being mindful involves maintaining meta-awareness of what we are experiencing in the body (heart)-mind moment-by-moment. This sense of meta-awareness itself is neutral, that is, it is not infected with what is being experienced (e.g., the awareness of anxiety itself is not anxious). Mindfulness assists individuals to become aware of, and reduces the tendency to get involved in the story of what happened or might happen to me, and just experiencing what is actually happening in me. In short, mindfulness

enables individuals to cultivate a neutral, objective, and open attitude towards their present reality, instead of infusing this reality with a lot of emotive content and discursive thinking.

Cultivating a Deep Respect for Emotions

According to the *Collins Dictionary* (Gilmour et al., 1995) respect for one's feelings means adopting "an attitude of deference or esteem," "appreciation, honor," and "pay[ing] proper attention or consideration to" the feelings (p. 822). Cultivating deep respect for emotions involves learning to pay attention to, embracing and respecting what unfolds, so that we are able to discover hidden qualities and meanings in these emotions, giving rise to greater opportunities for self-reflection and self-knowledge. An analogy for this way of relating to emotions is the experience of diving into a lake or sea. Although not apparent to the naked eye from the surface, if we get down into the water below where it is calm and still, we might encounter a complex subterranean life that is full of richness, beauty, and promise, or fraught with danger.

The kind of attitude that we can adopt towards our emotions is captured well in the poem, *The Guest House* by Rumi (1994), an eighteenth century Persian poet and Sufi mystic. According to Rumi, each day, like a guesthouse, human beings are confronted with new arrivals—"a joy, depression, meanness." (p. 41). He recommends that we welcome each arrival as an honored guest "the dark thought, the shame, the malice, meet them at the door laughing and invite them in" so that we can remain open to the subtle message that each guest might be bringing. In relation to emotions, the analogy of the gracious host and honored guest illustrates two important points. The first is that, like uninvited visitors, emotions occasionally come upon us unexpectedly and unsolicited—so trying to control our emotions, especially negative ones, from arising is usually futile and stressful. It would be analogous to trying to control the waves from running over the sand. The second point is that instead of trying to control our emotions, a change in our attitude and response to these unsolicited guests can make a difference. By cultivating deep respect for our emotions, we can learn to welcome each emotion as it arises as an honored guest with an important message to deliver, rather than an enemy with which to contend.

The concept of savoring (Frijia & Sundararajan, 2007) provides a good theoretical framework for, and points to the role of mindfulness in cultivating this attitude of deep respect. According to Frijia and Sundararajan, the term "savoring" a Chinese concept, emphasizes "the self-reflex-

ive awareness in which the intentional object of emotion is the experience rather than the experienced object" (p. 229). Briefly, the idea of savoring involves the experience of dwelling on the flavor, making fine discriminations of, and appreciating the felt meaningfulness of each flavor. An example would be the difference between eating and tasting the food.

Savoring one's emotions helps individuals to develop "experientially engaged detachment," that is "detachment born of contemplation" (Frijia & Sundararajan, 2007, p. 231) enabling individuals to get in touch with more refined emotions. According to the authors, in this way, savoring can assist in transforming coarse emotions into more refined ones. Coarse emotions are characterized by "distinct bodily upset, overt behavior manifestations ...relatively simple event-emotion relationships," (p. 227) while refined emotions are described as emotions that are more felt, but often do not manifest themselves in overt behaviors, and could be imbued with meanings beyond the immediate implications of the occurring event. For example, the aims of coarse emotions tend to focus on simple outcomes such as avoid, attack, or flee. In refined emotions, there is a multiplicity or greater specification of aims so that one is able to expand one's appraisal, to experience meanings to the full, forestall impulsive responding, exercise restraint or take responsive actions (Frijia & Sundararajan, 2007). In my view, coarse and refined emotions are not superior or inferior relative to each other. However, refined emotions are generally more subtle and less easily accessible, unless we learn to be mindful of them.

To acquire this stance of deep appreciation and engaged detachment, we need to quieten our minds and tolerate being with the emotion fully in order to grasp its wider meanings. In this regard, honoring, savoring, and mindfulness have complementary roles to play in cultivating deep respect for emotions. Honoring encourages us to welcome the emotions, savoring invites us to engage with them in a meaningful way, and mindfulness provides us with the practice, self-discipline, and skills for doing so.

Case Study

The practical applications of the concepts and practices discussed in the previous sections can be illustrated with the case study of Katy involving her experience with post-traumatic stress disorder (PTSD). This case study demonstrates how various mindfulness practices along with complementary psychological approaches adapted to Katy's concerns helped her to manage and overcome PTSD.

Katy, aged 24, a maternity nurse at a postnatal ward of a Sydney hospital, was finishing her evening rounds, checking on the mothers and babies and ensuring that visitors had left the ward. One of the patients, Fatimah, had given birth a few days earlier, and was being discharged the next day. She was a young mother who was the victim of domestic violence from her boyfriend, Ali, the father of the baby. The Department of Children Services had recommended that Fatimah and the baby live with the grandmother after their discharge.

Ali, a young man of Middle-Eastern descent, was visiting that evening and had refused to leave when visiting hours ended. Katy noticed Fatimah walking out with Ali. Suddenly, the baby's grandmother ran in shouting "He is going to take the baby." Katy realized that the couple were planning to take the baby from the hospital. She also observed that Fatimah appeared to be a reluctant participant in the situation.

Intuitively, Katy rushed out and tried to position herself between Fatimah and Ali, and advised them that they could not take the baby out of the hospital. Ali grabbed Katy and tried to push her away. A security guard rushed in to intervene, shouting, "He's got a gun!!" Ali pointed the gun at Katy and Fatimah. Fatimah was very frightened, and allowed Katy to take her and her baby back to the ward. Ali ran off. The police were called and the hospital went into a lockdown while they hunted for Ali, who was finally caught, and later jailed. Over the next few days Katy became increasingly anxious and agitated and was unable to return to work in the ward. She was given short-term medical leave.

When she returned to work, she described herself as being on "speed dial," constantly scrutinizing her environment and being hypervigilant. During one of her shifts, a man of Mediterranean origin, who angrily demanded attention for his wife, confronted her. Katy was unable to cope with this confrontation and broke down. She said that the second incident brought back flashbacks of the previous one. Thereafter she became increasingly panicky, and couldn't sleep or leave the house. Katy was diagnosed with PTSD and was given long-term medical leave.

When she was first referred to me for therapy, Katy was highly anxious, and was unable to discuss the incident without crying. Although normally a quietly spoken person, she was experiencing a lot of anger at Ali's behavior. She explained that since the incident, she was fearful of going to supermarkets and public places, and loud voices set off her fears of possible confrontations. Encountering men

of Middle-Eastern appearance caused her to be hypervigilant and highly agitated. She experienced frequent panic attacks and flashbacks, and avoided entering the hospital grounds. Her dreams were punctuated with memories of the incidents, and she worried whether she could marry her fiancée and lead a normal family life. She also showed reduced interest in activities she used to enjoy. The trauma was clearly impacting all aspects of her being and her life.

Katy appeared to be experiencing many of the symptoms of PTSD such as recurrent and distressing recollections of the event, persistent avoidance of stimuli associated with the trauma, a numbing of general responsiveness, persistent symptoms of increased arousal, and hypervigilance (DSM-IV, Kaplan & Sadock, 1998, p. 619).

Initially, our therapy work followed a crisis treatment approach including supportive counselling, cognitive-behavior therapy, engaging ongoing support from her partner and family, stress management and relaxation techniques, and psycho-education to help her to understand her experiences. Katy employed meditation and mindfulness practices to help her to calm down and to break the circuit before the negative thoughts and feelings of anxiety became too distressing. A plan of graded exposure was also put into place including systematic desensitization and exposure to similar natal settings in other hospitals. She was encouraged to visit the ward where the incident took place for short periods, gradually extending the duration of these visits.

Katy found the strategies that were put in place helpful, and was able to manage her symptoms better on a day-to-day basis. However she was still experiencing significant residual symptoms of PTSD. In therapy, these residual symptoms clearly showed in her body when we discussed the incident. I observed that her body would shudder and tremble when she recalled being held at gunpoint and acting as a shield. She would become increasingly agitated and unable to control her crying. At such times, Katy avoided getting in touch with her bodily sensations as she found this experience too distressing. Her internal dialogue highlighted her sense of helplessness and an overwhelming desire to leave the situation, even though she realized that there was no longer any present danger. She appeared to be unable to integrate the way her mind processed her feelings with the way her body responded to the emotions. It became increasingly clear that Katy needed to overcome her body memory and her felt sense of her experiences. We agreed on an approach that would help her to integrate her experiences holistically using mindfulness.

During the mindfulness-based exercise, Katy learned to focus on her breath sensation each time she was aware of any emotions, feelings, or thoughts coming up. By using the breath as an anchor and an object of focus in her meditation, Katy was able to reduce her rumination, and to tolerate and accept her feelings and emotions of anxiety, fear, and hypervigilance.

Once she felt more grounded and relaxed, Katy was encouraged to talk about the incident again. At the beginning of the exercise, Katy was asked to select a piece of music from a meditation CD. She chose an instrumental piece with the sound of running water. Katy explained that she liked the idea of water cleansing her body of negative emotions, feelings, and thoughts. During the exercise, Katy focused on her breath each time she became aware of her bodily sensations, especially her instinct to flee. This time when she spoke about being held at gunpoint, we had the music with running water playing in the background continuously. I suggested that she let her body and mind be present with the sound of water, rather than the sound of her words. During the session, Katy used mindfulness to get in touch with her body sensations, bringing her focus back to her breath, and allowing the music to “wash” over her body each time she experienced any negative affect. In this way, Katy was able to talk about the gunpoint episode without her usual negative somatic reactions. She explained that the mindfulness practice and the music made her feel somewhat “cleansed.”

Another difficulty that Katy was encountering was the agitation she continued to feel from the realization that she could have been killed by acting as a shield for the mother and baby, and she was distressed by what she perceived to be her naiveté. During the meditation exercise, when Katy was feeling calmer, I encouraged her to visualize, using as a focus, an analogous meditation image that could help her to understand and appreciate the type of person that she is, in responding so courageously. The idea here was to encourage Katy, through mindfulness, to cultivate a deep respect for the emotions associated with her action, by practising what Frija and Sundararajan (2007) described as “experientially engaged detachment.” It was hoped that through this practice she would be able to get in touch with the more subtle implications of her action and transform the coarser emotions of agitation and distress into more refined ones.

For this part of the exercise, Katy selected from Kabat-Zinn’s guided mindfulness meditation practice CDs, a meditation practice using the image of a mountain as an object of focus. As Katy meditated, visualizing herself as a

mountain, grounded and centered, and not easily buffeted by external factors, she gained the insight that her act of shielding Fatimah and the baby was motivated by compassion and a sense of responsibility for their welfare, and that she was responding spontaneously to what the situation required of her as a nurse. Katy also realized that had she failed to act to protect the mother and the baby, she would have felt guilty about failing in her duty.

By learning to savor and honor her negative emotions rather than avoiding them, Katy developed a different relationship to her action and feelings. Instead of chastising herself for her naiveté, and being in “the wrong place at the wrong time,” she was now able to acknowledge her action as an expression of her authentic nature as a compassionate, responsible person. These insights had a remarkable impact on Katy. As she put it, “It helped me to understand that I took responsibility because she was my patient. It is just me. Part of my nature and it is okay.”

Katy continued to gain significant insights from using mindfulness to deal with other aspects of the incident. For example, instead of feeling anxious and hypervigilant whenever she encountered people of Middle-Eastern descent, Katy realized that Ali’s nationality was incidental to the custody issue concerning the baby, and that his ethnicity, although an understandable trigger for her anxiety, should not color her perspective of all Middle-Eastern people. The insight provided her with the ability to refine her emotions and feelings, and to differentiate between Middle-Eastern people in general and the offender.

Katy explained, “I still react when encountering people of Middle-Eastern descent, but not as severely. Previously I would move aside if I saw people like that. Not anymore. I realized that there are a lot of people of that origin, and I have to differentiate individuals not based on their race, but what they do.” Her ability to manage her feelings of hypervigilance even got her to the point where she was able to offer to act as photographer for a Middle-Eastern family sight-seeing near her home.

Discussion

According to Phillips (2007), while the biological flight or fight response is natural and instinctual, when this response is blocked, as happens in trauma, the organism constricts. Phillips noted that if the constriction from the trauma continues, rage, terror and helplessness could build up “triggering immobility and inward collapse” and “also emotional numbing, and other forms of psychological disassociation” (p. 13). This description appears to parallel what was happening with Katy. Phillips recommended

the practice of “somatic experiencing” (p. 12) that briefly involves helping the client to get in touch with the body felt sense of the trauma and integrating the emotional and biological symptoms to resolve the trauma somatically and psychologically.

The practice of mindfulness is well suited to the process of mind-body healing, especially in relation to trauma. The mindfulness and meditation practice gave Katy the internal calmness to self-regulate her emotions cognitively and somatically. Additionally, the meta-awareness of her emotions gave her the space to observe her emotions from a detached observer's stance. Although she was aware of a sense of anxiety and terror, she was not overwhelmed by these emotions. The juxtaposition of the sound of running water over her biological flight response helped her to override the body sensations and her negative body memory of the trauma. By remaining still, yet mindful, Katy was able to accept and tolerate the emotional “guests” that pervaded her being during her recall of the incident. The stillness and awareness sustained through her mindfulness practice enabled her to listen quietly and to remain open to the message that these guests were bringing—that her body needed to accept and integrate what her mind had endured with the trauma, and to draw on her own internal resources to heal from within.

Katy's ability to integrate her mind and bodily responses to her experiences is consistent with Siegel's explanation of how mindfulness practice is helpful with this kind of integration. According to Siegel (2007, 2009b), the human cortex comprises six layers. Layers one-three, referred to as “top-down” (2009b, p. 153) are responsible for the matching of current experience with prior learning. Layers six-four, which he termed “bottom-up” (p. 153) are responsible for the awareness of sensory input from our experiences. He gives the example of listening to clapping noises. The identification of the word “clap” comes from the top-down layers which are influenced by prior learning, and often constrains our ability to be with the present experience because of our past association with the word clapping. Siegel explained, however, that when you are just aware of the sound of the clapping, it is a bottom-up experience as it is related to the sound, rather than the labeling of the noise as a clap. According to Siegel, mindfulness practice attempts to dissolve the top-down constraints (layers one–three), and strengthens the input from the bottom layers (layers six–four), allowing awareness to be shaped by the flow of information merged from the two layers. As noted by Siegel, “when this bottom-up input is strengthened, it has the capacity to stand up to prior learning that

so often constrains us. We are not imprisoned by our prior judgments and come to experience the world with fresh eyes” (p. 154).

Katy's ability to integrate her experiences and to acknowledge that her acting as a shield was motivated by her sense of responsibility, enabled her to come to terms with her actions and see them with fresh eyes. His Holiness, The Dalai Lama (2008) emphasized the importance of understanding the motivations that drives our emotions. Accordingly to the Dalai Lama, “...without considering the ... motivational level, you cannot judge right or wrong purely on the basis of physical or emotional actions” (p. 74). The Dalai Lama goes on to explain that (p. 144):

When you have an intense emotion of compassion, an intense state of compassion for someone, there is disequilibrium. There is a sense of affliction. But the difference here is that in the case of afflictive [negative] mental states, there is an element of loss of self-control, loss of freedom. Whereas, in the case of compassion, there is no loss of freedom. ...The affliction that is experienced by the person who is having compassion is in some sense not out of control because he or she chooses to be in that state. Voluntary. Because of this, although on the surface there might be a sense of anxiety in that compassionate person's mind, deep down there is a strength.

The explanation by the Dalai Lama suggests that despite some negative physiological affects, emotions that are inspired by positive motivation can have a positive psychological impact on the individual. This elucidation can help to account for why Katy's insights into her own nature proved to be so liberating and therapeutic, and contributed significantly to her recovery. In being mindful of her inner strength brought forth by her visualizing herself as a mountain, Katy was able to get in touch with and appreciate the positive emotions that motivated her behavior. Even though the initial consequences of her action were traumatic, getting in touch with these finer qualities and motivations helped her to understand herself and her trauma in a way that no intellectual understanding or cognitive reframing would have provided.

Meditation and the practice of mindfulness have afforded Katy a quiet place to rest her mind while her body came to terms with the trauma. These practices have also given her the skills and capacity to accept and tolerate her negative emotions while honoring what she had to come to terms with—her body memory of the experience—and to learn to heal from within. And finally, with the self-awareness and reflection cultivated through being mindful, she was

able to get in touch with that part of her caring nature that moved her to put her own life on the line without hesitation. In my view, while a more standard treatment plan for PTSD may have helped Katy in the longer term to deal with the trauma, incorporating mindfulness into her treatment approach had given her a life skill and a way of being that went beyond just learning to cope and manage the trauma. In adopting a more refined and respectful way of dealing with her emotions through mindfulness, Katy's self-image, beliefs, and her way of coping have been transformed significantly. She feels empowered and has gained a greater sense of self-confidence and self-reliance in her ability to manage negative situations, feelings, emotions, and life in general:

I don't get images of the incident anymore. My anxiety is not paralyzing. I don't try and control life and my feelings as much. I just accept my anxiety will come up from time to time, and I just learn to manage feelings as I am experiencing them. I don't intend to change my life because of the incident. The trauma is not in the forefront of my mind. It doesn't define who I am. I don't see myself as a victim.

After overcoming her PTSD, Katy married her fiancée and is now the mother of a healthy baby boy. In acknowledging the major role that mindfulness played and continues to play in her life, Katy was happy to share her story. When I asked her for permission to discuss her experiences, she was forthcoming and said that "mindfulness has helped me to cope with PTSD and with life. I hope that it will help others as well."

References

- Dimeff, L. & Linehan, M. M. (2001). Dialectical behavior therapy in a nutshell. *The California Psychologist*, 34, 10-13.
- Davidson, R. J., Kabat-Zinn, J., Schumacher, J., Rosenkranz, M., Muller, D., Santorelli, S. F., et al. (2003). Alterations in brain and immune function produced by mindfulness. *Psychosomatic Medicine*, 65, 564-570.
- Ekman, P. (Ed.). (2008). *Emotional awareness: A conversation between the Dalai Lama and Paul Ekman*. New York, NY: Holt Paperback.
- Frija, N. H. & Sundararajan, L. (2007). Emotion refinement: A theory inspired by Chinese poetics. *Perspectives on Psychological Science*, 2, 227-241.
- Gilmour, L. et al (Eds.) (1995). *Collins concise dictionary and thesaurus*. Glasgow, Scotland: HarperCollins.
- Gunaratana, H. (1991). *Mindfulness in plain English*. The Singapore Buddhist Meditation Centre.
- Hayes, S. C. & Smith, S. (2005). *Get out of your mind and into your life*. Oakland, CA: New Harbinger Publications.
- Kabat-Zinn, J. (1996). *Full catastrophe living*. London, UK: Piatkus.
- Kabat-Zinn, J. (2005). *Coming to our senses*. New York, NY: Hyperion.
- Kabat-Zinn, J. (1996). *Guided mindfulness meditation series 2*. Lexington, MA: Mindfulness CDs.
- Kaplan, H. I. & Sadock, B. J. (1998). *Synopsis of psychiatry: Behavioral sciences/clinical psychiatry* (8th ed.). Philadelphia, PA: Lippincott, Williams & Wilkins.
- Khong, B. S. L. (2004). Minding the mind's business. *The Humanistic Psychologist*, 32, 257-283.
- Khong, B. S. L & Mruk, C. J. (2009). Editors' introduction to mindfulness in psychology. *The Humanistic Psychologist*, 37, 109-116.
- Khong, B. S. L. (2009). Expanding the understanding of mindfulness: Seeing the tree and the forest. *The Humanistic Psychologist*, 37, 117-136.
- Phillips, M. (2007). Giving the body its due: The use of somatic experiencing in body focused psychotherapy with trauma. *Psychotherapy in Australia*, 13(2), 12-21.
- Rumi, J. (1994). *Say I am you*. (J. Moyne & C. Barks, translators). Athens, Greece: Maypop.
- Segal, Z. V., William, J. M. G., & Teasdale, J. D. (2002). *Mindfulness-based cognitive therapy for depression: A new approach to preventing relapse*. New York, NY: Guilford Press.
- Siegel, D. (2007). *The mindful brain: Reflection and attunement in the cultivation of well-being*. New York, NY: W.W. Norton.
- Siegel, D. (2009a). *MindSight: Change your brain and your life*. Melbourne, Australia: Scribe.
- Siegel, D (2009b). Mindful awareness, mindsight, and neural integration. *The Humanistic Psychologist*, 37, 137-158.

The Origins Of Jewish Guilt: Psychological, Theological, and Cultural Perspectives

Simon Dein, FRCPsych, Ph.D.

Editor's note: Simon Dein offers another example of a sophisticated treatment of emotions that takes the reader beyond facile stereotypes and simplistic assumptions regarding shame and guilt. His is a model for seeing and honoring the individual in a cultural context that is often not acknowledged within therapy hours focused on individual consciousness. The article was originally published in the *Journal of Spirituality in Mental Health*, Volume 15, Number 2, 2013, pp. 123-137, and is reprinted here with permission.

Simon Dein, FRCPsych, Ph.D., is a consultant psychiatrist in Essex UK, specializing in rehabilitation and liaison psychiatry. He holds a Ph.D. in social anthropology from University College London where he currently teaches as a senior lecturer. He is an honorary clinical professor at Durham University where he runs an MSc in spirituality, theology, and health. He has written widely on religion and health among Hasidic Jews, Evangelical Christians, and Sunni Muslims in the UK. He is founding editor of the journal *Mental Health, Religion and Culture*, and chair of the spirituality section of the World Association of Cultural Psychiatry. Correspondence concerning this article can be addressed to s.dein@ucl.ac.uk

ABSTRACT

The idea that guilt and Judaism are closely interlinked has a long historical legacy. After discussing recent work on anthropology and emotion focusing on shame and guilt, I examine three theories purporting to account for this link: psychoanalytic, theological, and guilt as a cultural stereotype, particularly the notion of the Jewish mother. *What's Jewish Alzheimer's Disease? It's when you forget everything but the guilt.* The idea of guilt is deeply ingrained in Jewish culture in everyday discourse and is enshrined in both literature and humor. As Rabbi Harlan Wechsler (1990) asserts: deep in the Jewish tradition, deep in the Jewish psyche of the *Bible*, is a human being who can experience guilt. More than guilt being a problem, it is second nature to the Jews. Molly Jong-Fast, Erica Jong's (American poet) daughter, states that "we suffer two great inheritances of the Jewish people: irritable bowel syndrome and guilt," and deems our quintessential Jewish way of life as "praying on a shrink's sofa" (cited in the *Jewish Daily Forward*, Dec. 2, 2005). From the literary perspective, the notion of Jewish guilt was famously popularized by Martin Roth in his classic *Pourtnoy's Complaint*—the story of Alexander Pourtnoy, a young Jewish man brought up by highly neurotic parents who is experiencing sexual guilt. The notion of the overbearing and highly critical Jewish mother has also been a popular theme in American cinema. But what is the origin of this guilt? Is it related in any way to Jewish theology and the history of the Jews, or is it a relatively recent cultural stereotype originating from the time of the emigration of Jews from Eastern Europe to the United States at the turn of the twentieth century? Or is there something inherent in the Jewish psyche, as Freud argues, that predisposes Jews to guilt? There is little evidence that Jews as a religious and cultural group experience guilt to a greater extent than other groups, although epidemiological studies are lacking. The topic of Jewish guilt raises significant issues in relation to the emerging study of religion and emotion, and, more specifically, how religious factors shape affect.

The Anthropology of Guilt

The anthropology of emotion is a slowly growing field within social anthropology. For a long time, following Durkheim, anthropologists ignored emotions, seeing them as capricious, subjective, changeable, considered “biological” (but he uses effervescence), more the province of psychology/biology than anthropology. In the first few decades of the twentieth century there was a divergence in the study of emotion: an emphasis on Freudian psychoanalysis in Europe and culture and personality theory in North America. From the 1970s, anthropologists began to focus more directly on emotions, questioning their nature (innate or cultural) and their role in social life. Most anthropologists would now agree that emotions are culturally constructed, emotions become incorporated into the broader conceptual repertoire of culture, and prevailing cultural values and beliefs are infused into the meaning of named emotions. Not only do cultural factors shape emotions, but emotions support and shape culture.

Biological/evolutionary evidence suggests that emotions are not infinitely malleable and that there are primary emotions that are largely pre-cultural. Psychologist Paul Ekman (1971) showed that despite some idiosyncratic differences, the basic emotions—anger, fear, sadness, happiness—are predominantly biological and thus are universal, expressed and perceived in similar ways across all cultures. Robert Levy (1994) noted that metaphors of emotion, for instance anger, are similar across cultures. At the other extreme, some have argued that emotions are totally cultural and are expressed in social relations, are embodied, and affect power relationships. For instance, Lutz (1988) asserted that emotional experience is not pre-cultural but pre-eminently cultural. Rosaldo (1980) noted how the meaning of emotional words resides in the pragmatics of social life. They are felt thoughts in which the cultural habitus of power is embedded within the physical being of the relational self (Lindholm, 2005) and are the physical expression of authority.

Several questions arise in relation to guilt. Can we legitimately argue that the experience of guilt is the same across cultural groups and, more specifically, can we assume that what biblical scholars identify as guilt in the old testament texts is the same as our contemporary emotion labeled guilt? Research in this area is plagued by the notorious difficulties of translating emotional words from one language to another. Of note is the longstanding anthropological discussion of shame and guilt societies.

According to cultural anthropologist Ruth Benedict (1954), shame is a violation of cultural or social values while guilt feelings arise from violations of one’s internal values. Thus, it is possible to feel ashamed of thought or behavior that no one knows about and to feel guilty about actions that gain the approval of others. Guilt and shame are similar emotions in that both involve feeling bad about oneself. Guilt is generally associated with something one has done (or not done). There are differences in phenomenology. Shame necessitates awareness of self in relation to others; in guilt there is awareness of self in relation to some act. Guilt is more cognitive than shame and involves an obsession with violation (Lewis, 1971). In guilt, the self demands punishment for the violation. Shame, on the other hand, is often experienced as a feeling of being a bad, unworthy, hateful person. Both are states of being negatively valued by self and others, self-conscious emotions, because one has failed to meet standards of what is appropriate or right. They require an ability to see the self as an object of evaluation. Konstan noted that critics, among them theologians and anthropologists, have impugned shame’s status as a moral emotion. They consider it a primitive precursor to guilt. Shame, the argument goes, responds to the judgments of others and is indifferent to ethical principles in themselves; whereas guilt is an inner sensibility and corresponds to the morally autonomous self of modern man.

Different cultures emphasize shame/guilt to different extents. Japan, for example, is a shame culture; the U.S. is a guilt culture. Collectivistic cultures emphasize the fundamental relatedness of individuals to each other, for example, by valuing attending to others, fitting in, and harmonious interdependence. In contrast, people in individualistic cultures hold an independent view of the self and seek to maintain their independence from others by attending to the self and by discovering and expressing their unique inner attributes. Emotion research is individualistic and American in orientation.

Cross-cultural studies suggest that the valuation, elicitors, and behavioral consequences, as well as the distinction between guilt and shame, vary across individualistic and collective cultures (Wong & Tsai, 2007). Non-western cultures are collectivist: other people’s thoughts are important and influence the self. In such cultures, feeling bad about the self is valued and leads to self-improvement. In some cultural groups, distinctions between shame and guilt are blurred and may be less marked in cultures that promote an interdependent self (Wong & Tsai, 2007). Shame in many non-western cultures is valued. Stephen Pattison (2000, p. 129) remarked, “While guilt may have

a very constructive role in creating and maintaining social relationships and moral responsibilities, shame has a much more dubious effect.” Whereas western models of shame and guilt view guilt as good and shame as bad, cross-cultural studies suggest that shame may have better and more adaptive consequences.

The Origins of Jewish Guilt?

Rabbi Jeremy Rosen, orthodox rabbi, author, and lecturer, is best known for advocating an approach to Jewish life that is open to the benefits of modernity and is tolerant of individual variations while remaining committed to *halacha* (Jewish law). Rosen speculates on the origin of Jewish guilt:

Some lay the blame at the door of Christianity and its preoccupation with original sin, the Greek dichotomy between body and mind, so that body is bad, sex a concession, celibacy the ideal. This explains their traditions of self-flagellation and monastic asceticism. Perhaps it was a Medieval Jewish response to Christian crusader piety? But that is too easy. You can find similar ideas in Jewish sources of two thousand years ago. The Holocaust exacerbated things of course. Guilt is even stronger amongst the children of Holocaust survivors than survivors themselves. In Israel so many have lost a relative, a friend or suffered in some way. Perhaps it is the guilt of survival that weighs heavily. Or perhaps it's the realization that the wonderful dreams and ideals of Zionism, of an ethical, just society, have been lost, and we are all to blame for our current greed and corruption.

These assertions have little historical backing, although the description of Holocaust survivor guilt is well recognized. I will now examine three hypotheses attempting to explain Jewish guilt—psychoanalytic, theological, and religious—and the concept of the Jewish mother and assimilation, beginning with Freud's psychoanalytic theories.

Freud and Psychoanalysis

Freud repeatedly observed that guilt plays a fundamental role in the psyche, and that it mainly works unconsciously as the main force in the psychic causality that leads to drive renunciation and towards the development of intellectuality. Guilt, in Freud's view, derived from a violation of a law, which led to the sense of guilt. Freud appeals to an anthropological theory, speculating that early in civilization there was a murder of the primal father. This murder, according to Freud, is the missing link that explains the functioning of prohibition in the economy of the drives. It is the father's death that initiates the law and therefore functions

as the origin of all father-religions.

In *Moses and Monotheism*, Freud (1939/1967) contradicted the biblical story of Moses, asserting that Moses only led his close followers into freedom during an unstable period in Egyptian history after Akhenaten. They subsequently killed Moses in rebellion, later joining with another monotheistic tribe in Midian who worshipped a volcanic god. Freud argued that many years after the murder of Moses, the rebels expressed regret at their action and subsequently developed the concept of the messiah as a hope for the return of Moses as the savior of the Israelites. According to Freud, the guilt from the murder of Moses is inherited through the generations; this guilt then drives the Jews to religion to assuage their emotions. The book consists of three parts, and, like *Totem and Taboo*, is an extension of Freud's work on psychoanalytic theory as a means of generating hypotheses about historical events. As in *Totem and Taboo*, Freud (1967) equates religion and neurosis:

That conviction I acquired a quarter of a century ago, when I wrote my book on *Totem and Taboo* (in 1912), and it has only become stronger since. From then on I have never doubted that religious phenomena are to be understood only on the model of the neurotic symptoms of the individual, which are so familiar to us, as a return of long-forgotten important happenings in the primeval history of the human family, that they owe their obsessive character to that very origin and therefore derive their effect on mankind from the historical truth they contain.

Moses and Monotheism has been vilified and dismissed by critics on account of Freud's "scandalous" hypothesis that claims not only that Moses was not a Jew but he was murdered by his own people in the wilderness. As an historical hypothesis it lacks evidence. But as philosopher Richard Bernstein (1998) noted, the book is not without merit in terms of furthering our understanding of the unconscious dynamics of religion.

Religion and Guilt

Guilt and religion have a longstanding association in western culture and some, like Belgum (1963), asserted that guilt was the place where religion and psychology met. There are important differences in how religions use guilt as a spiritual vehicle and as a form of social control. Whereas psychology is interested in guilt as a subjective phenomenon, religions focus on guilt as moral culpability based on objective behaviors. Psychology is interested in how people behave (descriptive), whereas religions focus upon how people ought to behave (prescriptive).

There is evidence of a decline in feelings of guilt in the past hundred years due to the decline in the importance of religion in western societies (Orelli, 1954). Recent studies suggest that guilt feelings appear fairly universally across cultures, however they are more prevalent in the western world and hypochondriacal ideas are the core features of depression in non-Christian cultures. From the European Middle Ages onwards, a process of steadily increasing individualization took place, which found its culmination in the beginning of the nineteenth century. This process was closely linked to the transformation of a shame culture into a guilt culture. The gradual elaboration of differentiated concepts of sin, guilt, remorse, and penitence in this process was of crucial importance.

Albertsen, O'Connor, and Berry (2006) have provided an excellent overview of the relationship between religion and interpersonal guilt and the following discussion derives from them. Although religion has been shown to be strongly related to a variety of psychological and health variables (Koenig, McCullough, & Larson, 2001), few studies have taken religion into account in examination of cross-cultural differences in a predisposition to guilt. It has sometimes been suggested that religion fosters guilt in people (Ellis, 1980), and there has been some recognition of a maladaptive, scrupulous, or penitent personality (Ciarrocchi, 1995; Spero, 1980; Van Ornum, 1997) associated with excessive worry about sin and guilt. Several observers have reported anecdotal evidence that members of fundamentalist religions tend to have high levels of religious guilt and fear (e.g., Barr, 1980; Hartz & Everett, 1989; Strozier, 1994).

A few empirical studies have examined the relationship between guilt and religious participation, although the specific type of guilt is rarely clearly defined (Albertsen et al., 2006). Based on a review of over two hundred studies, Gartner, Larson, and Allen (1991) asserted that that low levels of religiosity are associated with impulse control disorders, including drug and alcohol use, suicide, and antisocial behavior, whereas high levels of religiosity are more often associated with disorders of over-control, such as excessive guilt. Studies have reported positive correlations between religiosity and general guilt (Luyten, Corveleyn & Fontaine, 1998), religiosity and guilt related to sexual, hostile, or immoral impulses (Fehr & Stamps, 1979), and religiosity and adaptive, shame-free guilt (Albertsen, 2002). However, research has not demonstrated a direct relationship between religiosity and maladaptive interpersonal guilt (Albertsen, 2002).

Only a few studies have explored guilt across religious traditions, with individuals from the Catholic religious tradition typically experiencing higher levels of guilt. London, Schulman, and Black (1964) found a higher guilt in Protestant and Catholic samples compared with a Jewish sample in the United States' midwest region. In a Dutch sample, feelings of guilt were more prevalent in Roman Catholics than in Calvinists or non-church members (Braam, Sonnenberg, Beekman, Deeg, & Van-Tilburg, 2000). Of note, however, is the fact that the setting of Braam et al.'s study in the Netherlands may reduce generalizability to people in the United States. In the only published study comparing religious traditions specifically on maladaptive interpersonal guilt, Catholics and Lutherans were significantly higher than Buddhists and Episcopalians in the United States (Albertsen, 2002). Such studies suggest that certain religious traditions, such as Catholicism, may tend to foster higher levels of guilt among their members, or that different religious traditions attract members—on either the community or the individual scale—with different levels of guilt. There is nothing in the tenets of Judaism that engenders guilt to a higher degree than found in most religions. This means Judaism is not any more subject to neuroticism than any other major world faith or ideology.

Guilt and Shame in the Old Testament

It was William Robertson Smith (1846–1894)—a Scottish Orientalist, Old Testament scholar, professor of divinity, and minister of the Free Church of Scotland—who first presented a somewhat speculative account of the origins of sin and guilt in ancient Judaism following the Babylonian conquest. According to Smith, the large and powerful kingdom was divided and began to fall; Israel fell first to the Assyrians. The power of Babylon rose, Judah was besieged, Jerusalem taken, and the temple destroyed. The people experienced adversity, downfall, and exile; the prophets criticized them for their backsliding, their whoring, their foreign women, their altars to other gods, their luxury. The sense of joy and prosperity celebrated previously went from worship to be replaced increasingly by a sense of guilt, offense against God, and the need to pacify His just anger by expiation and propitiation. After the destruction of the kingdoms and the experience of exile, the themes of sin and punishment, and the need to atone, came to dominate the whole sacrificial system, altering its character so that its focus was on sacrifice because of sin.

An understanding of guilt in Old Testament texts presents significant problems of translation. To what extent do bib-

lical terms refer to the contemporary emotion of guilt? And were the biblical writers referring to guilt or shame? The Hebrew Bible does not have a unique word for guilt, but uses a single word to signify “sin, the guilt of it, the punishment due unto it, and a sacrifice for it.” Guilt and sin are referred to as *Awon*: to bear iniquity. The term connotes lawlessness and rebellion.

The key concept underlying guilt in monotheistic religion is sin, a word derived from the Latin word *sont*, meaning guilt, but the two are not synonymous. Sin is the consequence of violating a religious ordinance, whereas guilt is not a moral violation but the result of one, both as culpability and a feeling of remorse. All feelings of sin and guilt relate to God. Ideas of sin and guilt and punishment constantly pass over into each other. This is demonstrated by noting the use of the words whose common root is ‘-sh-m, the distinctive Hebrew term for guilt. In Lev 5 to 7, in the adjective form, it is rendered “guilty,” in the noun as “trespass offering.” In Hos 5:15 it seems to mean punishment (see margin, “have borne their guilt,” and compare Ezek 6:6), while in Nu 5:7, 8 the idea is that of compensation (rendered “restitution for guilt”). *Asham* is a guilt offering as a reparation mandated for a specific offense such as breaking an oath. It requires that the sinner make a sacrifice to God and involves paying a debt (guilt as debt). *Ashem* is translated as being guilty and *ashama* as feeling guilty.

Guilt signifies alienation from God as a result of sin and only He can absolve one from sin and guilt. All the Biblical words for sin imply no more than an error of judgment, to miss the mark, to step off the path, to fall short. There is no “state of sin,” just mistakes that need to be avoided next time; just get back on the path. Sin in Judaism is similar to the Greek word *Hamatria*: missing the mark, making a mistake by not fulfilling the law.

With the prophets, the ideas of sin, guilt, and righteousness developed more clearly as ethical and personal: “It is not ritual correctness that counts with God, incense and sacrifices and new moons and Sabbaths, but to cease to do evil, to learn to do well” (Isa 1). Thus, the motive and the inner spirit come in (Mic 6:8; Isa 57:15; 58:1-12), with guilt gaining a new depth and quality and becoming more interiorized.

Guilt in the Old Testament is, at the same time, both individual and communal. The Biblical word for guilt, *asham*, is only once used of individuals. Guilt in Judaism has a strong communal aspect: *Yom Kippur* is a collective petition for forgiveness. But this is also an individual

act whereby the individual personally reflects and repents. *Kapporot* is a Jewish ritual practiced by some Jews on the eve of *Yom Kippur*. The person swings a live chicken or a bundle of coins over one’s head three times, symbolically transferring one’s sins to the chicken or coins, a form of guilt offering. The chicken is then slaughtered and donated to the poor for consumption at the pre-fast meal.

Any understanding of the relationship between guilt and sin necessitates a discussion of conscience, broadly defined as an aptitude, faculty, intuition, or judgment of the intellect that distinguishes right from wrong. In psychological terms conscience is often described as leading to feelings of remorse when a human commits actions that go against his/her moral values and to feelings of rectitude or integrity when actions conform to such norms.

Did the ancient Hebrews possess such a faculty? We have little direct information about conscience in the ancient Hebrews, but some understanding may be gleaned by examining surrounding cultures such as the Greeks. While we have little historical evidence of direct contact between the ancient Greeks and early Jewish culture, it is likely that such contact occurred. In *Greeks and the Irrational*, Dodds (1951) drew upon ancient Greek literature to examine the mind of the ancient Greeks. In the *Iliad*, Agamemnon offers an apology for compensating himself for the loss of his mistress by stealing the mistress of Achilles. He asserts that he was not himself the cause of this act, but it was due to divine intervention by *Erinys*, a goddess, who removed his understanding. There are numerous other passages in Homer in which unwise and unaccountable conduct is similarly attributed to supernatural agencies of one kind or another.

Dodds (1951) contended that these explanations were not instances of poetic licence but were real psychological phenomena; ancient Greek psychology differed from that of contemporary Western culture. This perception influenced, among others, Julian Jaynes in his ground-breaking study *The Origin of Consciousness in the Breakdown of the Bicameral Mind*, and, more recently, Antonio Damasio in *The Feeling of What Happens*, two later authors who draw upon Dodds extensively.

Dodds (1951) maintained that a transition occurred from “shame culture,” which characterized the worldview of the *Iliad*, to “guilt culture,” which emerged in later Greek civilization. This is a central idea for which Dodds presents a persuasive case, although his account suffers somewhat from being rather strongly influenced by Freudian psychoanalytic theory, which appeared more securely founded in

science in the mid-twentieth century than it does today.

Dodds (1951) described an increasing sophistication in their development, from a conception of the world and the moral order as arbitrary and subject to the whim of the gods, through to a later understanding of the limits of moral responsibility. Even among the great tragedians, for example, Aeschylus' *Oresteian Trilogy*, individuals were simply caught up in the workings out of the curse of Atreus; Sophocles made the issue of responsibility more pertinent, and for Euripides it resided more fully in the individual. Aristotle finally identified "hamartia" or "tragic fault" as an attribute of the individual.

Like many other cultures, Greece and Rome did not have distinct terms for what we now call shame and guilt, and they appeared to recognize one concept where we recognize two. This view, however, presupposes a natural correspondence among psychological ideas across linguistic and social boundaries. Thus, the Greek term we customarily translate as "shame" is held to match, more or less, the English concept, unless perhaps, in the absence of a word for guilt, Greek shame had a somewhat wider extension that included some (or all) of the modern notion of guilt. Alternatively, the ancient Greeks simply failed to achieve a notion of guilt, which is in turn a sign of the poverty of their moral vocabulary and their incomplete psychological development.

There is no Hebrew term in the Old Testament that is a linguistic equivalent for the classical Greek term *suneidesis* [*suneivdhsi*]—awareness. The Hebrew term for "heart," however, appears a prominent term of self-awareness in the Old Testament. The lack of a developed concept of conscience in the Old Testament, as is seen later in Paul, may be due to the worldview of the Hebrews. Consciousness of life was of a relationship between God and a covenant community rather than an autonomous self-awareness between a person and his or her world. The only usage of *suneidesis* [*suneivdhsi*] in the canonical section of the Septuagint is in Ecclesiastes 10:20, "Do not revile the king even in your thoughts, or curse the rich in your bedroom," where it is clearly used as self-reflection in secret (cf. the only verbal variations in Job 27:6 and Lev 5:1). Rabbinic Judaism and the Dead Sea Scrolls are consistent with the Old Testament in lacking a vocabulary of conscience.

The Old Testament does not distinguish between physical and spiritual organs, because the entire range of higher human functions such as feeling, thinking, knowing, loving, keeping God's commandments, praising, and praying is attributed not only to the "spiritual" organs of the soul and

spirit but also to the physical organs of the heart and, occasionally, to the kidneys and viscera. The soul (*nephesh*) and the spirit (*ruach*) in the Old Testament denote, not immaterial entities capable of surviving the body after death, but a whole spectrum of physical and psychological functions. These terms refer not to wholly different substances, each with its own distinct functions, but to the interrelated and integrated capacities and functions of the same person. The fact that a person is comprised of various parts which are integrated, interrelated, and functionally united, undermines the notion of the soul being distinct from the body and thus removing the basis for the belief in the survival of the soul at the death of the body.

The heart in biblical thought is held to be the spring of individual life, the ultimate source of the physical, intellectual, emotional, and volitional energies, and, consequently, the part of the person that normally has direct contact with God. The recesses of the heart contain the thoughts, the attitudes, the fears, and the hopes, which determine the personality or character of the individual. The emotions of the heart are portrayed vividly and concretely. The heart is said to fail (Gen 42:28), to faint (Gen 45:26), to throb (Ps 38:10), to tremble (1 Sam 28:5), to be stirred up (Prov 23:17; Deut 19:6), to be sick (Prov 13:12). The state of the heart dominates every manifestation of life. "A glad heart makes a cheerful countenance, but by sorrow of heart the spirit is broken" (Prov 15:13). Health is affected by the condition of the heart. "A cheerful heart is a good medicine, but a downcast spirit dries up the bones" (Prov 17:22). At times, physical organs can refer to something similar to conscience: "David's heart smote him" (1 Sam 24:5). Kidneys have a similar meaning, "Thus my heart was grieved and I was pricked in my reins" (Ps 73:21).

Critics such as Malina and Rohrbaugh asserted that scholars confused shame and guilt and attributed guilt to the ancient Hebrews when they were actually referring to shame. Two instances

- Psalm 38:4 is interesting: "My guilt has overwhelmed me like a burden too heavy to bear."
- Proverbs 28:17: "A man tormented by the guilt of murder will be a fugitive till death; let no one support him."

In relation to this assertion, Rohrbaugh stated

No, these texts do not indicate that ancient people could be overcome by guilt. They indicate that people could be overcome by shame. Understanding the difference between guilt and shame is crucial here. Guilt is an internal reaction to a violation of one's own

conscience. It depends on the existence of an individual conscience—something Middle Easterners do not have.

Shame is an internalization of the moral judgment that comes from outside, from the group. In shame cultures, it is the group that has the conscience, not the individual. Thus, when a group accuses one of violating its standards, deep shame is the result. That is what we read about in the *Bible* (see 1 Cor. 4:4).

So, finally, is there a relationship between Jewish practice and the development of guilt? We would argue for this possibility. Jewish exegesis involves pouring over texts and evaluating. The Hebrew word for prayer—*tefillah*—comes from the root *fallal*, to evaluate. The Hebrew root means “to think, entreat, judge, intercede,” and the reflexive means “to judge oneself,” and “to pray.” People evaluate themselves. This may be conducive psychologically to the development of guilt.

Jewish Guilt as a Stereotype

Jewish stereotypes are commonplace in Jewish and non-Jewish culture. Common objects, phrases, and traditions used to emphasize or ridicule Jewishness include bagels, playing violin, klezmer, undergoing circumcision, haggling, and uttering phrases like *mazal tov*, *shalom*, and *oy vey*. Other Jewish stereotypes include the rabbi, the complaining and guilt-inflicting Jewish mother, the spoiled and materialistic Jewish-American princess, and the often meek, nice Jewish boy.

As Joshua Halberstam writes in the *Jewish Daily Forward*:

How, then, did this bromide about Jewish guilt attain its status as a distinctive Jewish disposition? Unlike jokes about *kishke* (intestines), which Jews actually ate (and eat), and such slurs such as the Jews’ association with money—originally propounded by non-Jews—the Jewish guilt syndrome is a Jewish creation, the invention of the previous generation of assimilated American Jews. When these Jews became untethered and estranged from Jewish tradition and the established forms of expiation, they created a psychologized specter of guilt as a “Jewish condition,” a Judaism so lite, it fits on an HBO laugh track and on your friend’s T-shirt.

The Jewish mother or wife stereotype is one of the most common stereotypes; these stock characters are used by Jewish comedians and authors whenever they discuss actual or fictional situations involving their mothers or other females in their lives who possess mother-like qualities. The stereotype comprises a nagging, overprotective, manipulative, controlling, smothering, and overbearing mother or wife, who persists in interfering in her children’s lives long

after they have become adults and can care for themselves. In Israel, where the geographical background of Jews is more diverse, the same stereotypical mother is referred to as the Polish mother. Helmreich (1984) correctly noted that the attributes of a Jewish mother—overprotection, pushiness, aggression, and guilt-inducement—could equally well be ascribed to mothers of other ethnicities, from Italians through Blacks to Puerto Ricans. The association of this otherwise gender stereotype with Jewish mothers in particular, according to Helmreich, derives from the importance that is traditionally placed by Judaism on the home and the family, and on the role of the mother within that family.

The Jewish mother stereotype originated among the American Jewish community. Its predecessors derived from Eastern Europe. This stereotype was further developed by the poverty and hardship experienced by Eastern European Jews immigrating into the United States (during the period 1881–1924, when one of the largest waves of such immigration occurred), where the requirements of hard work by the parents were transmitted to children via guilt: “We work so hard so that you can be happy.” Other aspects of the stereotype are based in those immigrant Jewish parents’ ambitions for their children to be successful, resulting in a desire for perfection and a continual dissatisfaction with anything less: Hartman speculates that the root of the stereotype is in the self-sacrifice of first-generation immigrants, unable to take full advantage of American education themselves, and the consequent transference of their aspirations for success and social status from themselves to their children. A Jewish mother derives vicarious social status from the achievements of her children when she is unable to achieve such status herself.

Although this stereotype was regularly portrayed in American cinema from the 1970s onward, according to Alisa Lebow, in the late twentieth century and the twenty-first, the stereotype of the Jewish mother has all but disappeared from movies. The Jewish mother stereotype has transformed into the Jewish grandmother, or *bubbe*. While still unschooled, food-obsessed, dotting, loving, anxious, and a working class *balabusta* (good home-maker), the Jewish grandmother is more mellow than her Jewish mother antecedent.

Conclusion

In this article I have discussed a number of perspectives on Jewish guilt: anthropological, psychoanalytic, and cultural. All provide some understanding of the relationship between Judaism and guilt. Although this paper is predominantly theoretical, I end by briefly discussing the implica-

tions of Jewish guilt for psychotherapeutic work.

Within the academic study of psychotherapy, there has been increasing attention given to the role of cultural factors such as experiences of migration and racism (Kareem & Littlewood, 2000) and spiritual factors such as relationship with God, religious observance, and sin (Pargament, 2007). Psychological distress, according to these authors, must be understood holistically and move beyond individual biographical factors. Understanding guilt in therapy among Jews necessitates incorporating wider cultural and theological perspectives. Future work in this area should focus on the development of culturally and spiritually focused therapy for this population.

References

- Albertsen, E. J. (2002). Interpersonal guilt, spirituality, and religiosity: An empirical investigation of relationships (doctoral dissertation, Wright Institute, Berkeley, CA). Dissertation Abstracts International, 63, 1013.
- Albertsen, E. J., O'Connor, L. E., & Berry, J. W. (2006). Religion and interpersonal guilt: Variations across ethnicity and spirituality. *Mental Health, Religion and Culture*, 9(1), 67-84.
- Barr, J. (1980). *The scope and authority of the Bible*. Philadelphia, PA: Westminster Press.
- Belgium D. (1963). *Guilt: Where religion and psychology meet*. Minneapolis, MN: Augsburg Publishing.
- Benedict, R. (1954). *The chrysanthemum and the sword: Patterns of Japanese culture*. Rutland, VT: Charles E. Tuttle.
- Bernstein, R. (1998). *Freud and the legacy of Moses*. Cambridge, England: Cambridge University Press.
- Braam, A. W., Sonnenberg, C. M., Beekman, A. T. F., Deeg, D. J. H., & Van-Tilburg, W. (2000). Religious denomination as a symptom-formation factor of depression in older Dutch citizens. *Journal of Geriatric Psychiatry*, 15, 458-466.
- Ciarrocchi, J. W. (1995). *The doubting disease: Help for scrupulosity and religious compulsions*. Mahwah, NJ: Paulist Press.
- Dodds, A. E. R. (1951). *The Greeks and the irrational*. Berkeley, CA: University of California Press.
- Ekman, P. (1972). Universals and cultural differences in facial expressions of emotion. In J. Cole (Ed.), *Nebraska Symposium on Motivation*, 1971 (Vol. 19, pp. 207-283).
- Ellis, A. (1980). Psychotherapy and atheistic values: A response to A. E. Bergin's "Psychotherapy and religious values." *Journal of Consulting and Clinical Psychology*, 48, 642-645.
- Fehr, L. A., & Stamps, L. E. (1979). The Mosher guilt scales: A construct validity extension. *Journal of Personality Assessment*, 43, 257-260.
- Freud, S. (1967). *Moses and monotheism*. New York: Vintage Books.
- Gartner, J., Larson, D. B., & Allen, G. D. (1991). Religious commitment and mental health: A review of the empirical literature. *Journal of Psychology and Theology*, 19, 6-25.
- Halberstam, J. (December 2, 2005). The myth of Jewish guilt (essay). *The Jewish Daily Forward*. Retrieved from <http://forward.com/articles/2381/the-myth-of-jewish-guilt/>
- Hartz, G. W., & Everett, H. C. (1989). Fundamentalism religion and its effect on mental health. *Journal of Religion and Health*, 28, 207-217.
- Helmreich, W. B. (1984). *The things they say behind your back: Stereotypes and the myths behind them (2nd ed.)*. Transaction Publishers.
- Kareem, J., Littlewood, R. (2000). *Intercultural therapy*. London: Blackwell Science Ltd.
- Koenig, H. G., McCullough, M. E., & Larson, D. B. (2001). *Handbook of religion and health*. New York, NY: Oxford University Press.
- Levy, R. I. (1984). Emotions, knowing, and culture. In R. Shweder and R. Levine (Eds.) *Culture theory: Essays on mind, self, and emotion* (pp. 214-237). Cambridge, UK: Cambridge University Press.
- Lewis, H. B. (1971). *Shame and guilt in neurosis*. New York, NY: International University Press.
- Lindholm, C. (2005). An anthropology of emotion. In C. Casey and R. B. Edgerton (Eds.), *A companion to psychological anthropology*. Oxford, UK: Blackwell Publishing.
- London, P., Schulman, R. E., & Black, M. S. (1964). Religion, guilt, and ethical standards. *Journal of Social Psychology*, 63, 145-159.
- Lutz, C. A. (1988). *Unnatural emotions: Everyday sentiments on a Micronesian atoll and their challenge to western theory*. Chicago, IL: University of Chicago Press.
- Luyten, P., Corveleyn, J., & Fontaine, J. R. J. (1998). The relationship between religiosity and mental health: Distinguishing between shame and guilt. *Mental Health, Religion and Culture*, 1, 165-184.
- Orelli, A. (1954). Der wandel des inhaltes der depressiven ideen bei der reinen melancholie. *Schweiz Arch Neurol Neurochir Psychiatr*, 73, 217-287.
- Pargament, K. (2007). *Spiritually integrated psychotherapy: Understanding and addressing the sacred*. New York, NY: The Guilford Press.
- Pattison, S. (2000). *Shame: Theory, therapy, theology*. Cambridge, UK: Cambridge University Press.
- Robertson, S. W. (1889). *Lectures on the religion of the Semites: First series, the fundamental institutions*. London, UK: Adam and Charles Black.
- Rosaldo, M. Z. (1980). *Knowledge and passion: Ilongot notions of self and social life*. Cambridge, UK: Cambridge University Press.
- Rosen, J. (October 12, 2008). Jewish guilt (blog post).
- Spero, M. H. (1980). The contemporary penitent personality: Diagnostic, treatment, and ethical considerations with a particular type of religious patient. *Journal of Psychology and Judaism*, 4, 131-196.

- Strozier, C. B. (1994). *Apocalypse: On the psychology of fundamentalism in America*. Boston, MA: Beacon Press.
- Van Ornum, W. (1997). *A thousand frightening fantasies: Understanding and healing scrupulosity and obsessive compulsive disorder*. New York, NY: Crossroad.
- Wechsler, H. J. (1990). *What's so bad about guilt? Learning to live with it since we can't live without it*. New York, NY: Simon and Schuster.
- Wong, Y. & Tsai, J. L. (2007). Cultural models of shame and guilt. In J. Tracy, R. Robins, and J. Tangney (Eds.) *Handbook of self-conscious emotions* (pp. 210-223). New York, NY: Guilford Press.

Attachment and Hakomi

Marilyn Morgan, Ph.D.

Editor's note: **Marilyn Morgan MHSc (Hons), SRN, MNZAP** was a psychotherapist for 25 years. She was a certified Hakomi therapist and trainer who was program coordinator for the diploma in integrative psychology (Hakomi) at the Eastern Institute of Technology in Hawkes Bay, New Zealand. She was a beloved teacher in the Hakomi Institute with a medical background in nursing who brought a special interest and talent into relating Hakomi to the latest trends in neurophysiology. Her Ph.D. dissertation dealt with doing Hakomi therapy trainings and was published as *The Alchemy of Love: Personal Growth Journeys in Psychotherapy Trainings* after her untimely death. We are publishing two of her articles in this edition of the *Hakomi Forum* as a special tribute to her, though she would surely be embarrassed to have older pieces made public without the latest references included. They are both valuable, but since they each contain material about neurophysiology, there is some overlap in content presentation. We grieve her too-early loss as we celebrate her ongoing healing spirit through our memories, and the gift of her writings.

Attachment Theory

Introduction

There has been a growing interest in attachment theory since the pioneering work of John Bowlby, Mary Ainsworth, and others. In 1951, Bowlby gave a report to the World Health Organization based on cross-cultural studies of the effects of early deprivation on children. He found that early neglect in a child's life led to a later lack of empathy and behavior problems, and suggested that these children would likely go on to become poor parents. Developmental psychologists, neuroscientists, psychotherapists, among others, are excited about the continuing research results that are emerging from studies on attachment, and the implications of these for preventative social and mental health and therapeutic interventions.

Attachment is the deep, lasting bond between a child and those having a caring, intimate relationship with that child. The nature of the attachment bond, established from the beginning of life, has far-reaching implications for the developing individual over the whole life span. The nature of the attachment experience influences thinking patterns, the body physiology and growth, emotional capacity, life satisfaction, the nature of relationships, parenting style, and what is held by that individual to be important. Attachment also occurs in animals between the mother and infant; animals also become strongly attached to people. People may form powerful attachment bonds to pets, which are sometimes bred to have the characteristics of a baby: flat face, big eyes, small size.

The baby is born to love and to attach. This instinct is rooted in thousands of years of evolution, and is based on the need to survive and live as a member of a social group. Dr. Peter Cook pointed out that humans, like monkeys and apes, are a carrying species who naturally hold their infants and feed them frequently. The mother is the principal caregiver for the baby, assisted by other adults. This has been shown to be constant for millions of years and across cultures (Cook, 2004).

Contrast this with a mother in modern Western-style suburbia, who might live alone with her baby, unsupported by other adults. She pushes the infant around in a pram, the baby often looking out towards the world, out of contact with the mother's body and not within the orbit of her gaze.

Attachment theory tells us that babies who do not develop a secure bond with the caregiver are far more likely to go on to have a multitude of difficulties that reduce personal life satisfaction, and negatively impact on the health of society as a whole. The human baby is born helpless in so many ways, and much of the neural development in the brain is yet to come. The process of interaction between the mother and other caregivers with the baby literally shapes that baby's growth and development. In turn, the caregiver is also influenced by the baby, the interaction system being one of mutual regulation.

It is important to note that genetic and environmental influences also impact on attachment. Some babies, for example, are born more sensitive or show a greater degree of shyness. Others are more lively, tough, and active. It is important to note, however, that having a secure attachment does not ensure a trouble-free life. Children with a secure attachment history may also experience a range of problems that occur in spite of their positive attachment experiences. These problems may result from biological, emotional, and social influences.

For each of us, the brain, nervous system, and body holds the imprints of the truth of our lives. The attachment experience is imprinted into the body: into the cells, the muscles, the neural circuitry. It becomes a profound influence on our life-stories and the way we narrate them, our longings and expectations from others, our limitations, along with our habitual patterns and defensive behaviors. Using the mindful, attentive, non-violent techniques of Hakomi, we can contact the truth of this history and how it is manifesting in present day life and relationship. Core beliefs formed during those early relationship interactions can be renegotiated, making it possible to transform limiting, automatic patterns of being in the world. Reconnection with deep meaning and purpose can occur. The growth of self-esteem and compassion is nurtured, along with the capacity to give and receive love.

For the first time in history, we have certain knowledge of the means whereby the capacity for trust, empathy and affection can be shattered in the first three years of life. Quite apart from the question of whether or not trust, empathy and affection are better than mistrust, indifference and hate, the world will not survive many more generations of suspicious, hardened, affectionless individuals. If we are not to die, we are to change.
(Michael Mason)

Functions of Healthy Attachment

There are many purposes behind the formation of the attachment bond. A secure attachment with caregivers ensures:

- Safety and protection of an immature, vulnerable child.
- The development of a feeling of trust in the other providing a template for future emotional relationships with friends, lovers, partners, and children.
- Based on this experience of trust, the child feels secure enough to venture out and explore the environment, enabling curiosity and the opportunity to expand cog-

nitive and social abilities.

- The child develops the ability to regulate emotions and impulses.
- The child has a healthy sense of identity and feeling of self-worth.
- The child develops a balance between being able to depend and be independent.
- The child develops the capacity to be compassionate, empathic, to self-reflect, and to show "theory of mind."
- The child develops core beliefs to support a satisfying life that sustains mutually healthy social and intimate relating, and the ability to form and maintain friendships.
- The child develops resilience to deal with life stresses and challenges.

Necessary Conditions for Secure Attachment

Attachment occurs in the context of relationship. Relationship and connection continues to be the fundamental influence on a person throughout life. A secure attachment style is formed early in life, when the following conditions are present in an attuned, loving way:

- *Touch.* Touch communicates love and caring, security and containment, and forms the foundation for the appreciation of boundaries.
- *Eye contact.* The gaze between the baby and the caregiver is of vital importance in the release of hormones and substances that allow feelings of closeness and intimacy, comfort and care, as well as influencing neural development.
- *Smiling and positive emotional state.* The smile of the baby rewards the caregiver, stimulating feelings of warmth and care. The smile of the caregiver helps the baby to feel welcome and secure. The positive emotional state is communicated through tone of voice, hand gestures, posture, movement, and is part of the "limbic resonance" that flows between caregiver and infant. This "limbic resonance" is a sub-cortical communication that is a vital part of satisfying emotional relating throughout life.
- *Responsiveness to needs.* When the baby's needs are met, arousal and stress remain within manageable levels. The child, who feels "bad" because of physiological distress, grows to feel "bad" or "wrong" as a person.

Insecure Attachment

The child who does not develop a secure attachment is likely to experience problems in the following areas, showing (see Table 1) :

- Low self-esteem
- A tendency to avoid others or be overly clinging to others
- Overwhelm when stressed
- Poor ability to manage impulses or strong emotions
- Problems with friendships
- Feelings of alienation or hostility in regard to family and authority figures
- Antisocial behavior, aggression, and violence
- Mistrust in others
- Depression, despair, and hopelessness
- Poor conscience, overblown or little sense of entitlement
- Inability to feel compassion or empathy
- Negative parenting behavior later in life

Parenting Styles and Attachment in Children

Note: the mother is usually the primary caregiver and thus

has the most impact on attachment patterns. However, another adult may be the primary caregiver. A person can also have different attachment styles with different attachment figures. For example the child may have an anxious, ambivalent attachment with the mother, an avoidant attachment with the father, and a secure attachment with the grandmother. (See Table 2)

Repair of Attachment Disorder

Working with Children

Therapy can start with children who have experiences of significant losses, or those that have impaired attachment due to such factors as neglect, abuse, illness, separations, adoption, and premature birth. An attachment therapy program, such as described by Levy and Orlans (1998), is likely to include:

- Involvement of caregivers in the child’s therapy. Caregivers may be in with the child, participating in the therapy, or watching through an observation window.
- Therapeutic support for family members. The problems the child experiences may have severely stressed those caring for him or her. Caregivers may need their own individual therapy to work through unresolved attachment issues that are impacting on the child.

Secure	Insecure		
<i>Secure (healthy)</i>	<i>Ambivalent (anxious)</i>	<i>Disorganized (unresolved)</i>	<i>Avoidant (non-attached)</i>
Comfortable with closeness and trust	Ambivalent about closeness and trust	Disorganized in parent’s presence	Unable to form emotional connection
Feels secure, able to be vulnerable	Often insecure, may be controlling or manipulative	Confused, overwhelmed, may be aggressive and controlling	May lack conscience or compassion for others, narcissism
Positive core beliefs and templates regarding self, other, and relationship	Some negative core beliefs and templates regarding self, other, and relationship	Strong negative core beliefs and templates regarding self, other, and relationship	Strong negative core beliefs and templates regarding self, other, and relationship
Individuality and togetherness blended	Rejecting or clingy	Pseudo-independent or traumatic bond	Pseudo-independent

Table 1. Continuum of Attachment

Secure	Insecure		
<i>Secure (autonomous)</i>	<i>Ambivalent (anxious)</i>	<i>Disorganized (unresolved)</i>	<i>Avoidant (non-attached)</i>
Mother warm and attuned, consistent, quickly responds to baby's cries.	Mother inconsistent, unpredictable, or chaotic. Attentive but not attuned. Most tuned into fear.	Unresolved trauma in mother, or parent abusive to baby or shows severe neglect.	Mother emotionally unavailable or rejecting. Dislikes neediness, favors independence.
Baby readily plays, explores, cries least, most easily put down. Seeks mother when distressed, readily comforted, maintains contact. Preference for parent over stranger.	Baby cries a lot, clinging and demanding, angry, upset by separation, anxious, hard to soothe, limited exploration.	Baby upset, terrified, dissociated, confused, overwhelmed. Maybe clingy or unresponsive, high arousal, fear and tension, incoherent.	Baby does not cry on separation, seeks little contact, unresponsive, often upset when put down. Avoids mother when distressed. Randomly angry.

Table 2. Parenting Styles and Attachment in Child

	Secure	Insecure		
	<i>Secure</i>	<i>Ambivalent</i>	<i>Disorganized</i>	<i>Avoidant</i>
Child	Easily makes friends, popular, resilient, good self-esteem. Warm with parents, like physical contact. Teachers treat in warm, age-appropriate ways.	Mixes intimacy seeking with hostility. Cute or ingratiating. Worries about parent when apart. Trouble with peers.	Times of dissociation, overwhelm, poor concentration, incoherence. May be fearful around parent or irrationally protective of parent.	Teachers controlling and angry. Abrupt, neutral with parents. Absence of physical contact. Isolated and no close friends. Jealous.
Adolescent	Interacts and relaxes with larger peer group. Can speak thoughtfully about parents, assertive, listens to others, copes with study okay.	Difficulty in sustaining friendships in larger peer groups. Seen by peers as anxious, brooding. Angry with parents. Lonely. Addictive to people.	If triggered addictions, withdrawal, self-harming. Lack of coherence, freezing, acting out behavior. Run away from home, rejects parents or fearful.	Isolated from peers, seen by them as hostile and superior. Not valuing relationships, hard to remember early childhood events. Addiction to work, achievement.
Adult	Access to wide range of feelings and memories. Values attachment. Coherent narrative of life story. Balanced view of parents, has worked through childhood issues. Children usually securely attached.	Pre-occupied. Anger and hurt towards parents, passive, or fearful. Life narratives long, emotional, vague. Can't see own responsibility in relationships. Dreads abandonment. May have ambivalently attached child.	During discussions of abuse or loss, lapse in normal functioning and reasoning. Memory lapses in narrative. May not notice abuse in self or others, or be oversensitive. May repeat abusive patterns.	Dismissive. Idealizes parents maybe. Shallow self-reflection. Does not value love and connection. Little detail in narrative of life story. May have avoidant child.

Table 3. Attachment Styles Through Life (three tables summarized from Karen (1994), Siegel (1999), Levy & Orlans (1998).

		dependence	
		low	high
avoidance	low	secure/secure	ambivalent/preoccupied
	high	avoidant/dismissing	disorganized/unresolved

Table 3. Model of Attachment based on Bartholomew (1990).

- Education. Caregivers are given information on parenting, attachment issues, corrective experiences, and the process of recovery.
- Corrective emotional experiences for the child. Techniques include play therapy, psychodrama, art work, verbal interaction with emotional attunement, imagery, skill training, touch and holding, and space for experiencing and expressing emotions.

The therapeutic program is in three stages:

1. REVISIT

The child and therapists revisit the significant experiences of separation, abandonment, abuse, violence, neglect, etc.

- The child's somatic and emotional responses and personal meaning are explored
- The events are reviewed
- Emotions are acknowledged and expressed
- Defenses are managed

2. REVISE

This stage includes:

- Identifying and acknowledging beliefs formed
- Challenging negative beliefs, giving new information
- Repetition and rehearsal of new beliefs and behaviors
- Body-mind techniques to facilitate emotional expression and the development of healthy behaviors

- Mourning losses
- Teaching boundaries and rules
- Building trust in eye-to-eye, in-arms situation
- Teaching communication skills, self-control, and problem solving

3. REVITALIZE

This stage includes:

- Developing a positive sense of identity
- Family resourcing: developing positive interactions within the family, and setting up support for the family from outside sources
- Building positive values, expressing forgiveness

Changing Attachment Style for Adults

Robert Karen in his book, *Becoming Attached* (1994), suggests the following ways of addressing and repairing early attachment issues that are now limiting the adult:

- Mourning losses
- Addressing and resolving shame
- Experiencing a new relationship model (in therapy or intimate relationship)
- Reflection on the patterns of relating behavior, emotions, and re-examining from an adult perspective
- Developing the positive patterns of relationship and practicing these

Karen says “A growing body of evidence indicates that these three variables—having had a loving, supportive figure available in early childhood, having undergone in-depth psychotherapy, and/or being in a stable relationship with a supportive spouse—are perhaps the most important elements in breaking the intergenerational cycle of emotional damage” (p. 405).

Other writers suggest:

- Having a baby is an opportunity for change (Selma Fraiberg, 1977)
- Experience early wounding, express anger, and give up the illusion of having had a happy childhood (Alice Miller, 1990)
- Use of immersive transference (Karen Walant, 1999)
- Working to change together within a committed marriage (Harville Hendrix, 1998)

For further information on attachment styles and therapy, I recommend the following books (see reference list for details):

- *Becoming Attached* by Robert Karen
- *The Developing Mind: How Relationships and the Brain Interact to Shape Who We Are* by Daniel Siegel
- *Creating the Capacity for Attachment: Treating Addictions and the Alienated Self* by Karen Walant
- *Attachment, Trauma and Healing: Understanding and Treating Attachment Disorder in Children and Families* by Terry Levy and Michael Orlans

The Brain, the Body, and Attachment

The attachment patterns are imprinted in the very structure of the brain and nervous/hormonal system. For those who are unfamiliar with brain anatomy and physiology, I will summarize here the structure and function of the brain and introduce some basic terminology. A method described by Siegel, (1999, p. 11) to conceptualize the brain is useful, as the brain’s three-dimensional convoluted shape is hard to follow from two-dimensional diagrams: Make a fist with your thumb tucked inside. Your wrist is the top of the spinal cord at the base of your neck. The brain stem is your lower palm, your thumb the limbic system, and your fingers the cerebral cortex. At the back of your hand would be the cerebellum, and your eyes in front of your middle two fingernails.

The Cerebral Cortex

The cortex is the outer layer of the brain, comprising cell bodies (or grey matter as it is popularly known). The cortex is specialized to represent and organize our experiences, integrating and storing information. There are two specialized cerebral hemispheres, the right brain and the left brain, each receiving information from the opposite side of the body. Information is shared through a body of nerve fibers connecting the two halves, called the corpus callosum. There are four lobes in each hemisphere: frontal, parietal, temporal, and occipital.

Areas of the frontal cortex are of particular interest:

- The *orbitofrontal* cortex, helps inhibit impulsive behavior and modulate emotions.
- The *dorsolateral* cortex reconstructs meaning, helps change mental sets, and organizes associations.
- The *ventromedial* cortex allows us to experience emotions and meaning and engage motor drives. It is highly active in manic and creative states, and inactive during depression when it seems as if all drive and meaning has drained from life.

The Limbic System

The limbic system and associated structures lies in a central position in the brain. At this level of the brain—more inner and deeper in position—activation is felt as a total body experience. This area is concerned with emotions, but is also a bridge. Impulses pass through limbic structures to and from the senses, the body in general, and brain stem. There is an outflow to the cortex. The body information influences the emotional state and emotions are essential for our thinking processes. Making a decision without emotional input is virtually impossible. Essentially, emotions are survival mechanisms deeply rooted in the body. They let us know about the significance of input: danger, potential benefit, and pleasure. Emotions influence our actions and our decisions as well as providing richness and flavor to our conscious experience. In your fist representation of the brain, the limbic structures are represented by your thumb. The structures are:

Thalamus. This is a communication and relay center for nervous pathways from the senses. The thalamus (specifically the lateral pulvinar within the thalamus) operates like a spotlight, turning to shine on a selected stimulus. It sends information to the frontal lobes, which then maintain at-

tion. (there is one thalamus on each side)

Hypothalamus. The small hypothalamus, which sits below the thalamus above, controls the four f's: (feeding, fighting, fleeing, and fornication), temperature, sleep, autonomic nervous system reactions. The hypothalamus dysfunction thought to be involved in eating disorders is correlated with high serotonin concentration in anorexics (which reduces appetite), and low serotonin levels in bulimics.

Pituitary gland. This gland is vital in the secretion of hormones, many of which set off other hormonal cascades. The pituitary is part of the HPA (hypothalamus, pituitary, adrenal) axis, a vital part of the trauma and stress response.

Hippocampus. This area is essential for the formation of declarative memory, indexing our episodic, personal memories, retrieving newly laid down memories and spatial coding. London taxi drivers have been shown to have enlarged hippocampi (there is one on each side).

Amygdala. Expressions of fear are picked up by the amygdala. The left amygdala responds more to the vocal expression, the right to facial movement. The amygdala is the emotional center, the alarm system, and it stores emotional memory imprints, especially fear memory.

Basal ganglia. These have a role in movement and procedural memory.

Olfactory bulb. Concerned with smell.

Cingulate gyrus. The center for attention focus, related to cravings and addictions, and, interestingly, also in the initiation and letting go of physical grasping movements. This is also the area associated with maternal behavior.

Orbitofrontal cortex. Although part of the cortex and right at the front of the brain, it is in close physical proximity to the limbic system and is an integral part of limbic functioning.

The Brain Stem

This is the most ancient part of the brain, and is similar to the brain of a reptile, hence the term often used is reptilian brain. This part of the brain mediates some of our most basic functions and consists of the following structures:

Reticular formation. Control of arousal and sleep/wake cycles.

Pons. Receives visual information en route to the cerebellum.

Cerebellum. Coordination of movement. The cerebellum

also has other functions related to soothing high arousal and processing information.

Medulla. Control of breathing, heartbeat, digestion.

Neurotransmitters and Hormones

The complex system of neurochemicals that are concentrated in areas of the brain and found throughout the body, profoundly influences our mood and relating behavior. For an interesting discussion of the effects of oxytocin, a hormone associated with birth, lactation, feelings of love, and parenting behavior, see Odent (2003).

Attachment and Changing the Brain

As already described, the relationship between the mother (or other caregivers) and child is crucial for the development of pathways from the limbic system to the prefrontal cortex. When the child expresses emotion, it is important for the parent to respond in a congruent way. This is right brain-to-right brain connection. Secure attachment allows the child to regulate her own emotional states, develop autobiographical narratives, and respond appropriately in social situations. Recent research using brain imaging techniques with very introverted people (i.e., avoidantly attached), found that they had no brain response to a smile from another person, whereas more extraverted people showed activity in the amygdala on the left side. Alan Schore (1994) describes the pathways that allow the child to tolerate pleasure and excitement, then to deal with disappointment and shame. Unresolved trauma and grief in the parent have been shown to be a reliable predictor of disorganized attachment in the child (Seigel, 1998).

Contact and Loving Presence in Therapy

Attunement and empathy is an essential foundation to therapeutic change. Hakomi therapists become skilled in tracking. This is essential for the contingent communication that activates resonating brain states and corticolimbic connections. Therapists need to be adept at tracking their own body processes, as these are vital in connecting deeply with another. Therapists need to be willing to compassionately repair empathy lapses as these repairs pave the way to self-regulation in the client. Attuning to and managing shame states allows for new growth in limbocortical pathways. This is important for trainers to facilitate in students, as well as for therapists with their clients. Students can also be helped to develop attunement through mindfulness

practice in their training. In a way, the therapeutic process needs to mirror the developmental so the client can form new imprints and pathways for a more secure attachment.. A “meditative” approach, or mindfulness, as is used in Hakomi psychotherapy, and the attuned presence of the therapist is likely to greatly increase the possibility of change.

Brain and Interpersonal Reality

The brain mirrors our complex human systems. For example, in the avoidantly attached child, there seems to be a disconnection in the integrative functioning of the two hemispheres that parallels the emotional disconnection within the mother-child relationship (Siegel, 1998, p. 190). As the father or mother reaches out to the baby, and the baby fixes his gaze upon the parent, nerve endings and dendrites reach out to each other in the microscopic landscape of the brain, forming neural bonds that match the human bonds.

Complexity

The brain is vastly complex and is best understood using the principles of complexity theory. It is self-organizing. As certain states are engraved within the system they become more probable. This probability is influenced by the history and the present context. The most “healthy” brain has a balance between continuity and flexibility, between rigidity and chaos. There is a move towards increasing complexity, including differentiation and integration. A small change in input can lead to huge and unpredictable changes in output. Patterns of organization have both emergent and recursive characteristics. The brain and mind are in a continual state of creating and being created.

Memory

Many clients with attachment issues—especially those with avoidant or disorganized attachment—have problems with memory. They may not be able to consciously remember many childhood incidents, yet unwanted feelings and images from childhood experiences intrude, and patterns of response, emotion, and behavior laid down early continue to dominate.

Ron Kurtz described the child as “the mapmaker.” Neuroscience emphasizes that the connections formed within the brain are experience-dependent. The child is born with approximately 100 billion neurons. If these nerve cells were placed end-to-end they would stretch two million miles. There are many nerve connections already in place at

birth, the brain being hard-wired to seek connection with caregivers, and basic bodily functions proceed. However, the major growth of neurons and the wiring of neuronal circuits are yet to take place depending on experiences to come. Eventually, each nerve cell is likely to have up to 10,000 connections.

Daniel Siegel described the brain as an anticipatory machine. The infant’s and child’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, behavior patterns, beliefs, and abilities to process information. In Hakomi we call this core material, and the shaping of character styles. Attachment styles are another classification of these early patterns.

When the parent to whom the child goes for comfort and mirroring is also a source of fear, this creates massive neural disorganization. Trauma, neglect, and abuse in the young child have a serious impact on brain structure and function. Those parts of the brain undergoing critical growth at the time of the trauma will be particularly affected. The abused or neglected child may grow up to have a smaller brain overall, fewer fibers in the corpus callosum connecting the left and right hemispheres, a smaller hippocampus, and poor development of prefrontal lobe areas. This is part of what constitutes a disorganized attachment.

Multiple Memory Systems

Neural networks fire in web-like patterns. These are called neural nets. The more frequently a particular net is activated, the more likely firing is in the future. This increased probability is how the network “remembers.”

There are different kinds of memory:

- *Procedural memory* is the patterns of behavior and habits we learn. It is mediated by the cerebellum and striatum.
- *Semantic memory* is memory for the features of things, such as face recognition and factual data.
- Emotional memory is related to the significance of events and whether they feel good or bad.
- *Sensorimotor memory* resides in body sensations, posture, and body responses.
- *Declarative or narrative memory* is mediated by the hippocampus and prefrontal cortex.
- *Implicit memory* is unconscious and includes procedur-

al memory, somatic, and emotional memory. Implicit memory is stored in the right hemisphere, the amygdala, and basal ganglia.

- *Explicit memory* is autobiographical and narrative in nature. It is stored in the left hemisphere and hippocampal processes are necessary for its encoding, and sometimes retrieval. Explicit memory material can activate conditioned emotional responses.

John Briere, a traumatologist and cognitive-behavioral therapist, described *deep cognitive structures* that were narrative in nature, but held in a non-conscious way because when these were activated they triggered associated emotional responses that were distressing to the person. These deep cognitive structures may be triggered by events that bear some similarity to the original memories.

A woman's distressing fight with her husband is likely to have led to activation of procedural memories (yelling at her husband as her mother had yelled at her), emotional memories (feeling bad for speaking out), and somatic memories (a sick feeling in the stomach). Implicit memories do not feel like "memories" as they have a here and now quality to them, and "blend" with current reality. Distressing emotional or traumatic memories are not consolidated or resolved, and are therefore not integrated into a coherent narrative. This integration is usually what clients are looking for when they come to therapy wanting "to feel better and to make sense of life."

Development of Memory

The infant can make procedural and emotional memories from birth. She can also start forming memories for features of things. The right hemisphere is "on-line" at birth. However, the hippocampus, necessary for encoding the context of memory, is not developed until about three years of age, hence infantile amnesia. The left hemisphere, necessary for verbal encoding and developing narratives, is not functioning until around the same time.

In traumatic and very stressful situations, the amygdala increases in function and the hippocampus is shut down. The hippocampus is particularly sensitive to high levels of cortisol, which causes damage to the neurons there. So, for a child enduring ongoing high stress levels, even if she were old enough to form narrative memories, this function could be suppressed. If explicit memory is not encoded in the first place, then it can never be retrieved. Many clients may never remember, in a narrative way, some of the traumatic events of childhood.

One of the most effective transformational processes in Hakomi psychotherapy is working with "child consciousness." Seen through the lens of neuroscience, this can be understood in the following way: The client I am working with is experiencing unconscious, implicit memory. Susan, we can call her, looked at me with wide, child-like eyes. If I am attuned to her I feel the longing of the child to be believed and recognized. This implicit memory was activated by Susan talking about her childhood, but it could have been triggered by a probe, or by hanging out mindfully, sensing a gesture or body sensation. (Associations linked to a procedural or emotional memory). One needs to go slowly to allow the associational neural nets to be activated. The unconscious is brought into consciousness by applying focused attention, and through contact, and resonating, contingent, right brain responses. The "child consciousness" is a pattern of unresolved, unintegrated memory associations. Pacing, attending to safety, and loving presence keeps the arousal levels down so the frontal lobes and hippocampus can mediate a context and new meaning. Links are made as the "adult" gives new information to the "child." Impulses are moving across from hemisphere to hemisphere, from amygdala to hippocampus, and on to the orbitofrontal cortex. The dorsolateral cortex helps change the mental set. The medial cortex starts making connections.

We are constantly storing, activating, and re-storing our memories. Lynn Nadel, a researcher on the function of the hippocampus, describes a new finding. When memory trace is activated, it is vulnerable for a short time, and can be changed before it is re-coded. Further research is confirming this finding. (See "Not so Total Recall" in *New Scientist*, May, 2003, for an excellent article on the latest findings). This would affirm the importance of working in the here and now. The hippocampus can make a new memory, this time putting it in context and time sequence. Sleep and dreams will help turn the new memory into a permanent one.

Susan, in her "child" memory state feels horrible wriggling worms inside her stomach. She senses them, and the adult Susan makes the connection to fear experiences. She "tells" the "child" that she is not bad, and is safe now. The "child" feels relieved, but wants the "worms" out. Unconsolidated memory is being integrated. Susan, using her imagination, surrounds the child with warm light. The child likes the magic. Susan talks about how there was no one there for her when she was growing up, no one to talk to her or comfort or protect her. She feels angry, then sad. She wonders if her mother had been abused and neglected too. She is sharing her emotional experiences and her thoughts with me. She feels understood. Our eyes meet in a long gaze as

she drinks in my response. New pathways are being formed from the new experience. A week later, Susan tells me she felt loving towards her inner child and also her own daughter for the first time, and enjoyed playing with daughter.

Hakomi and Attachment

There are many therapeutic methods one can use to work with attachment issues. Long-term Hakomi psychotherapy is a particularly effective modality for clients wishing to develop the characteristics of a secure attachment. This is because of the emphasis on loving presence, contact and attunement, accessing the unconscious through mindfulness, and working with the core beliefs and child parts that carry the attachment imprints. There is an understanding of attachment patterns through the character map, and provision of missing experiences when the client has the relevant attachment “circuitry” open and available for corrective change. Working within the Hakomi principles will allow for the experience of trust and safety, which is at the center of a secure attachment.

The Hakomi approach and method of psychotherapy was developed in the United States by Ron Kurtz and his colleagues in the mid-1970s, and was named Hakomi in 1980. Ron Kurtz continued to develop the method, taking a keen interest in the latest attachment and neurobiological research. “Hakomi” is a Hopi (Native American) word meaning, “How do you stand in relation to these many realms,” or more simply “Who are you?” The Hakomi Institute was founded to promote the teaching and growth of Hakomi. The theory and practice of Hakomi draws on a wide range of sources. Hakomi has integrated knowledge and skills from psychotherapies that were developed earlier: Reichian, Bioenergetics, Gestalt, Focusing, Eriksonian Hypnosis, Neurolinguistic Programming. Body therapies have also contributed, including Feldenkreis and Structural Bodywork.

The thinking behind Hakomi is in line with the changing paradigms evident in medicine, physics, and other sciences. There is a shift towards including interdependence, mutuality, consciousness, fields of influence, spiritual dimensions, multiplicity, and uncertainty. Inspiration has come from Buddhism and Taoism with the honoring of non-violence, going with the flow or process, and recognizing loving presence and compassion as healing forces in themselves. Hakomi thought has also been influenced by general systems theory, which sees individuals as self-organizing systems that spontaneously self-correct and contain

their own blueprints for growing and becoming.

As the work has evolved around the world, the psychotherapy of Hakomi has been through various name changes, including Hakomi Body-centred Psychotherapy, Hakomi Body-inclusive Psychotherapy, Hakomi Experiential Psychology, and Hakomi Integrative Psychology. In diverse international locations, different titles may be used depending on the local context. Practitioners of Hakomi Integrative Somatics, developed by Pat Ogden, have developed a specialty area, particularly working with trauma resolution, and have formed their own independent organization.

In psychotherapy, the focus is on assisting the person to discover and explore his or her own self-organization. People can gain an understanding of themselves that is not just the conscious, intellectual knowledge, but is the awareness of the deeper, unconscious aspects of self. This includes core material that is composed of beliefs, nervous system patterning, sensations, memories, images, emotions, and attitudes about self and the world. Core material shapes our patterns of behavior, our bodies, our experiences, and is mainly unconscious. Core material that is inhibiting in one’s life can be transformed in Hakomi psychotherapy to allow more freedom and satisfaction. Psychotherapy becomes part of the journey the person takes in their own growth and unfolding of potential.

There is now a greater understanding of the emotional, unconscious, brain-to-brain communication that occurs in relationship. It is this communication that is so influential in forming attachment templates, and it is this resonance that provides an essential corrective experience for developing new attachment “circuits.” In Hakomi, the personhood of the therapist is seen as vital to the success of the method. Students are encouraged to develop their own therapeutic and compassionate qualities, study their core beliefs and character patterns, and embody the principles in their work. The therapeutic process is enabled by the personal attributes of the therapist, the living of the principles in the therapy encounter, the skills, techniques, and knowledge of the Hakomi method, and the establishment of a therapeutic relationship and container.

References

- Austen, James H. (2001). *Zen and the brain*. Boston, MA: MIT Press.
- Briere, John, Ph.D. (2001). Treating adult survivors of childhood abuse and neglect: Further development of an integrative model. In Myers, J. E. B. et al. *The APASC handbook on child maltreatment* (2nd Ed.). Newbury Park, CA: Sage Publications.
- Carter, R. (2000). *Mapping the mind*. London, UK: Phoenix.
- Cozolino, L. (2002). *The neuroscience of psychotherapy: Building and rebuilding the human brain*. New York, NY: W. W. Norton.
- Fraiberg, S. (1977). *Every child's birthright: In defense of mothering*. New York, NY: Basic Books.
- Gellatly, A., & Zarate, O., (1999). *Introducing mind and brain*. Cambridge, UK: Icon Books.
- Hendrix, H. (1998). *Getting the love you want: A guide for couples*. Melbourne, Australia: Schwartz and Wilkinson.
- Karen, R. (1994). *Becoming attached: First relationships and how they shape our capacity to love*. New York, NY: Oxford University Press.
- Levy, T. M. & Orlans, M. (1998). *Attachment, trauma and healing: Understanding and treating attachment disorder in children and families*. Washington DC: CWLA Press.
- Lewis, T., Amini, F., & Lannon, R. (2001). *A general theory of love*. Vintage Books.
- Miller, A. (1990) *For your own good: Hidden cruelty in child-rearing and the roots of violence* (3rd edition). New York, NY: Farrar, Straus and Giroux.
- Odent, M. (2003). *Preventing violence or developing the capacity to love: Which perspective? Which investment?* London, UK.
- Pert, C. B. (1999). *Molecules of emotion*. New York, NY: Touchstone.
- Schore, A. N. (1994). *Affect regulation and the origin of the self: The neurobiology of emotional development*. Hillsdale, NY: Lawrence Erlbaum Associates.
- Siegel, D. (1999). *The developing mind: How relationships and the brain interact to shape who we are*. New York, NY: Guilford Press.
- Walant, K. (1999). *Creating the capacity for attachment: Treating addictions and the alienated self*. Blue Ridge Summit, PA: Jason Aronsen.

SCHOOL OF HARD KNOCKS, INDONESIAN STYLE

Cedar Barstow, M.Ed.

Cedar Barstow, M.Ed., is a certified Hakomi trainer and therapist and has been associated with the Hakomi Institute since 1980. She and her husband, Dr. Reynold Feldman, spent the first six months of 2012 as volunteer English teachers in a small bi-lingual elementary-high school in Indonesia on the island of Borneo, now called Kalimantan. "School of Hard Knocks, Indonesian Style" is one of a series of prose poems about her cross-cultural experiences. She is currently working on a book that will include both the writings and pictures. She lives in Boulder, Colorado, and in addition to conducting Hakomi trainings, therapy, and mentoring, she is the founder and director of the Right Use of Power Institute: www.rightuseofpower.com

A note about some Indonesian words, used here to convey a flavor of the Bahasa language:

Men are called *Pak* and women *Ibu* (or *Bu* for short). These words mean literally father and mother. *Warung* is the word for little store, *bis* is bus, *klotok* is a canoe-like wooden boat with a motor, *Dayak* is the name of the natives of Borneo.

"We're leaving at four am?! Wow.
Forty-two of us? Two buses?"
It's a national holiday so school is closed.
Ibu Endah and a few teachers
organize a trip to the coast and Banjarmasin,
the biggest city in Central Kalimantan.
The school is paying for buses and meals.

"Send him back here."
A couple of hours into the journey
Ibu Endah's littlest son, a three-year-old,
gets handed back to "Aunt" Rida and her husband, Hassan.
He talks away, describing everything he sees.
We pass *warung* after *warung*,
side by side selling identical items:
drinks, snacks, groceries on open shelves,
table and chairs set out under an open air porch,
shopkeepers sitting ready
to serve customers who may arrive
or not.

Dayak "longhouses" in major disrepair,
wooden, on stilts, weathered, a city block long.
In the not-too-distant past each longhouse
was occupied by a village of families,
a commune/co-housing mix.
We see palm plants, coconut and banana trees,
and fields and fields of rice.

Villages are built around little waterway roads,
boats tied up on the banks,
houses on stilts at the very edge of the canal,
a woman washing clothes at water's edge,
a man carrying stalks of bananas
in his *klotok* with the sound and turbulence
of the motor trailing behind him.

Cedar Barstow

Mosques and homes are under construction
with thin, lashed poles as scaffolding.
(How does this flimsy skeleton actually hold anything up?)
“What are these weird square concrete three-story buildings
with little round holes in the sides?”
“For swallow nest eggs, Bu.”
“Are swallows endangered or something?”
“No, for Chinese, eating eggs and nest a special thing.
We sell to Chinese. Big business.”
(Oh yes, I’ve heard of these expensive bird’s nest soups.)

Inside the *bis*, are our teacher friends and their spouses,
other school staff (driver, cooks, handyman, office help)
and their families—kids ranging from two to fourteen, mostly little boys.
This is a family vacation for them.
Many have never been to Banjarmasin, a four-hour drive.
They are pretty excited.
“*Gua, Gua, Gua*” calls out the “bus father,” Pak Baktiar,
as he steps over the big spare tire on the floor of the middle of the bus
to pass out water bottles (*Agua* is the brand name),
chocolate cupcakes, and breakfast rice treats wrapped in banana leaves.
Music is loud and jaunty—a Javanese pop group based on
classical Arabic and Javanese rhythms.
Atmosphere is light. Even after two hours
the children are very quiet and easy to be around.

The road buffets and bangs us around.
The pavement is only wide enough for two narrow cars to pass.
The driver moves into the right lane
to see if there is an on-coming car.
Yes, there is. He moves back behind the truck.
He tries again, coast is clear.
He passes with two wheels in the dirt beside the road,
then speeds up as fast as he can
and slides back into the left lane with inches to spare.
Once again his calculations were good.
We speed along,
suddenly slow down,
pothole,
bump,
gravel spot,
speed, sudden slow down,
jounce,
bump,
sway and swipe.
This is hard knocks, Indonesian style.

Bus slows down and pulls over,
the bus ahead has stopped:
bus trouble.
Ten minutes later:
they are changing a tire,
Baktiar is directing traffic.
Thirty minutes later
“big bus trouble,” we guess,
apparently more than a tire is needed.

Cedar Barstow

Fifty minutes later it's HOT.
No one on the bus complains.
Not one of the ten children fusses.
No one even asks what's happening.
Ibu Rida hands me a chocolate cupcake.

Two hours ten minutes after stopping:
"It's going to take a long time to repair.
Our bus is going to go ahead.
They will send two vans for the people in the other bus."
Off we go, arriving at noon.
Four-hour ride becomes eight-hour journey.
"Have anything you want. Go up there to order. Sit at tables six or eight."
"Saya mau udang bakar." "Satu? Dua?" "Satu."
("I'll have one large barbecued shrimp.")
Open air barbecue restaurant—*Fauzan 2*, it's called.
All you can eat: chicken, shrimp, fish, soup, baked tofu, corn fritters,
all with rice (of course) and homemade hot sauce (*sambal*),
long, long picnic tables, good food, happy conversation, but
even the Indonesians are sweating with the heat.
"Hey, we're eating lunch in the oven!"
This is where we find out that our teacher friends
refer to us lovingly as "our ancient ones."
We are indeed ancient to be sixty-seven and seventy-two in this culture
and still active and lively.
I try to explain that I am going to my fiftieth high school reunion
and that my mother is going to her seventieth college reunion,
but this is a bridge too far
"fifty. . . five and a zero? 1962? seventy. . . seven and a zero? Your mother is still alive???"
Right now I am happy and honored to be one of their ancient ones.

We drive around the city,
for them, their first view of buildings higher than three stories,
then go to the mall,
for many, this five-story, modern mall is astonishing,
for us, familiar. . . Kentucky Fried Chicken, big box grocery, Pizza Hut, Body Shop,
A & W that they call "ah way." "Too much effort to say 'A and double u,'" says Kris.
The A & W motto in Indonesian is *restoran khas Amerika*
(authentic American restaurant).
The furniture warehouse has fancy upholstered living room sets—
elaborate Victorian styles with multi-colored fabric patterns,
gaudy to my eyes; a sign of wealth and success in theirs.

We don't go to museums, or monuments—I don't think there are any.
We spend our remaining four hours in Banjarmasin
exploring the mall—where everyone goes for a taste of luxury,
a bite of western food, and a respite from the heat.
There's something for everyone at the mall:
children's play area, inexpensive interesting food,
luxury window shopping and budget purchase opportunities,
eye candy galore,
and escalators and decks and spacious open areas—
all Free no matter what your status.

Cedar Barstow

We set out for home at six,
we should be back by ten.

Children settle down on laps to sleep,
the spare tire is converted to a bed for Anon
with a little mattress that appears out of nowhere.
Surya puts her hand around him
to keep him from rolling off into the door-well.

Seven-thirty, the bus pulls over and the driver gets out.
We try to sleep. Twenty minutes later, he gets back in and we take off.
LOUD music overwhelms us,
while our friends are unperturbed,
and the children sleep.

Thirty minutes later we pull over again.
“Do we know what is happening? I gently ask Ibu Ellis.
“The driver is sleepy and needs to rest and smoke.”
Forty minutes later, the driver returns and we move again.
The bus father goes up to sit in the front with him.
Two more stops to check on the broken bus—still where it was left—
and help a guy with a broken motorcycle.
We arrive back in front of the school at one am.
What a day! Amazing and long.

No one questions, no one demands, no one gets angry.
This is “the way it is.”

This is the best of Indonesia, where life itself is a gift
and you accept and express gratitude for whatever you are given—
sickness, low paying job, days off, food, broken bus, sleepy bus driver,
why complain? Wasted energy. . . just be grateful.

We Westerners could benefit from a gentle and strong infusion
of acceptance, surrender, and gratitude.
At the end of the day, Surya, our housekeeper, says, “I’m very, very happy, Pak.”
And she is. Always smiling. Smart, bright, grateful.
Perhaps this infusion could bring a relaxation, appreciation, and happiness
that we long for.

The Indonesians could benefit from a gentle and strong infusion
of energy to create, to change, to move ahead.
We have a lot to offer each other.
There’s a “zone” along the continuum from extreme surrender to extreme willfulness
where we could all be happier and healthier,
and where the most lively question is
when to accept what is and when to change what is.
And where the most lively process is that of
growing into the wisdom of knowing the difference.