EDITORIAL

GREG JOHANSON

Watzlawick, Wilbur, and the Work

It is a pleasure to introduce this first volume of Hakomi Forum. It represents a significant step in the Hakomi Institute's desire to seek more dialogue with the greater therapeutic world.

To this point in time, knowledge of Hakomi Therapy has been transmitted on a person to person basis on the part of those who have participated in training workshops throughout the United States and Europe. Hakomi Therapy by Ron Kurtz currently available through the institute office in Boulder, is presently being translated into German for publication there by Synthesis-Verlag of Essen, West Germany. Halko Weiss and Dyrian Benz, two trainers of the institute, are in the process of writing a primer on Hakomi Therapy which will be published simultaneously in English and German. Other books and papers are in the mill. So, a few years hence and Hakomi Therapy will be better known.

At our present stage of growth the need for a journal has already emerged. Many psychotherapists are integrating Hakomi principles and techniques into their work and would like a forum from which to speak and listen to others doing the same. Many practitioners in related fields such as medicine, nutrition, body-work, etc. have taken Hakomi training and would like a place to talk more about how it is integrating with their work. The principles upon which Hakomi is based have emerged out of contact with both contemporary philosophy of science and ancient religious teachings which gives rise to any number of interesting discussions.

There is a certain clumsiness to the journal effort at this time which comes from it's dual purpose. The first purpose is that of providing a forum within which people already familiar with Hakomi Therapy can question and further our understanding of the work. A further purpose includes reaching out in dialogue to those in closely and more distantly related fields, including those who might have minimal or non-existent knowledge of Hakomi.

The contributions to this first edition are diverse in style and content. As editor, I hope people will take seriously the invitation included in the statement of editorial policy to share their thoughts and experiences in whatever format seems appropriate. The term Hakomi "forum" was mindfully chosen to encourage interchange through articles, letters, editorial correspondence, artwork, or poetry.

Paul Watzlawick and Ken Wilbur are two people who both interpret and influence the therapeutic world of our day. I have done some thinking about how Hakomi Therapy (HT) fits into their respective systems and am choosing to use the rest of this introductory editorial to share those thoughts. My hope is that it will bring additional clarity about The Hakomi Method to those with greater or lesser degrees of familiarity with the work and will stimulate further thinking and response.

Part of my personal dissatisfaction with various ways of working I have encountered has been the rather cumbersome, burdensome pace at which people are helped, along with a general impression that many systems are longer on diagnosis than healing or change. This has also been true for Paul Watzlawick and the associates of the Mental Research Institute in Palo Alto, CA -an institute that has been influenced by such people as Gregory Bateson, Milton Erikson, Don Jackson, and Virginia Satir. Since it is not done in the training manual itself, I would like to outline part of the way Hakomi facilitates change in relation to the research provided by the MRI group in a book called Change: Principles of Problem Formation and Problem Resolution (by Paul Watzlawick, Ph.D., John Weakland, Ch.E., and Richard Fisch, M.D. New York: W.W. Norton & Company, NY, 1974.)

In the book, first-order change is differentiated from second-order change. Systems are invariant or stuck on the level of first order change. Modern mathematical Group Theory outlines how within the structure of a given system, there can be a change from one way of behaving to another (within a given way of behaving) according to four basic group-property laws. Things change within the system without the system itself being affected. Thus, the more things change, the more they stay the same - the horror story of therapy as when the identified patient in a family is cured of their symptoms only to have some other family member become dysfunctional. Everyone is caught up in a "game without end." Any changes are illusory.

To understand second-order change the MRI group turned to Russell's Theory of Logical Types. Second - order change represents a change to a different Logical Type of system with a different body of rules governing the structure or internal order of the system's members. The program that governs the action of the computer has been changed. The system itself has changed. Examples are changes from dream states to waking states, position to motion, manipulating an accelerator to shifting gears, scapegoating relationships to accepting, empathic relationships. This is the kind of change HT is oriented towards when it attempts to help someone reevaluate core organizing beliefs.

The problem in bringing about second-order change according to Watzlawick, following Russell, is that a system cannot generate from within itself the conditions for its own change. It cannot produce the rules for the change of its own rules. Second order change must be introduced in the system from

something outside the system that does not participate in it in the sense of being caught up in the same operating rules.

Since one's ordinary consciousness is considered a member of one's intra-psychic system, the book concludes that one's awareness is best circumvented if the goal is to bring about quick, substantial change. The use of paradoxes and the various subconscious techniques of Milton Erikson are recommended. The MRI Group has had good success attempting these methods with individuals and families through their Brief Therapy Project. A guy can't finish his dissertation because he is so perfectionistic. The harder he tries, the more bogged down he gets. He is soon finishing it up when instructed to perform one not-so-clever task a day, like asking someone where Broadway Street is when he is standing on it, or going to a pizza parlor and ordering egg rolls.

A young couple can't get their overly well-meaning parents to stop running their house for them while visiting until Watzlawick instructs them to provide three times the work for the parents than they usually do. The parents promptly tell the kids they must run their own life. These methods can be wonderfully fun and effective if not done in a contemptuous, superior, or sarcastic manner. I certainly have used my share.

To my mind, the brilliance of the HT that Ron Kurtz has pioneered is that second-order change can be brought about quite rapidly with a person's consciousness intact the whole way. Nothing happens that the person is not aware of and does not approve of. How is that possible? How is it accomplished? In our brief outline form which the reader would do well to check out on his or her own, I believe it has to do with at least five central aspects of the work:

1. Encouraging a mindful or witnessing state of consciousness which suspends habitual reactions and participation in the overall system.

2. Working with the body, which steps outside a person's normal way of understanding, reacting, and defending.

3. Exploring non-violently, without preferences for a particular outcome, going with the flow of a person's experience, which means going where they want to go and supporting as opposed to confronting defenses. This, too, generally confuses a person's normal set to defend, fight, justify, entrench, etc.

4. Using verbal and non-verbal probes which completely contradict what the person is braced, armored, mobilized to expect.

5. Orienting a person's consciousness toward satisfaction and how to reduce barriers to satisfaction. This, as opposed to letting them swim forever in the familiar and comfortable waters of their own pain, brokenness, and unfortunate history, hoping for some mysterious new integration to emerge.

HT's work with consciousness can be set within Ken Wilbur's system developed in his book No Boundary (Los Angeles, CA: Center Publications.) Hakomi is a Native American word which has to do with the issue of who we are. Wilbur indicates that when people answer the question "Who am I?" the various responses indicate the presence of a number of boundaries that divide up consciousness into a spectrum.

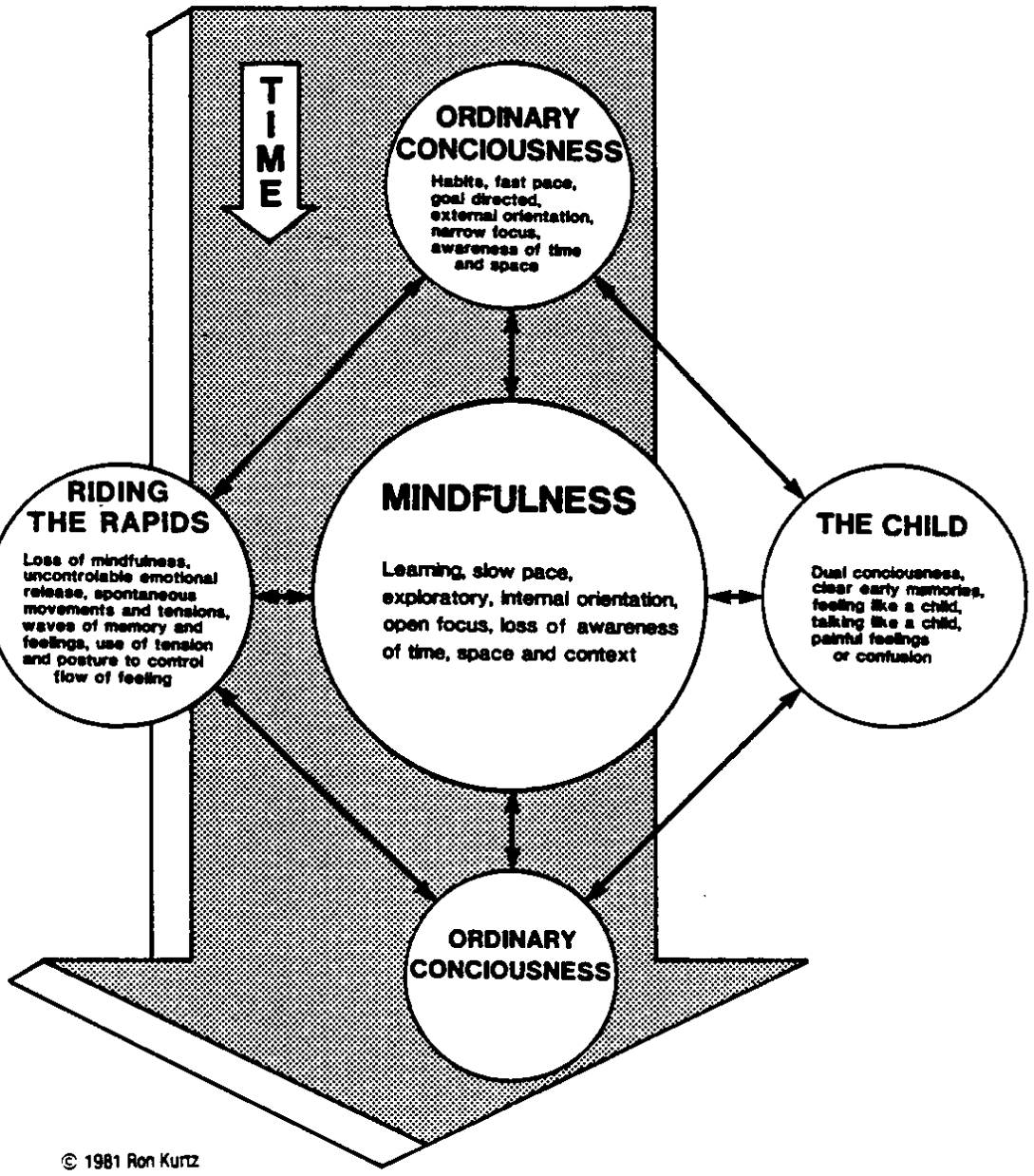
At one end of the spectrum, a person's sense of identity is severely restricted to only partial facets of their mind with the other parts of the psyche relegated to the shadows, to the other side of a boundary which has become a battle line for separating opposing or warring factions. Then, consecutively, a person may identify with their minds to the exclusion of their bodies; their total organism (mind & body) with the rest of the environment being bounded off as 'not me'; their minds and bodies along with partial aspects of the environment included; and finally a person may identify with All. That is, they may have no ultimate ontological boundaries. They sense that their real self is not just their organism, but is involved with all creation. This is termed "unity consciousness."

The beauty of Wilbur's book is that he brings order to the vast array of conflicting, confusing Western and Eastern therapies by demonstrating that each one makes sense within its own frame of reference. Each one is valuable and logical if considered in terms of what it sets out to do. In particular, each therapeutic approach can be seen to be addressing primarily, though not necessarily exclusively, a particular split in the spectrum of consciousness. Psychoanalysis and Transactional Analysis for instance, attempt to help heal the personna/shadow split and help people toward a whole mind or ego. Bioenergetics, Gestalt and various humanistic psychologies work to unify ego and body into a sense of total organism. Maslow, Progoff, Jung, and Psychosynthesis reach a transpersonal level where identity transcends in some way the boundaries of the individual. The facilitation of identity with all of creation, of unity consciousness, is primarily the realms of such religious approaches as Taoism, Mahayana and Vajrayana Buddhism, esoteric Judaism, Christianity, and Islam, and Vedanta Hinduism.

If HT is placed in this system, it can be seen dancing up and down the spectrum. It always attempts to facilitate communications within the mind as in making the unconscious conscious. It is constantly working the mind/body interface and facilitating organismic wholeness. It is transpersonal in encouraging mindfulness, which evokes "the witness" and a resultant sense of a transpersonal self existing beyond the normal limitations of one's personal identity. This last place is where the therapy aims and hangs out the most. The goal is to help people access, witness, and reevaluate core organizing beliefs in their life. By definition, this means the client is led to disengage from attachment and immersion in the normal aspects of their personal identity lodged in world view, relationships, work, etc., and realize the limitless possibilities for being many things or no-thing.

Hakomi stops short of deliberately fostering unity consciousness, though it certainly does not deny it. The unity principle is the principle above all others that generates and guides the whole method. Plus, the character work is aimed at helping people become characterless, that is, devoid of artificial barriers and limitatiions to full experience and expression in life. So, someone participating in HT is given a strong, though usually unspoken, disposition toward expanding their personal boundaries in the direction of ultimate inclusiveness. They experience a person and a process that are both steeped in notions of unity, organicity, and wholism. In addition, they learn the basic spiritual tool of mindfulness.

States of Consciousness (Hakomi Therapy Session)



INTRODUCTION TO THE PROCESS

RON KURTZ

Introductory Note: Ron Kurtz is the founder and director of the Hakomi Institute whose ongoing input continues to guide the development of the therapy's theory and practice. Ron's thinking goes through a number of stages before becoming formalized in published books. The paper published here represents the freshness and aliveness of Ron sharing his latest insights with a beginning group of students. It is basically a tape transcription of a talk Ron gave in Eugene, Oregon that maps Hakomi therapy into general systems theory, information processing, learning curves of chaos and certainty, models of health and disease, living systems, and dissipative structures. Ron values feedback and welcomes replies and dialogue on any of the concepts presented.

Therapy can be done, just like anything can be done, intuitively. Kind of stumbling along, doing things and getting somewhere. Not really consciously having a plan or a clear plan or a clear reference. The way our understanding of this process came about was simply by doing it and doing it and finally thinking about, "what are we doing?" Even this morning I spent an hour learning more just by thinking about what we're doing. It just keeps getting clearer to me. It's not like I had a plan and thought it out and then started doing the work. I was doing much of it long before I knew consciously what I was doing.

So, I want to give you a feel for the overall process, but within the framework of: you don't just take the map and try to follow the map; the map is a guideline in a sense to what you already knew.

The process involves states of consciousness, very deliberately and precisely. We understand various states of consciousness and we understand how to work with each one of them. There are four that we use. That's one thing that became clear. All the time I was working with clients, I would change my voice and I would shift to a slower pace and the client would quiet down. But I never called that anything, til later. Later, I understood that, "Oh, yes, the client is now in a special state of consciousness", which I then started to call, "mindfulness". Or the child state. I worked with the child a long time before I really thought, "Oh, that's a specific state of consciousness." It has certain qualities to it that you can notice from the inside and the outside. So, we have states of consciousness we work with: ordinary consciousness, mindfulness, the child, as a particular state of consciousness and riding the rapids, which is more than just a mood or feeling.It's a mind set. When you are overwhelmed by the spontaneous expression of emotion, you are in a distinct state of consciousness, different from somebody who's meditating or who is in the child or somebody who's just making breakfast, which we would call, ordinary consciousness.

And, because there are states of consciousness, and because we try to use them in a particular way, there are also stages of the process. There are different things to do and an order to do them. If you're going to take people from ordinary consciousness into mindfulness or into the child or through the rapids and back into mindfulness, you have to know how to do that. There are different processes involved, different things to do. Each stage of the therapy process is different, with different purposes, guidelines and techniques and you have to know them.

What's nice about our knowing all this is that you have this roadmap to learn the territory with. Then you forget about the map and use it unconsciously and habitually to go on learning more and more of the territory, as a never-ending process of working, learning and becoming.

At this point, I want to take the overall process itself and put it in a bigger framework. So, we know about the process in very crude terms, now. It has to do with consciousness and it has to do with different stages, like making contact and accessing and working with the child, etc. I want to put this whole thing in the framework of: why bother to do it all? (A basic question.) What's it all about? How does it relate to disease? How does it relate to health? How does it relate to helping people? So, I have to diverge for a little while and talk about some other things, including the notion of disease.

I want to frame this by saying that these are some of the essential concepts of the twentieth century. The concepts I present now have to do with the nature of the universe as it is understood by some of the best minds of our times, the most advanced physicists and biologists and theoreticians of science. These people are coming to a view of the universe which is very different from the old view we have had for two thousand years or so. Not the one the Chinese had or the Persians had. The one we had. It got us in trouble. We couldn't think certain things.

The new way of thinking has to do basically with what is the nature of life, what is a living system. It turns out that when you understand living systems, the universe seems to be one of them. And the planet. And each of the various ecosystems seems to be one. Whether you call it having mind or self or autonomy, if you can define a living system that makes sense, you find out that the universe, the planet earth, the ecosystems and even families, corporations, nations, organizations of all kinds, seem to have the qualities that define them as living.

Later in this talk, I want to discuss some of these qualities of life and I want to tie them in to the notion of disease.

The shift in our understanding of the universe is away from materialism, away from those models which attempt to reduce reality to the mechanical interaction of solid substances called atoms and towards a model of reality based on organization, growth, evolution, and information; less and less use of the idea of separate, independent solids and more and more focus on interpenetration and interdependence. It is now

about fields and waves and quanta and the like, as the atom loses its preeminance in a web of sub-atomics.

The shift is towards understanding organization, which is basically, understanding information, how systems use information. Psychotherapy, at those points where it is following the general, philosophic and scientific shift, is also involving itself more and more in understanding the organization of experience and away from isolated individuals, with isolatable disease entities, like brain damage, genetic flaws, or single, causal, traumatic events. And, we are saying, these information processes are just as real as any atom ever was. In the old model, the only thing that was real was atoms, and their movements. In the new model, information is just as real. That's the big difference.

This new view suggests that therapy is learning. It's not just fixing something. You're not just putting the molecules back where they belong. You are teaching something. And disease can be a failure to learn, or a failure to know. It's now a matter of what the system knows or what the system learns or fails to learn. My favorite definition of learning comes from Fritz Perls. "Learning is the discovery of the possible."

I was watching a TV program on wild chimpanzies. The older chimpanzies are just doing things and the little ones are staring at them. An older one will be fishing for termites with a stick and a little one will be watching, intently, studying, studying the process. It is learning... "oh, that's possible and this is possible." And anything you ever did that had any life to it in terms of learning was discovering the possible. "Oh, it's possible to make contact." "It's possible to track." The big moments in teaching Hakomi are those moments when a student goes, "Oh! Man! Wow!" Something was right there all the time and they just found it. It's discovery. It's got that quality of discovery. That particular, beautiful quality.

This kind of information is pragmatic, it does things. It's not just lists and data. It has what we call meaning. It helps make sense of data, of the world. For the little chimp, it makes sense out of an old chimp sticking a twig into a mound of dirt. Information is more or less pragmatic, useful. Let me give you some bad news. There are no absolutes. That's the bad news. We cannot take refuge from life. In death, maybe. But, "in that sleep, what dreams may come?" Who knows! But, in life, there is always the constant balancing act. The most powerful information always lies somewhere between confirming what you already know and being totally novel and new. If the information you were getting did nothing but confirm what you already knew, it would be pretty boring. It's like having forty-seven clocks and they all say, six o'clock. Or, it's like living in Arizona and looking out the window at the weather. "I wonder if it's sunny, today!" It's always sunny in Arizona. Boring. Portland has the same kind of boredom in another direction. "Is it raining out?" Why ask?

So, information can be confirming and boring. Or, it

can be chaotic. Exciting, yes, and meaningless. It can be brand new every day. It can be raining one minute and sunny the next and no pattern to it. Think of Chicago. Or, you've six dozen clocks around the house and they all say a different time. That's not effective information either. That's not discovery, it's chaos. It might be something like an LSD party, but it's not discovery. Those are extremes. Those are absolutes. The powerful truth and learning lie inbetween. It lies not only inbetween those, but it lies above those in the very act which converts chaos to certainty, the unknown into the known, confusion into sense. Chaos into pattern. Madness into meaning. Life lives somewhere in the middle. It lives between coma and convulsion. Between steam and ice. It is never at one place or the other. There's death at those ends. We live in the middle. We live in this place where we are constantly converting chaos to confirmation. We're constantly converting something new into something known, something we don't understand into something we do. It's discovery. We live at this point of discovery.

There are therapies which completely emphasize experience. I remember when I first got to Esalen, it was the credo, "Don't talk about it. Do it! They were into experience. They were experimenting with strong herbs. They were Rolfing - five, six, seven Rolfers on one client. They were trying to get out of this terrible set they had of living in their heads. They didn't want any intellect or intellectuals. They were into, "let's go have some experiences!" Well, they had experiences. Some guys had a few personal breakthroughs. Some other guys drove off the road and crashed. Some were killed. Some went bonkers. Some just went home or back to their old jobs and a whole bunch went back to school and got married. Their experiences changed them. It gave new meanings to their lives. That's why they were so willing to take the risks that sometimes cost so dearly.

It's like the pioneers had set out. "Let's go find the land beyond the maps." And they did. But, there's no point in going to the land beyond the maps unless you bring back a map. You have to use the intellect. There has to be this other thing which converts the unmapped into some kind of certainty. You can't just stay with experience. You have to apply the intellect to it. At some point. Yes, we get information by staying with experience. That's surely a lot of what mindfulness and Hakomi are all about. But, we also have to make sense and maps of our experience. That doesn't mean you want to convert everything at once into intellect, so that your whole life is just knowing. Then you're just sitting there looking at those forty-seven clocks that say, SIX. That's boring. That's all confirmation. You want to live at that point where you're constantly converting. Where you're constantly discovering. And learning. You're out there at the edge where you don't quite have a map. There's a map behind you and no map ahead of you and you're going along mapping the territory. That's where you want to be.

So, learning is the discovery of the possible. And when you talk about "mental illness", it's a

failure in some way to discover something possible. It's a failure to learn. It's a stuckness in the impossible. The stuck person says, "I can't reach out to somebody." Or, "I can't feel like a good person." If we look at functions, stuckness is a failure to learn one of a balanced pair of functions. A person with a schizoid pattern can be absolutely wonderful at withdrawing. They can withdraw the energy from their hands. They can withdraw their minds from the situation right in front of them. I had a guy in class when I taught rat lab who could play music in his head and watch internal scenes of his own creation, all with his eyes right on me. He didn't even see me. He didn't hear me. He could be gone, somewhere else. He had a total capacity to withdraw. A marvelously developed function. But, he couldn't get back easily. He couldn't get here. As you might expect, he wasn't very good at being present or relating to people. He wasn't very good at making contact. He had one function, withdrawal, but he was totally out of balance. He didn't have the other function, contact. It was almost impossible for him to just be here.

So, we go and take the impossible, and with the process of therapy, we start to make it possible. We make it possible for the schizoid to make contact. We make it possible for the masochist to take action. We make it possible for the oral types to absorb nourishment and to feel strong. We make it possible. Our clients are learning.

The core of this situation, the focus of and reason for the whole process, is to help clients become conscious of how they organize themselves and how they feel some things are impossible. And we help the client try on some new possibilities and we support and nourish that effort.

I'd like now to talk about a model of disease for a moment. What I like about this particular model is that it is a general model and it's based on the new understanding of living systems. One or more of three basic things are said to happen in a disease process. One, imbalances occur. (In accupuncture, for example, it's yin and yang, the primary manifestations of basic life energy, that go out of balance.) Two, something toxic invades the system and isn't being expelled fast enough (This is germ theory and the accumulation of wastes theory.) Third, the system is deficient in some basic necessity, life force, or vital energy, vitamins or chi (in oriental systems).

So, some therapies are based on whether the system or some part of the system has a lot of chi or not enough chi, a lot of vital force or no vital force. There is something very real about vital force, but it isn't simply "energy". When we come to discussing living systems a little later on, we'll see why the vital force has looked like energy, but isn't. Other therapies see diseases as cases of the invasion of toxins or the failure to rid the system of toxic material. Something toxic is in the system, disrupting it, throwing it out of balance and/or weakening it. Those three things: the system is weak, or it's being disrupted by toxins or it is out of balance, are the basics of almost all medicines. It is important to

notice that none of them is primary. Each can contribute or cause the others. A toxin can throw the system out of balance. A weakness can allow for the invasion of toxins. An imbalance can cause weakness. They all can cause each other. So, the Great Medicine will be a combination of all medicines.

Let's apply this to psychotherapy. Toxins, for example. In Hakomi, the toxins are things like painful memories that have not been processed. They're kind of lumped there in the way. And at the physical level, they are represented by tensions in the body. Or they are negative beliefs about the self, negative self-images that truncate functioning, that keep the client from doing things and living a whole and balanced life. They are wasteful and destructive processes that we get drawn into. These things are like toxins in the system. I've already described the schizoid's difficulties with contact. The other side of that: the hysteric's difficulty in letting go.

Finally, there is weakness of the vital force. In Hakomi, we almost always attempt to nourish the system, like giving water to a thirsty child. We offer support and kindness and all manner of psychological nourishment. In this giving of nourishment we help build the strength and courage of the client. It must be done very mindfully to avoid encouraging weakening dependencies. I've seen many times in therapy, working with someone in an oral process, who in the beginning of the process is sad, depressed, defeated, and I'll be nourishing them, helping them learn to take in what's around that's good for them. So, you work on that and once they start to take in nourishment, they start feeling better. It feels good. A little while later, their energy level is higher. They have more vital force, more strength. Then, they suddenly start to feel their anger or they start to feel the courage to do something. We nourish first of all to build strength and courage, but it's also to teach, about taking in and what's available and functioning.

When the system's weak, we nourish it. When it's toxic, we want to go and get that toxic material. Sometimes it's core material and we have to bring it into consciousness and process it. And we want to bring the important functions into balance. When the person isn't able to do certain kinds of things well, we try to help them learn that. These aren't problems we're solving. This is more basic. It's in the area called, character.

Now, I want to talk about what a living system is and so, tie it all together. Some good news: there is a scientific theory of living systems, what it is to be alive. There's a mathematics of that, a chemistry of that. And that's wonderful. Illya Prigogine got the nobel prize for his work on this, which had to do with what he termed, dissipative structures. Dissipative structures participate in and help define all living systems. These structures have the property of maintaining themselves. They get into a particular shape or a particular chemical process and part of their functioning is devoted to maintaining themselves. Life is that which creates and maintains itself. It is the "web that has no weaver". Life is that which

goes on living, which maintains a basic identity, which resists being changed from this identity. Self-creating, autonomous, life knows itself.

So, what do dissipative structures dissipate? Not energy! In fact, all dissipative structures and all life must take in energy from the outside. They import energy. What's dissipated is entropy. They import energy and export entropy. Like the eco-systems of earth take in sunlight. That's the energy source. What they dissipate are confusion, noise, disorder. Now that's a little difficult to grasp. So, here's an example. There's a little earthquake and all the books at the local library fall on the floor and get terribly mixed up. That's importing entropy. That's taking in chaos. Now, the books aren't going to get up and find their way back to the shelves. To dissipate that mess, we have to import some energy, like a bunch of healthy, functioning people who have just had a light lunch and are raring to do some good for the community. That's energy. And they come in and put all that mess in order, so that the chaos is now gone. They have exported it. They have dissipated the entropy brought on by that mean old earthquake. To create order is to dissipate entropy.

All living systems take in energy and dissipate entropy. That's why the vital force looks like it is something from the outside. That's why it looks like energy. But, it's not just energy that makes us vital. It's also the ability to dissipate noise, chaos, confusion and the endless wear and tear. Maintaining, keeping it together, dissipating entropy, converting novelty to certainty, living at the point of discovery - these, too, are essential to life, the living process and what's called, the vital force. It means having an identity, being conscious of a self, an orderly pattern that's known and preserved, like the library books. It's about having a self, a consciousness, a mind. It means having an organization that's clear enough and clean enough to dissipate noise (and chaos and wear and tear and garbage and toxins and waste) faster than it's being created.

If you can use energy to create and maintain order, then you have the makings of a living system. If you can take the changes, the randomness "eats order" (as Gregory Bateson put it), the unavoidable wear and tear that Hans Selye calls "stress", the ever constant novelty that is our daily fare, and if you can process that through discovery and understanding into confirmation (order eating randomness), then you're a living system. Because, all life does that! And must do that! Each separate ecosystem on our fair planet earth does it. The planet as a whole does it. And, there's reason to believe the whole leaping universe is doing it. Right, now.

When we try to pick out anything by itself, we find it hitched to everything else in the universe.

John Muir

BEING EFFECTIVE THROUGH NON-DOING

WERNER SINGER

Introductory note: This article was first published in German as "Wirksam durch Nicht Handeln" and is the first article Hakomi Forum is aware of that has introduced Hakomi Therapy to the German therapeutic world. The principle translator of the article was Bruce Ryan of Eagle Creek, Oregon USA though the editor took great liberties with the text to make the meaning clear to English readers.

Werner Singer, Diploma in Psychology, was until recently director of an education counseling center in Dusseldorf and is now in private practice. His address: Sonnenbuchelweg 16, 7980 Ravensburg, West Germany.

THE CHINESE-TAOIST PRINCIPLE OF NON-DOING LENDS TO OUR ACTIONS AN EFFECTIVENESS THAT SEEMS PARADOXICAL. THE BODY-ORIENTED PSYCHOTHERAPY DEVELOPED BY RON KURTZ INCORPORATES NON-DOING AS A MAJOR METHODOLOGICAL PRINCIPLE. SEVERAL ELEMENTS OF THIS METHOD ARE EXPLAINED AND ILLUSTRATED HERE - THE UNIFIED VIEW OF MIND AND BODY, SUPPORT FOR THE CLIENT'S RESISTANCE, AND AWARENESS OF INNER PROCESSES, (MINDFULNESS).

The following might happen to a four or five year-old: the child is full of seething despair, perhaps because he or she has failed at something again and again, pushing as the child does on the limits of its power. The child pulls its head in, clenches its fists, and closes all the doors and windows of its body as if to intensify the frustration.

A grown-up, felt called to intervene in an instructive manner, comes and puts an abrupt end to this inappropriateness. With an action like pushing a bubbling pot off the fire, the stubborn child is removed from the situation. By this change in location the tension inside the child is broken and the anger flows out. A seething despair is made into a quiet despair.

On a similar occasion - this is my personal memory now - a person comes who loves me. As if he can understand my situation, he encloses my body in his arms, my clenched fists in his hands, and covers my pulled-in head with his cheek. In a matter of seconds the anger is transformed into something good and strengthening. My father was particularly skilled in the art of changing my rage into warmth and confidence.

As the years passed such helpful deeds became rarer as they probably gave way to the role of teacher. At last they disappeared altogether and were completely forgotten for many long years of my life.

Even when I was confronted daily with the inner (Ger. seelishe) turmoil of my own clients, the lost search took many years to re-emerge. I was looking for something I did not have a name for, but whose existence I was convinced of, being aware of its absence. This article reports on its rediscovery and, as well as possible, gives it a name.

The Wise Person: Not Acting and Not Spoiling

How did these two concerned adults act differently? What did the loving person do to achieve the miraculous transforming effect? To begin with, it is easier to say what he did not do: he did not oppose or set himself against the psychological and physical process which he saw happening in me. His attitude and intervention supported the process, allowing it to go on unhindered.

C.G. Jung has given us an incisive rationale for this stance of allowing processes to unfold. He wrote about it in the preface to an old Chinese book of wisdom, **The Secret of the Golden Flower.** There Jung develops his recognition "that the greatest and most important problems in life are basically insoluble. They have to be, since they express the necessary polarity which is inherant in a self-regulating system. They can never be solved, but only grown through." (Jung, 1948, p. 14)

What is there for a person to do then? "Letting it happen, action in non-action, the "Sich Lassen" (non-attachment to oneself) of Meister Eckehart became the key for allowing me to open the doors to the path. One must master the Chinese way of letting it happen. That is a real art for us, one which most people understand nothing about, as their consciousness is continually jumping in, helping, correctiong, denigrating, at the very least, simply not letting the psychic processes be and proceed in peace." (ibid., p. 15)

"One must be able to let it happen" is an admonition to the searcher but certainly also one for the guide. The inner tension of this formula seems to appear immediately with the goal of "letting it happen" being blocked at every turn by the imperative "must be able", a reality borne out by the conflict ridden experiences of psychoanalysts with this idea. At this point I am going to limit the theme of the article to the therapeutic implications of letting it happen presented with clinical examples from psychotherapeutic practice.

What does non-doing mean? Doing nothing? The previous comment by Jung deals first at the level of the psychic opposition of the "simple being of inner processes" and "consciousness". Conscious activity, striving for knowledge, can be taken under some circumstances to be set against the natural process of being. Let's look deeper into Jung's source material in Chinese Taoism. The 48th chapter of the Tao-Te-Ching makes a relevant assertion: "he who is devoted to learning gains daily. He who is devoted to the Tao loses daily by losing. By unlearning, he arrives gradually at the point of being no longer active. Non-doing is preserved where nothing superfluous is done. Only those who do nothing achieve true mastery in the realm. Those who consumate deeds are not capable of reaching the kingdom." (Lao-tse 1980, p. 98) The wise person has'lost', 'unlearned' his/her normal consciousness. Non-doing goes along with non-knowing. The inevitable result of this? Nothing remains undone where nothing superfluous is done - true mastery. Though Taoism

clarifies and declares non-doing to be a high art, it leaves the question of the psychic structure of non-knowing unclear.

How is one to acquire this art? How does one find the path of non-action? "Therefore the wise one does not act and does not spoil anything. He keeps nothing and loses nothing. When men act, they generally give up just before the completion. He who reflects on the end as he reflected on the beginning, he will not spoil anything. Therefore the wise one does not desire the desirable. He does not value rare things. He studies ignorance. He goes back along the path that men have come along to help man back to his nature. One thing only dare he not do: act against nature." (ibid, p.114)

The path of non-action leads back to and illuminates the nature of things. Its recognition leads inward. In its inner life the world opens itself up and discloses itself.

Non-doing is also presented as a practical rule for living and ethical actions. The antithesis to the actions of the wise one, the wu wei, is in Chinese the yo wei, the actions of the "lord" (ibid p. 137). Western readers believe they understand this simply and directly: doing too much, too vigorously, at the wrong time, at the wrong place, in short, acting against the inner law of life, the nature of things.

The issue of culturally specific conceptual boundaries and limitations will not be examined further here. The concepts presented thus far do seem, however, to have the property of being adaptable to different vocabularies and settings. For example, translators and interpreters have used different languages for Lao-tse and Meister Eckehart. And yet Meister Eckehart appears to agree in a beautiful way with the words quoted above from Lao-tse. The following centuries old Christian teaching deals with the question of how divine law can be made effective in one's life. "You must know, that no person in this life has left himself so thoroughly, that he has not found that he had to leave himself even further.... It is an equal exchange and a fair trade. As far as you remove yourself from all things, thus far and no further does God enter with all his properties, in so far as in all things you have completely emptied yourself of self. (Meister Eckehart 1963, p.57)

The inner relationship of the Western mystic with the wise ones of the Far East can point us to further kinships. The principle of letting it happen joins East and West, North and South. Of course, in various official teachings the opposite holds sway. But the principle remains where official teachings are not in effect, in the daily relationships of people. Certainly not in all of them but for instance in the common off duty or after work motto - live and let live.

I maintain for example that it is dominant in much parental care of young children. Often enough there is a secret complicity of the generations against commonly taught child raising theory. Letting things be owes its popularity to its

characteristically peculiar mix of effectiveness and humaneness, humaneness in the sense of fairness or justice. Non-doers effect no harm and so are not harmed themselves.

A Person's Tao is Revealed in His/Her Bodily Life

Core organizing beliefs in people, their personal Taos, reveal and express themselves in actual languages. Psychoanalysis has taught us that the "unconscious" reveals itself in the language of symbols. While one's Tao is never completely subject to rules and shrinks from categorizing definitions, we can still make and benefit from the assumption that the inner life of people expresses itself in bodily life and conversely, bodily life expresses the realities of inner mental life. Bodily life includes postural structure, muscle tension, manner of movement, breathing, and organic illnesses. Innerlife and thought discloses itself in external, bodily life.

A person's inner life needs to be constantly tracked and contacted as it changes from moment to moment and for this a living instrument is needed. This can be the body of the therapist, if it is kept alert, sensitive and trained. Therapists can be their own best instrument in intuiting and sensing the gestalt, the presence of the other. Therapeutic contact occurs on a stage on one level. behind the scenes, however, the Tao of the client and the therapist engage in a mutually mutable dialog which when drawn on intentionally becomes the data-base for healing.

For ease of communication, the rest of the article will deal with therapeutic practice in two steps. The first step is that of recognition. A new method of recognition is needed by therapists who take on the risk of non-knowing and want to empty themselves of amassed preconceptions of health and pathology, symptoms and defenses, chances of recovery and risks in treatment. The second step deals with therapeutic intervention. All this will amount to variations on one simple rule: never work violently, that is against the Tao, the inner life and flow of the client.

As I come to practical examples, a word of thanks is due Ron Kurtz. Before I became acquainted with him and his work I had not dared to support the flow of my client's innate Tao. Gestating in me was the idea, nurtured from my childhood, "It should certainly be possible somehow...", but in practice I only made fainthearted attempts. In the few days of an in-service workshop where Ron Kurtz presented his "Body-centered Psychotherapy" (Hakomi Therapy) I realized with certainty that it was possible. In my experience, Ron is a virtuoso in the art of achieving effects through non-action. (Information on training in the United States and/or Europe is available from the Hakomi Institute, PO Box 1873 Boulder CO 80306 USA. The Synthesis-Verlag of Essen, West Germany, announces the publication in 1984 of Korperorientierte Psychotherapie-Die Hakomi-Method by Ron Kurtz.)

Strengthening Consciousness by Emptying It

Recognition begins with forgetting. In particular, clients should forget why they have come to therapy, that they want to work on a problem. Out of this consciousness clients say "My problem is thus and so" and immediately they are fragmented into healthy and sick, normal and abnormal, knowing and ignorant. These problems which appear so important to clients are not the most crucial thing. Their importance lies mainly in helping clients understand their current self-limitations.

Therapists must likewise forget the cross which the profession bears: people expect that through our action we will relieve them of pain. Is there a therapist who has not heard an inner voice saying, "You've got to show something, do something for your money, at least a couple of keen interpretations." It would be better if both therapists and clients could forget what brought them together and concern themselves with the immediacy of their current experience. Without this there can be no therapeutic process. (References to cases and methods of treatment spring from my experience in a clinic advising in the areas of living with and raising children.) I remember the second hour of therapy with a client of about 30. The first hour had been spent in complaining about the limits she had to endure - an impertinent son whom she was raising alone, an impossible mother in whose house she lived, an underpaid job, etc. I waited for the right moment and then said, "You are free to choose something else now." Her protest was immediate. "All right, then tell me, choose what?! Sure, if I had money, I could..." "No problem," I said, "I'll give you all the money you want." The anger at not being taken seriously was showing in her face but vanished suddenly as she said satisfied, "OK, then how about coming over for dinner?" This playful stepping out of our roles made the unbearable problems bearable and paved the way for more therapeutic processes.

All students of meditation know about the freeing of consciousness by becoming unattached to the contents of normal consciousness. The therapeutic technique equivalent to this is the cultivation of mindfulness, a witnessing state of consciousness where one's awareness is turned inward toward experience without being completely caught up in it. (Particularly helpful for me in this area have been the works of students of Elsa Grindler. For example Charlotte Selver (cf. Charles V.W. Brooks in Bibliography) and Lily Ehrenfried.) Mindfulness can be cultivated by the therapist asking questions which can only be answered by clients turning their awareness inward toward felt-present-reality to find the answers:

(C) I'm feeling nervous right now.
(T) What signals is your body using to let you know you are nervous?
(C) I'm shivering, going back and forth between hot and cold.
(T) Where does your body feel cold and where warm?...What is the boundary between cold and warm like?...Is it moving?...In what direction?..

Most clients can answer these questions with astonishing precision and in most cases are glad to do it. Even if they don't answer aloud or find an answer at all their attention is turned inward. Letting go of the normal habits, routines, agendas, and obsessions of normal consciousness which is the precondition for going inside and attending to live present experience, feels to many people like a blessing long withheld. The letting go and turning inward deepens toward optimal conditions of mindfulness where growth can occur. I would like to use an example from a workshop by Ron Kurtz to illustrate what can happen here.

A., a woman about 40 years old, requested help. She was an energetic, slender person and being near her you could get the impression of an archer's bow drawn taut. One oversight or a wrong move could be enough to send her off. Ron helped her to become mindful which brought up in her an impulse to pound her head through the wall that she was holding herself back from doing. Ron began to arrange the room for supporting her process, for actually taking over the woman's defense of holding back so that the impulse to pound could be experienced more fully. A. took a position against the opposite, carefully studied her distance and the way her body was mobilized, gave instructions on how she wished to be held and then chose the right moment at which she was ready to use all her strength to break through the wall with her head.

The experiment was no physical risk for A., since well instructed helpers looked out for her safety, doing for her what she had already been doing for herself, holding herself back. Out of this security and the progressive deepening of mindfulness a new insight emerged. "I am breaking through he wall and discover another behind it and another behind that." The effect of the freeing message she drew from this scene visibly broke over her face and body like a wave. "It won't work this way. There will always be another wall. So now I can take time to rest and to explore another way." Her wanting to bang her head against the wall was not a problem to be solved. It was a process to be respected, befriended, supported, allowed to happen, learned from and grown through to a place where other things became possible.

In this process there was a double emptying of consciousness and deepening of mindfulness which took only fractions of a second to have an effect on both parties. The moment came for Ron as therapist when he perceived the taut bow and became sensitive to the client's inner state. This helped pave the way for the use of the exercize described above. Being aware of her tension that wanted to go two directions at once helped him support her process when she herself became mindful of the impulses. For A. the big moment was when she broke through the wall in her imagination and the realization washed over her, "This won't work, there must be another way." The client made her present inner experience the focus of her meditation and Ron made his experience of A. the focus of his.

Strengthening our consciousness by emptying it might sound a bit silly or old fashioned, like fasting or bleeding. Yet no modern medical practitioner will

reject the effectiveness of the procedures outlined here.

The previously mentioned book of Chinese wisdom teaches the art of emptying the consciousness. ""Consciousness dissolves in contemplation", it says, and Jung in his forward tries to raise this from its mystic incomprehensibility. "What is being discussed here is an effect which I recognize well from my medical practice. It is the therapeutic effect par excellence..." (Jung, 1948, p. 50)

I do not think it is helpful to follow Jung's presentation further here since it leads the reader through a tortuous path in the psychic regions of the conscious and the unconscious. The essential thing is that in Jung's view the path of self discovery leads to the "self", which is "a virtual point between the conscious and the unconscious." It is probably correct to say that it is the self which unites the conscious and the unconscious. I am coming to the realization that it is not the quantity of what is in the conscious in comparison to the unconscious which makes for psychic health, but rather the permeability of the boundary between the two fields, the ability of the person to cross the boundary at will. We shall return to this.

The Therapist Supports the Defensive Mobilization of the Body

How do I as a non-active therapist enter into a dialog with a client? And what would an interchange look like which draws in the body?

Every therapist of whatever persuasion has probably had the experience of relating to clients in a physical way. The desire may arise to stroke them on the head or take them in your arms or give an encouraging pat on the shoulder. On the other hand being near clients may make me very uneasy. I might like to shake my fist at them or give them a kick in the pants. All this is left undone for the most part. We consciously suppress these noble or less noble impusles. The opposite, unleashed spontaneous actions, would hardly be therapeutic either. Two assumptions help guide the question of how therapeutic body contact is made: First: The contact conforms exclusively to the needs of the client. Second: the client's past history is expressing itself in his/her physical manifestations. Therefore the therapeutic meeting while contemporary is accessing another dimension of space and time.

Speaking to the first assumption, Ron Kurtz often illustrates the basic attitude of a therapist with the Zen parable of the empty boat. When many boats are moving about on a lake, it may happen that two will collide. Then there is a lot of yelling and each skipper blames the other for the accident. If, on the other hand, an empty boat is adrift on the lake and collides with a manned one, the skipper is silent and seeks within him/herself the explanation of the accident.

It is helpful for therapists to take on the characteristics of the empty boat. Then we see them moving without being driven, without a charted course, but responding sensitively to every outside force. Should it come to a "collision", a conflict between therapist and client,

the question of blame is pointless. Contact is made harmoniously and playfully because one of the two has freed him/herself from the inner need to justify. (This one is the therapist. If the client is better versed in this art, then the relationship is reversed and the client becomes therapist.) A comparison to a graceful, traditional, dancing couple is apt. The lady in following and adapting can contribute more to the success of the dance than he gentleman, in spite of his mindset that his part is to "lead".

From this we can see how the resistance the client manifests towards the therapist and towards getting well can be handled. This resistance is nothing unexpected; it is actually a pre-condition for therapy. If the clients didn't have such resistance to recovering health, they would not need to look for therapy. (Arnold Mindell has developed the thought in a challenging article that resistance is unimportant. He attributes the tenacity of this concept to the needs of the therapist to have names for the unknown and the incalculable in order to work in a more secure framework.)

By not confronting, by presenting no resistance myself, I am in a position as a therapist to work with the resistance of clients without having analysed it with them to any significant degree. Its presence and effect is not only accepted, but this respect also encourages the client to let the resistance have full sway so that it can be identified with as fully as possible. It often happens that as the defensiveness reaches its height in a supportive atmosphere, the resistance disappears, a paradox I will not go into here. We must be satisfied wth the practical demonstration of results.

I had a client, a forty year-old woman who was unhappy with her long-standing marriage and who was struggling wth herself about leaving her husband and half grown daughter. She had been under medical care for "depression." During the first hour she piled her problems in front of her into an insurmountable mountain. She was talking of suicide. During the second hour the relationship became safe enough that I could help her be mindful and access some inner awarenesses. Through questioning she became aware of the critical areas of her shoulders and neck. Then I introduced a word-experiment, in Hakomi what is called a verbal probe.

I asked her to please indicate by a nod of the head when she had cleared her mind of various distractions and was ready to study the effect on her inner experience of the words I would say. After a while she nodded.

Turn your awareness to what happens when you hear the words:..."You can do it."

Her immdiate reaction revealed an inner ambivalence. At first a tension seemed to drop away, her chest rose, her neck and head pulled up out of her shoulders. Then there seemed to be a hardening that looked like stubborness.

(T) You apparently don't like to hear that.
(C) No, I've heard things like that for years and they don't help.
(T) Would you like to attempt refining the

sentence in some way to make it more acceptable to you?

She was somewhat astonished but went along with the line of action.

(C) You can do it if you do the right thing.

So I repeated this sentence to her in a similar mindful manner. It was hardly spoken when she fell down shaking her right fist.

(C) ...but what is the right thing?

From the shaking of the fist I gleaned a clear signal that whatever was blocking her growth was now accessible enough to work with. The freeing moment was emerging while at the same time the fist held tight against the chest showed the resistance to it. I decided at this time to propose another exercise, this time what Kurtz might term a non-verbal probe, a mindful taking over of the resistance to letting the fist strike out more fully. I would hold her fist in its locked position and she could shake it as hard as she wanted and at the same time be mindful of what the doubled up fist might be directed at.

She agreed. She gestured with her fist, weakly at first. Then as she was convinced that I would hold tight, she shook it so hard she could almost break free. At that moment she stopped and began tearfully to relate the following. "Suddenly I had a memory of the situation as it has so often played itself out at home. I am alone and so full of anger that I take plates and smash them on the floor. Then I am seized by the urge to smash myself in the same fragments." The tears were part of a force that brought together and integrated the anger, unexpressed until that time, with the turn towards self-destruction. In following sessions the client decided she would have to move out in order to save herself.

Now in this case it appears that the therapist did act; at any rate he was not just passive. What does that say for our intention not to act?

Earlier in the article I presented non-action as the best synthesis of therapeutic intention and the needs of the client. If a person is seeking therapeutic help it is rare that these personal needs are singular or even have obvious unity. Their aspects often run in opposite directions. How should the therapist deal with such opposing and conflicting needs?

Let's look at our example. In the word-experiment ("You can do it") the word "it" was an invitation to the client to give "it" her own meaning while it was clear she was trying to accomplish something. At the same time it was a confrontation to some part of her self, since she was demonstrating by words and bodily actions the conviction that she could not do it. The therapist identified with one of the two voices inside the client ("I must." "I can't.") in order to help her clarify the content of their inner dialog and help resolve the decision they were trying to make. This was not a theoretical or dogmatic therapeutic decision, just a practical one to achieve an end. It was like trying to move an automobile stuck in mud. It doesn't matter

if you rock it in the direction of gravity or in line with the spinning of the wheels; either will help rock it free.

In our example the result of the rocking free was her "I can do it if I do the right thing", certainly a step in the direction of self-knowledge for this client. (Editor's note: this example as well as the other examples used in this paper are technically examples of accessing important aspects of emotional-mental life. They do not exemplify full Hakomi Therapy sessions where the material accessed then goes through a number of other steps: deepening, processing, transformation, integration, etc.)

This technique follows the spirit of the Chinese art of fighting called T'ai Chi Ch'uan in which two opponents stand bare-handed facing one another. One instruction deals with the case of the opponent making no noticeable move:

If the opponent makes no move, I also do not move. This means that one relaxes but waits attentively for the opponent to show his strength...To move one's hands into position quickly and without control or to look intently for a opportunity to strike the opponent - these are on no account the correct method. That should be self-evident. Some will ask what they should do if their opponent does not move at all. In this case one can feint with one hand once, twice, three times to draw a challenging reply. Then the opponent will have to move. (Liang 1977, p. 95)

T'ai Chi is more a training of the body than a combat sport. The participants are more motivated by the thought of self fulfillment than the aim to win. For that reason the comparison seems illuminating.

The exercise of holding the fist tightly and the one related earlier of holding the client who was breaking through the wall both illustrate the following rule: Support the client's defense systems. Take away from them the strain of holding the body in a defensive posture that reflects the inner resistance. We see the impulse to clench a fist and strike out as well as the holding back, the defending against the impulse. The therapist's assignment then becomes allowing the client to be able to use her energy to explore the impulse to strike out. So, the therapist took over the inhibitions of this client that only allowed her arm to quiver. He made it safe for her to act and to turn her attention to her inner experience with no danger of harm or shame. He provided for her the resistance to the impulse that she was providing herself.

This is the meaning of non-doing in the therapeutic process: Therapists bring nothing foreign into play, force nothing, oppose nothing. they merely take part in a process which is already happening.
When the woman experienced her freeing realization she was in contact wth another level of awareness. Here we come back to the second assumption we started out with. As a result of the mindfulness and physical, emotional release there is a tendency to contact important core material in another dimension of space and time. I can be historical (the woman in her kitchen) or symbolic (behind this wall there are other

walls). Generally there are additional signals in these new awarenesses that help the client personally unlock their meaning without much difficulty. It is amazing to me how much wisdom is found in the client's observations at this point. They are measured and tailored to the immediate realities, abilities, and possibilities facing the client.

Let me share a personal experience along this line. About a year ago I began to foster the idea of giving up my job. It was a pleasant position with security and independence, yet I had the feeling that in the long run it was hemming me in. At this time I took part in a Hakomi workshop. At one point an assistant had the task of taking this load off my mind, i.e. my head, by holding my head in his hands. He took over for me the physical need of using my own energy to hold my head up. This gave me a sense of security that I would not be 'mindless', 'headless', or foolish. I developed an impulse to bow my head as if in humility and my helper supported this. Then an image came to me: I was sinking to the bottom of the ocean where something was waiting for me. There was no need to hurry to find out what it was.

The experience meant this to me: I seldom risk embarking on new ventures with humility and without control, but when I do,I find that my happiness is secure. Therefore, it is not necessary at this point to frantically work against the clock to wring immediate solutions from today.

I want to underscore that it is unimportant what meaning a therapist might attach to such an image that came to me. Only the inner wisdom of the client counts, and therapists can be satisfied if they have helped to bring such wisdom to flower, to conscious awareness.

I hope I have now come closer to the question I posed at the beginning: What secret lies in the intuitive act of a loving person? Of course, the therapeutic interest is not under the rubric of love but of results, of healing. My intent has been to demonstrate that you cannot find the one without the other, the healing effects do not occur wthout the love.

In this regard I would like to quote from a man who wrote over two generations ago:

One must put oneself entirely in the service of the patient - attend to every expression of his conscious, unconscious or physiological manifestations and take these as orders for the direction of the medical treatment. The patient alone knows how he must be treated; although certainly not in his conscious self. Even his unconscious, and physiological occurances. Clearly, that is for those who want to and are able to serve. The doctor must not only understand the language of the id, he must also speak it and speak it with intent and consciousness. Then the ability will develop in him to be able to talk to the patient in the language of the unconscious and the body. He talks not as a patient but as a doctor who has learned to speak these languages and at the same time to remain healthy. (Groddeck 1966, p. 224)

George Groddeck was just such a doctor who had mastered the languages of the body and did not succumb to temptations to misuse his great wisdom to

manipulate the patient. His id denotes what in this article I have called the inner rule of life, the Tao. "The id gives a person his life; it is the power that causes him to act, think, grow, get sick, and get well; it breathes life into him." (Groddeck, 1981, p. 259.)

This parallel may be seen as a double connection: just as our spiritual side needs both the West and the East for its completion, so also our day-to-day consciousness needs a point of contact with its nameless guide.

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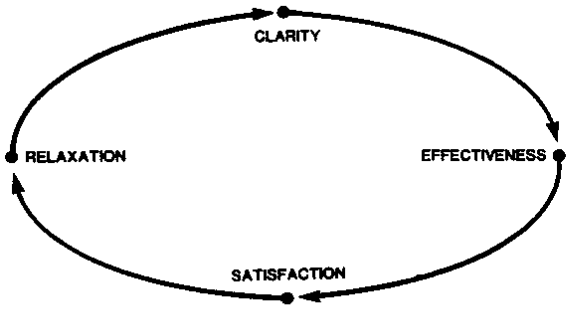
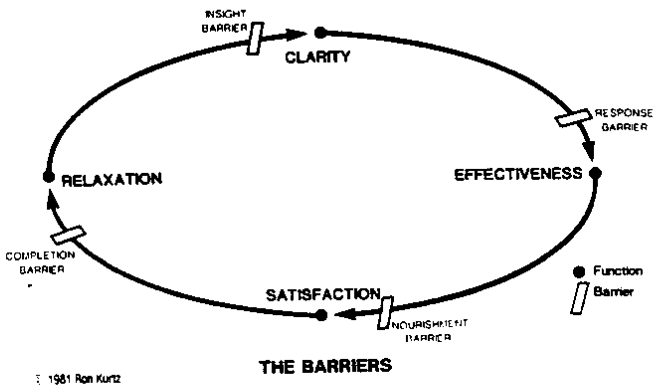
THE SENSITIVITY CYCLE



THE CYCLE



THE BARRIERS

25 HUMOR AND IMAGINATION

HALKO WEISS

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From a therapy session: a thirty-four year old woman in a deep state of mindfulness with her therapist...

Client: .... Yes, I can really feel you're here now...(pause)....and it's okay now that you'll be gone....(pause)...

Therapist: Well, I just made up my mind.... I'll have to stay with you for the rest of my life....

Both: laughing.

Client: ....then you can put me in a backpack....

Therapist: ....and I'll carry you around all day... to the theater....

Clint: laughing hysterically.

Therapist: and to the hot tubs.....bowling.....

Both: laughing together.

During my first years as a therapist, one thing I did created a lot of trouble for my clients: I behaved so sternly that they got one message quite clearly: "Oh yes, this is all very serious! You've got a heavy problem! It's gonna be hard work and there is no easy way out!" As someone who was in the competent and professional role, I would officially testify to the fact which the client was already dreading: .....IT IS VERY, VERY SERIOUS! And... of course it is, but not in the way that most clients believe.

In HT we see character, and all the behavior, experience, and the problems attached to it, as something that resembles a role in a play. Unluckily, the actor has forgotten that he is part of a play. He can't experience the choices and the playfulness of behavioral patterns at all. He feels cemented into a frame that seems to be a stable, real self. In the therapeutic process, while the client is letting go of some of the rigidity of character, he learns to experience the ease of slipping into roles and choosing behavior. He learns to see from an outside viewpoint what he is doing and how he is doing it. And that it is all right - unless he chooses to be otherwise.

One of Rajneesh's programmatic statements is: "Life is a big joke!". And so it is. Once we understand that we're not doomed to be stuck, doomed to live with whatever we know of ourselves, the things we do look funnier, brighter, and as good as anything else we could do.

Even if I'm not an authoritative psychotherapist, I still communicate my values, my perceptions, and my philosophy to my clients; be it subtly or direct. It makes sense to be aware of what I am communicating. Let me give you an example. I was having a few therapy sessions with a therapist once, and while I was

deep inside most of the time, I would come up and look at him every once in awhile. And always he was smiling, beaming at whatever was going on. I felt that everything was all right for him, I was doing fine. That made me feel light. It wasn't THAT he was smiling, it was HOW he was smiling.

There is, of course, a lot to say about the dangers of being humorous in a therapy session. Even if you are skillful, you might create the impression that you are laughing at the client, or at a part of the client. If that happens, even so subtly, it's damaging, it's limiting, it undermines trust and safety, it is anti-therapeutic. Without compassion, humor is destructive. Humor is a deep, anthropological asset. You won't find a people in the world who don't laugh. They all use it. One of the fascinating facts about the "cancer personality" that has often been pointed out, is that cancer patients laugh less than others or almost never, all through their lives. There have even been accounts of cures through laughing, like Norman Cousins'.

For now, let us just look at a few things that laughing does. Most obviously, it seems to discharge volatile issues. Maybe you have noticed before that all of us like to laugh about things that are charged for us - things we fear, like death, sex, absurdity, repulsion, homosexuality, handicaps. Discharging is useful in therapy. As long as we don't just cover up the issue, the system will relax around whatever is charged. Energy bleeds off. That will help to go deeper.

The key ingredient to jokes and humor is a message from the therapist to the client: "It's alright. We can both look at this and laugh about it." Prior to such a message there must be a certainty on the side of the client, that s/he is accepted the way s/he is. If there is still a doubt in his or her mind, it's no time for jokes. That's why humor and imaginative playfulness will be used by us mostly at the END of a therapy session. The critical issue has to be accepted by everybody in the room. It must be obvious that whatever the issue was - everything is all right the way it is. The laughing becomes very powerful. It demonstrates that we are all on the same side, that we share in the fear and in the acceptance. At that point, laughing is much more powerful than words. Similar to touch, it is hard to lie by laughing. It engages the ones who are laughing and creates an atmosphere of togetherness, a knowing and accepting unity. Around a protected issue, this in itself can be overwhelming.

In that sense, we often use humor as an integration technique. Especially in workshops we can suddenly create a group feeling of acceptance. When the fear of rejection is gone, all group members become integrated in a general acceptance of whatever might have been fought, judged, or disowned by the client. Dealing with it humorously makes the new situation also light and joyous. The client comprehends (and already acts from) a viewpoint now that says: "However serious this is, it is nothing demonic, nothing that can crush me, nothing so overwhelming that we can't laugh about it!"

Very often, therapy jokes don't seem that funny to somebody who hasn't been in on the session. "How come they laugh hysterically about something like that?" Those jokes are closely related to the issue and to the fears around it. Most of the time they are composed of material that came up during the session, and they transform it. One of the easiest ways to create jokes like that, is to draw exaggerated and absurd conclusions, as the example that opens this paper demonstrates. After a very emotional group session, when everybody was lying in each other's arms, exhausted from crying, many people just holding someone's head on their lap, piles of kleenex all over the place, Ron exclaimed once: "Looks like the railroad scene from a civil war movie!" That cracked everybody up, energized them again, and made the situation okay the way it was. It broke the heavy atmosphere that was just beginning to stifle the need to now do something lighter. Everybody laughed and comfortably let go of the situation and the group moved on.

That is an example of an exaggerated comparison. Here is one of exaggerated acting out: Pat Ogden had a client once, who started a session by asking in a childish and submissive voice: "Please, you MUST help me". Soon they were both spontaneously acting out a scene where the client was kneeling on the floor before Pat, whining and pleading for rescue. At the same time they were laughing hysterically, until the situation shifted; and the client moved into deep issues about her helplessness.

Using humor is like catching yourself at your character game. See how you can live with it and accept that you are a little bit crazy. Laughing, you've already jumped out of a system. You cracked it, you left the old mind-set and have started the fun part.

Using humor also involves imagination on the part of the therapist. To be funny you need to be imaginative. And to be imaginative is fun. The two are closely related. Apart from making jokes, the therapist uses his/her imagination in many ways. S/he may be creating an atmosphere of playfulness, which can communicate the fact that character is a play. If the client experiences character as playful, s/he is not stuck, not bogging down. Imagination presents the possibilities of life, it creates visions in an unforceful manner, gets everybody ungrounded for a while in order to free the client for a moment to invest in options. This playful, imaginative mode can switch a person from a stuck system right into another, where movement is possible. It helps them jump before the process bogs down. Ron likes to tell a story which happened to him with his friend Elliot:

"I used to live with a friend of mine named Elliot. I was just starting out as a therapist and Ol' El was a student at the college. Since he couldn't afford much therapy, he used to try to do therapy on himself. Try is the key word here. Elliot was kind of a rigid guy and, well...

One afternoon, I was lying on my bed watching TV, football or something, with my door open and El was in his room, with his

door open, trying to do Bioenergetics on himself. He was trying to get a spontaneous release. Trying! Naturally, he was just getting frustrated, 'cause as any schoolkid knows, you can't force yourself to be spontaneous. All Elliot was getting was tied up in knots. He'd try to scream and get frustrated and so he'd scream harder and so on and on into the afternoon...for two hours!

Well, I wasn't gonna close my door. First of all, I would have to get up off the bed to do that. And second, I thought Elliot ought to close his door, but I wasn't going to tell him that. I was just going to lie there and get more and more sullen and annoyed.

So I was quietly fuming when Ol' El finally dragged what was left of himself into my room, sat dejectedly on my bed, head down and in this weak little voice said to me, "I'm really frightened, Ron, I can't eat my supper." Well, I turned to look at him - he still had his head down, looking at his knees, I guess - and after a moment, I cranked up my maximum compassion voice. In a soft, slow and loving tone I told him,

"Don't worry, Elliot, I'll eat your supper."

In a moment, his head popped up. He looked at me with a genuine puzzled face and asked me, "What did you say?" Apparently, my answer wasn't anything like what he'd been expecting. When I repeated it, he just broke out laughing, fell in my arms, gave me a hug and went down to eat his supper. I went back to the TV, somewhat appeased."

Working with the child, the therapist's imagination tells him/her what the child secretly wanted. If s/he plays with him/her around these wishes, both will have a delightful and funny time, while the wishes get integrated into the system.

Sometimes we tell fairy tales, or read letters that we are making up. They relate to the child and tell it about other options, other ways of being. The deeper they are in a trance-state, the more a story can be part of the change taking place. Their systems unglue, sun shines in. That's one of the things we want to help happen. Another one is - and we know this might not sound reasonable for everybody - we therapists want to have fun too!

One time a university professor went to a Zen master to ask about Zen. The professor had many questions, arguments, distinctions, and rebuttals to what was offered. Nan-in, the Zen master, served him tea. He poured his visitor's cup full, and then kept pouring. The professor watched the overflow until he could no longer restrain himself. "It is over-full. No more will go in!" "Like this cup," Nan-in said, "You are full of your own opinions and speculations. How can I teach you Zen unless you first empty your cup?"

THE HAKOMI METHOD AND COUPLES

DEVI RECORDS-BENZ

Devi Records-Benz is a Certified Hakomi Therapist and Trainer who has studied extensively with Ron Kurtz and helped found the Hakomi Institute. In her practice of psychotherapy, she specializes in women's and family issues.

As a developing theory, most of the therapeutic focus of the Hakomi Method has been on individuals. The Hakomi therapist gently guides the client's exploration of self-limiting interactions and belief systems. In the early stages of this process, the client is taught witnessing as a way of disengaging from a reactive position. Then through probes, taking over and other interventions previously described, the various "conflicting parts" of the client can begin to communicate and integrate. What is aimed for ultimately is a mind/body wholism that facilitates creative and productive living.

In addition to individual therapy, the Hakomi Method can be utilized quite effectively in couples work. When working with a couple, the Hakomi therapist broadens his/her perspective to view the couple as one system, or if you will, one body. This concept of an interactive system is borrowed from the Family Systems theorists whose premise is that "Human experience is determined by the individual's interactions with his/her environment. What one experiences as real depends on both internal and external components."1 To illustrate this premise, Salvador Minuchen quotes the following Parable:

"Commander Peary relates that on his polar trip he traveled one whole day toward the north, making his sleigh dogs run briskly. At night he checked his bearings to determine his latitude and noticed with great surprise that he was much further south than in the morning. He had been toiling all day toward the north on an immense iceberg drawn southwards by an ocean current. Human beings are in the same situation as Commander Peary on the iceberg."2

When working with a couple, the therapist helps the couple define patterns of interaction that are limiting and are keeping the relationship "stuck". During the course of therapy, the couple also explores their negative belief systems about themselves, each other, and relationships. By using Hakomi techniques of witnessing, body awareness, taking over, etc., the therapist guides the couple in disengaging from their defensive and stuck positions. What is aimed for in couples' work is to give the couple a clear awareness of their patterns from a witnessing perspective and to aid them in finding alternatives originating from the "inner self" rather than the logical self. Once the "blocks" are minimzed or overcome the relationship can continue to grow and deepen.

The following work is by no means exhaustive, but gives a flavor of how Hakomi can be utilized when working with a couple system.

PART I: INITIAL SESSIONS

In the first few sessions the Hakomi therapist's basic questions are: What is going on?; What strengths and weaknesses am I working with?; What does the couple want to have happen? In order to answer these questions, the following checklist is provided as a guide.

A. Level of functioning

1. Trust: how much overall warmth and respect is displayed by the partners towards each other?

2. How does each individual describe the strengths and weaknesses of their relationship?

3. How satisfying is their sexual interaction?

4. Do they agree on goals?

5. How willing are they to make changes?

B. Verbal Communications

1. How well do they express their individual thoughts and emotions?

2. How much individual responsibility does each partner take for their current state?

3. How well do they listen and understand one another?

4. How much do they engage in negative communication patterns:

a. **Mind reading:** assuming they know what each other is thinking or feeling without checking.

b. **Kitchen sinking:** dragging out everything but the kitchen sink when discussing any conflict.

c. **Accusing and blaming:** making the other person wrong or totally responsible in a derogatory manner.

d. **Battlestations:** Holding on to and restating the same position without movement or resolution.

C. Non-Verbal Communications

1. How much eye contact do they maintain?

2. Do they maintain "open" or "closed" (i.e., arms crossed, legs crossed, etc.) body positions?

3. How do they react physically to each other's comments?

4. How aware are they about their own and their partners non-verbal signals?

5. How much "character" do each of their bodies present?

D. Extended System

1. How well do they get along with parents and in-laws?

2. Are they a child centered couple (i.e., always bringing up problems with the children and avoiding discussion of their own problems)?

3. Do they have a social network of friends?

4. Do problems at work interfere with their relationship?

5. Did one of them or is one of them having an affair?

6. Does one or both of them have alcohol or drug problems?

Most of the checklist can be covered by observing the behavior of the couple when answering the following questions:

1. What brings you here?

2. How would each of you describe the strengths and weaknesses of your relationship?

3. What would you like to see changed?

4. How would you describe your family of origin?

If the couple is very distrustful and has poor communication skills, I usually start with communication and trust building skills before I begin to use Hakomi methods. If one partner in the couple is "stuck" i.e., one partner has a trust issue stemming from unresolved family of origin issues, I would alternate individual Hakomi work with couples work. However, if the couple has some dysfunctional communication patterns but has a basic trust of one another, I would go right into "Replay".

PART II: REPLAY

The exercise I have named "Replay" is one of the basics of my couples work. I use it repeatedly in the sessions. In replay, you introduce all of the major Hakomi techniques building one upon another. The purpose of "Replay" is to systematically identify dysfunctional patterns of relating and to take them apart analyzing the various components from a "witnessing perspective". This takes both partners out of the "reactive position" and begins to give them choices once again.

REPLAY

Phase I: Identifying dysfunctional patterns and analyzing sequence verbally.

A. Step I: You can easily identify dysfunctional patterns using the following criteria:

1. the conflict has the same beginning, middle and end

2. there is no resolution

3. the interaction reveals many of the self-limiting beliefs the partners have about each other and themselves

4. both end up feeling misunderstood, angry, and hopeless

5. the topic is interchangeable but the pattern remains the same

When I begin to see and hear what seems to be a dysfunctional pattern, I will stop the interaction and ask the couple, "Does this feel familiar; do most of your arguments end up this way?" Most of the time I get an overwhelming "YES". At this point I go onto Step II.

B. Step II: At this juncture you want to begin to analyze the dysfunctional pattern verbally and identify the sequence. For example, Connie and Jim have continual, long, angry arguments that leave them hopeless and exhausted.

Therapist: So, when was the last time you had a battle and how did it start? Remember, I don't want you to reactivate the fight, but like a home movie we want to be able to create the sequence and replay it.

Connie: Well, I told him I would be back at 5 on Friday and I stayed a little later with the girls having one drink and he goes BULLSHIT on me--

Jim: (interrupting) Hey wait a minute--that's not the whole truth...

Therapist: Hold It--Cut--Let's go back--Connie you said you'd be back at 5 and you were how much later?

Connie: 1/2 hour.

Jim: Oh, come on! It was an hour and a half.

Connie: No, Sir!

Therapist: OK, hold it--Do you notice you have difficulty agreeing on the sequence and you're both trying to make each other wrong? Is this typical?

Connie: Yeah, all the time.

Jim: Yeah, we never agree on anything.

Therapist: OK, so I've got that Connie you came in later than expected--Jim you got angry--Connie you got defensive--is that it so far?

Connie and Jim: Yeah.

Therapist: Great--then what happened?

In Phase I of Replay you want to keep the couple refocusing on the interaction. The content is not the major issue right now; it is "HOW" they interact and where it gets stuck that you want to identify. Also, the process of "cutting" and focusing on sequence "de charges" the topic. The shift from "what" to "how" begins to teach the couple that they don't have to react, they can step out and look at(or hear, or feel) what is going on and they can agree about something without losing.

By the end of Phase I you should have the very basic structure of the pattern. In the case of Connie and Jim it was:

1. Connie does something other than she said she would

2. Jim gets angry and verbally attacks Connie

3. Connie gets defensive and attacks back

4. Both shout at one another dragging up every past wrong

5. Jim starts running down Connie's family

6. Connie starts running down Jim's family

7. Connie cries and runs out of the room (going upstairs or outside) shouting something about wishing they'd never met

8. Jim begins to drink and usually gets drunk

9. Both stop speaking from 1-3 days.

In a true Dysfunctional pattern, it will not matter what the topic is--the argument will follow the above predictable sequence. After identifying the sequence you can go on to Phase II of Replay.

PHASE II: Connecting the verbal to the physical

A prerequisite to Phase II is the ability to witness. In Phase I you have already begun to teach the couple how to witness by example. At this point, however, you want to spend some time formally teaching the witnessing technique described in the manual. The purpose of Phase II is to begin to help the individuals connect with their physical experience of the process. In Phase II you can use the same conflict you were discussing in Phase I or a different one. To illustrate Phase II, I'll use the case of Steve and Jane. Steve is a very forceful man who continually gets frustrated by his wife's refusal to get close to him.

Therapist: So, Steve you feel that you want more physical, non-sexual attention and unless you initiate it--it doesn't happen, is that it?

Steve: Yeah.

Therapist: OK, now when you were arguing with Jane--UMM--How were you positioned?

Steve: I was sitting forward--something like this.

Therapist: Great--okay now--picture the scene and put your body in that position--great--now what is your stomach doing?

Steve: It's a little tight--but my shoulders are real tight and my hands are clenched and I can feel my jaw tighten. Wow--that's pretty amazing.

Therapist: Good--now what are the words that you are saying to Jane?

Steve: I feel real frustrated--I tell you and tell you and you just don't listen to me--I

Therapist: Okay--cut here--now Jane--where is your body when Steve is saying this?

Jane: I'm sitting back in the chair and my arms are crossed and I'm like...umm...holding myself real tight.

Therapist: Great, and as Steve talks what happens to your breathing--wait a minute--Steve go back to your position and repeat what you said to Jane and Jane you just watch what happens.

Jane: Wow--I hold my breath!

Therapist: When do you start...(Jane looks puzzled). Okay do it again.

Repeat of scene

Jane: Right when he says "frustrated"--my whole body stiffens and I hold my breath.

In Phase II you are matching the physical pattern to the sequence that you established in Phase I. An analysis of Jane and Steve looked like this.

Phase I
Phase II

1. Steve asks for something from Jane. Body forward

2. Jane doesn't respond verbally, arms crossed, body tightening, breathing shallow

3. Steve starts asking more. Increasing tension in shoulders; stridently jaw and stomach tighten

4. Jane closes down more. Muscles tightening in stomach and arms; holding breath frequently

5. Steve explodes, begins to clench hands and arms, tighten legs, blame, accuse.

6. Jane starts crying and feels weak in legs and arms, no strength, chest collapses, saying "okay, okay".

7. Steve no longer wants original request. Feels tight all over.

8. Jane waits until anger subsides and then gives him what he wants for a period of time

9. Steve responds and begins to relax muscles. Pressure stops.

10. Jane slowly stops giving. Relaxes some, chest less collapsed.

11. Pattern repeats by Jim asking for something different, but along same theme

The therapist continues to "direct" and have the couple "replay" the sequence until they can go through the entire sequence verbally and physically from a witnessing perspective. For most people, it's the first time they are aware of how much their body is involved and it is very exciting to them--sometimes even more interesting than the fight. Even the most resistant client can, with a little help, become quite fascinated. You are also aiding the couple to disengage, witness and begin to question the "invincibility" of the pattern. At this point, you move on to Phase III of Replay.

Phase III

In Phase III you start connecting up the verbal, physical, and emotional process and identifying the underlying belief systems. The main job for the therapist is to spot negative belief systems and increase the couple's awareness of them. In Phase III, you would continue with the same conflict you used in Phase II. As we continue with Jane and Steve:

Therapist: Okay, so when Steve says "frustrated" you begin to go into this experience right-holding your breath etc.?

Jane: Right.

Therapist: Okay let's start again--we'll go back to Steve. Okay-now-hmm-Steve go back to your first position.

Steve: You mean sitting forward?

Therapist: Right--okay now say the words: "I feel real frustrated, etc. and watch Jane--and I want you to keep part of yourself watching and observe what that feeling of tightness is saying to you. OK Jane you react the same way we just did. Ready--okay go ahead.

Steve: (getting into position) I feel real frustrated. I tell you and tell you and you just don't listen to me.

Jane: Tightens, looks down and unobtrusively, holds breath.

Therapist: Okay, Steve, what happened?

Steve: This feeling came over me--like--Oh, I don't know. What is this anyway?

Therapist: Okay-hang-on--what kind of feeling was it?

Steve: Angry. Frustrated. Like, it'll never work--I'll never get what I need.

Therapist: Does that feel familiar?

Steve: Yeah, Real Familiar!

Here, the therapist is "deepening the process" guiding the individuals to the deeper belief systems that underlie dysfunctional patterns. I sometimes go right into a therapeutic intervention, but more often, I keep going back and forth until each partner is clear about the feeling and belief systems they and the other person hold. After this phase, the couple has much more information about their manner of relating than they have had before. With this ability to self-observe and "step out" of the pattern and a very clear idea of how the pattern works, it is much more difficult for them to simply "react" in their old way. Oftentimes between sessions I will receive reports of how they started the pattern and then stopped and looked (or blushed or laughed) and couldn't go on.

Phase IV:
Therapeutic Interventions

In Phase IV, the therapist guides the couples towards nourishment and resolution. The emphasis here is on the couple discovering alternatives and breaking up the underlying belief systems of the sequence. The therapist has a number of choices here and I will highlight four examples of them.

Choice 1: Accepting nourishment from partner

1. Have couple "replay" a section where neither of them gets what they want (i.e., you never listen to me, etc.)

2. Have them go inside and search for what it is that they exactly want right then. Have each of them tell the partner what they want and then act it out from a witnessing perspective. Have them share reactions.

3. Therapist may want to work individually with probes using partner as assistant.

4. Keep working on same part until both partners "take-in" nourishment from each other.

Choice 2: Taking over negative voices

1. Have couple "replay" a negative belief system non-verbally.

2. Therapist stands beside one and then the other "taking over" negative voices.

3. Couple witnesses and reports.

4. Continue process until resolution.

Choice 3: Taking over blocked motion and/or any movement that is important

1. Replay sequence until therapist picks up key movement or blocked motion (i.e., fists clenched) in one or both partners.

2. Therapist takes over movement and uses partner as feedback.

Example:

Therapist: John, go inside and observe what happens when I tighten your hands.

John: I'm stopping myself from reaching out

Therapist: Okay, now you try and reach out and I'll stop you okay--now what happens?

Continue process for awhile and then ask partner for feedback.

Therapist: Terry, what happened to you during that process and what did you observe about John?

Terry: I felt scared--like I wanted to go to him but I couldn't.

Here you can take over that resistance and repeat the process.

3. Therapist continues until both are getting what they need in that sequence.

Choice 4: Sculpturing metaphors

1. Therapist asks each partner to envision the entire out of contact pattern and fantasize a metaphor for how it feels:

David: I see her as a statue up on a pedestal and, I'm clearing the way for her to go and everytime I almost finish, she changes directions.

2. Act out each metaphor--therapist can take over movement or voices or any other technique appropriate to deepen process.

3. Ask them to fantasize a metaphor for how they would like it to be:

David: I would like us to be walking down the same path in the same direction.

4. Act out and explore what keeps the second metaphor from occurring. Explore as many ways and options for creating it as possible.

Phase IV: Interventions

1. Have each of them say what they need to hear from the other person and witness response when "replayed".

2. Can detour into individual work here.

3. Have them act out belief system

4. non-verbally while therapist takes over negative voices. Witness, report, deepen process

5. Therapist takes over blocked movements of each partner

6. uses other partner as co-therapist

7. connects movements to feelings and words.

8. Replay having each partner do original sequence here and how they would have wanted it to be.

9. Act out each scene.

10. Therapist takes over negative voices and explores using any or all techniques to interrupt the pattern

Part III: Out of Synch-In Synch

The purpose of Out of Synch--In Synch is to increase the couples

awareness or their non-verbal body cues. This exercise can be used in the 2nd or 3rd session and then sporadically throughout the duration of therapy.

A. Out of Synch:

1. Instruct the couple to go inside and visualize or remember the last time that they were angry with each other and that they were blaming and not listening to the other person (have them keep eyes closed)

2. Have the couple hold that image and put their body in the exact position that reflects their thoughts (should be the position they use frequently when angry and "out of synch")

3. Have them hold position and thoughts and open eyes.

4. Have them share the following sentences:

a. When I am out of synch with you my body _____.

b. I am thinking _____.

c. I am feeling _____.

d. I experience from you _____.

e. I notice your body is _____.

Relax--Stand up--Shake out and Discuss.

CHANGE CHAIRS

B. In Synch:

1. Instruct the couple to go inside and visualize the most "in synch" they can be. Where they have the relationship they want and that they are the person they want to be in the relationship.

2. Have the couple hold that image and put their body in the exact position that reflects their thoughts.

3. Have them hold position and open eyes.

4. Have them share the following sentences:

a. When I am in synch with you my body _____.

b. I am thinking _____.

c. I am feeling _____.

d. I experience from you _____.

e. I notice your body is _____.

Here you can end or go on to C.

C. Options in "in synch" positions

1. Synchronizing breathing--have them hold in synch positions and synchronize their breathing while holding hands.

2. After breathing is "synched" have them synchronize blood pressure by holding pulse points of partner and focusing. (Contribution of Joan Barth, of Pennsylvania)

3. Have them hold hands--eyes closed and communicate positive feelings non-verbally through hands.

4. Have them hold hands and you take them on a fantasy journey.

D. Homework

1. Have the couples only argue or do their "pattern" in the out of synch position.

2. Have them do the in synch position non-verbally 5 minutes each night before going to bed.

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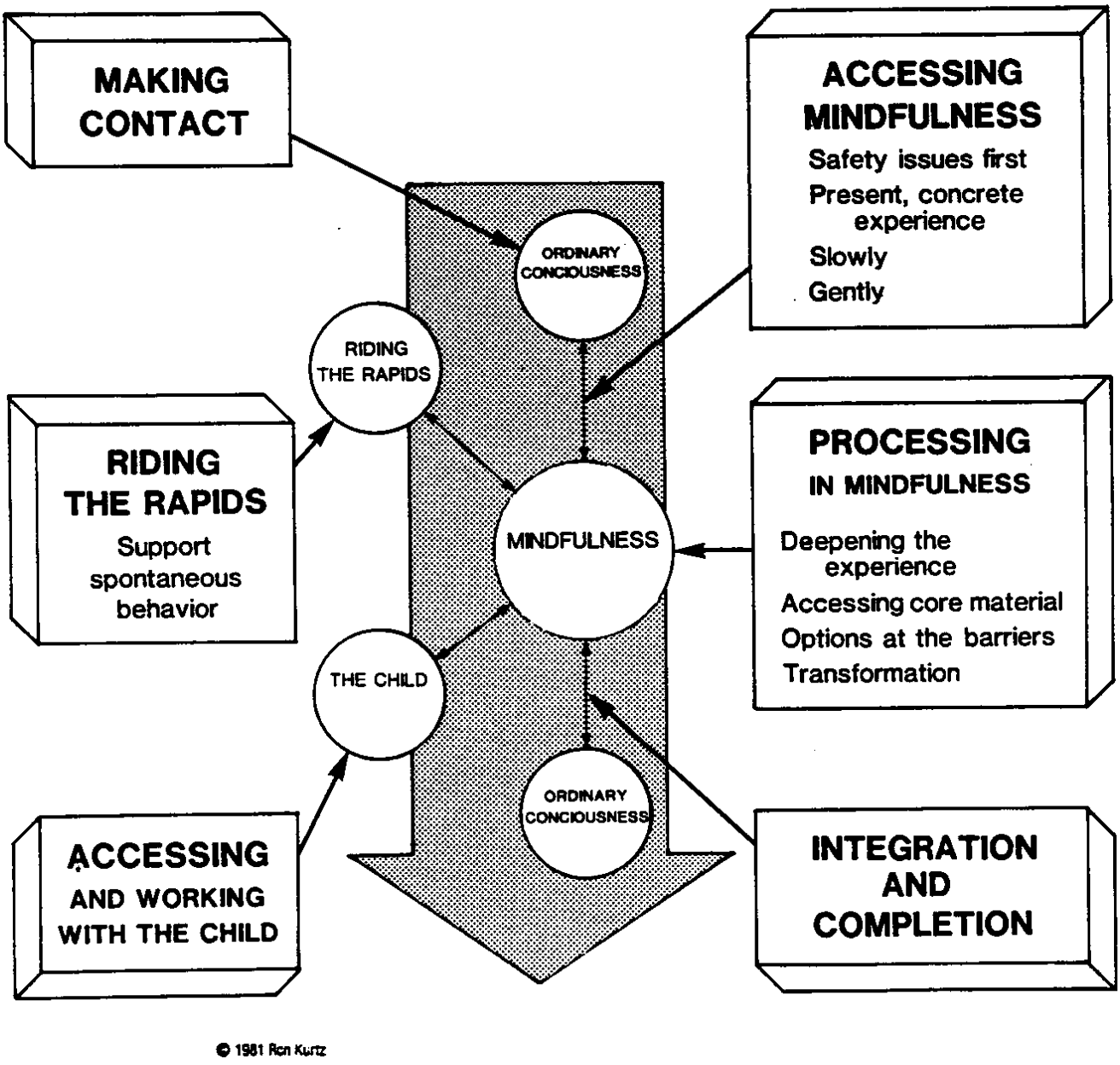
2. Ibid.

Stages of the Hakomi Therapy Process



INTENSIVE FAMILY SERVICES

GREG JOHANSON

About the Author: Greg Johanson is one of seven Hakomi Trainers and the Editor of the Hakomi Forum. Presently he lives in the Chiloquin-Beaty area of Southern Oregon where he serves as a minister of the United Methodist Church, and continues doctoral studies in clinical psychology.

Introductory Note: The following is a technical proposal written to the State of Oregon and not an article developed for a journal. Part A of the proposal dealing with the offeror's treatment philosophy is included because it contains a succinct statement that integrates a general systems perspective and other Hakomi biases toward doing family work.

Section E of the proposal outlining an approach to multiple impact family therapy is also included for a number of reasons. 1) Hakomi Therapy is in sympathy with general systems approaches to therapy and MIT sessions model what might be the wave of the future - intensive work that mobilizes all possible elements of a system for a short period of time. 2) The MIT description is written with a Hakomi flavor as much as was practical for State expectations. If the principles outlined in the preceeding article by Devi Records-Benz ("Work in Progress: The Hakomi Method and Couples") are employed at Step 4 - the intervention phase of the MIT, a genuinely Hakomi approach to this way of working presents itself.

A. STATEMENT OF OFFEROR'S TREATMENT PHILOSOPHY

Introductory Statement. There is a general frustration as well as some basic principles behind the philosophy of this project proposal. The frustration comes out of many years involvement in and observation of the social service delivery system in America where it has been disheartening to witness so much built in self defeat. The self defeat has at least three discernible features. 1) Significant attention is paid to only one part of a cycle that has important multi-determinants. 2) Efforts directed at complimentary parts are done in isolation from each other and sometimes at cross purposes. 3) Efforts are limited in their application though a client may be included in the system over time. Successes are usually demonstrable enough to give some hope to those advocating the programs but defeats are inevitable and call into question the time and money expenditure to those who must ultimately approve support for the programs.

Systems Theory. General systems theory sheds light on both the problems of social service delivery systems and the possibilities for enhanced effectiveness. An organic living system according to Bateson and others is a whole that is made up of parts. An individual is made up of organ and tissue subsystems which in turn are made up of cells, molecules, etc. The individual is part of a sequence of larger systems; family, group,

community, nation. What makes a particular system viable is that the parts communicate within the whole. Football teams that don't huddle or families that communicate dysfunctionally lose their efficacy. Each system has within limits a measure of independence from the suprasystem, a mind of its own which includes the ability to be self-directing, self-correcting. Systems are not simply reactive. They are characterized by complex, non-linear determinism. A simple statement to a family such as "you can trust us" does not lead to a predictable result. That statement stimulus goes through the family's unique information processing channels which determines both the experience and the response of the family. The individuality of systems in general is maintained by boundaries which both protect and allow the transfer of information, matter, and energy (Skynner). Communications across the boundary and coordinations within it are controlled by decider subsystems; the government of a nation, parents of a family, the core organizing beliefs of an indvidual. The information processing channels set up by decider subsystems are crucial for determining the characteristics of the system.

The general lesson of systems theory is at minimum twofold. An individual therapist who works without regard for metabolic and structural variables on one level or the influence of a person's family on another is reducing his/her chances of success. A family therapist who works without regard for integrity of individual family members on the one hand or the influence of social factors transmitted through work, school, neighbors, peer groups, etc. on the other, is risking limited progress. A program offering job training for minorities that does not attend to issues of transportation, child care, education, job availability, racial discrimination, etc., is not maximizing its potential. Secondly, first order change that does not affect the way information is processed, communications are patterned, interactions are structured is considered, at best, an unstable adjustment and, in essence, no change at all.

The Model. These considerations support the concept of intensive family services coupled with intensive coordination of community resources More particularly, the multiple impact family therapy - community resource team approach moulded in Pendleton, Oregon seems the best overall approach. Families are dealt with intensively on a time limited basis with all possible resources mobilized on their behalf. The family therapy component aims at connecting the family with its own inner resources that will empower it in the future. The intensive care management component seeks to support the family's efforts to change at its boundary with the community. The community networking facilitates all parties working harmoniously and synchronously with a given family, builds additional trust and cooperative lines of communication within the community it self, and instills first hand confidence and enthusiasm for intensive family-cooperative case work approaches to various social problems. The present proposal is modeled very closely after the Pendleton and Albany projects.

Further Implications. Given the above model and philosophical background, the IFS contract team in conjunction with community representatives are understood to be working at the boundary of the family and its individuals as well as the boundary of the family and its community. Further implications of the model and philosophy for work at both places are outlined below.

Family Implications: A Working Group. In terms of the family and its members, therapy is considered ideally to be happening when the family can become "a working group taking itself under observation" (Scott). In most of everyday life, the family is simply being and doing. In therapy the family is self-consciously attempting to: 1) experience itself; 2) reflect on the organization of that experience (how information is processed, communications are patterned, roles are structured, etc.); 3) slow down and step out of the experience long enough to break automatic habit and reaction patterns; 4) search for the positive meaning and purpose of various behaviors; 5) explore barriers to more direct satisfying functioning; and, 6) practice newly found alternatives to more pleasurable family life. Overall, this process can be described as the family accessing and changing its perspective on problems along with its interactional patterns (Kurtz).

Cooley's justification of multiple-therapists is relevant here. One of the most powerful ways of assisting the family in the above process is to have two therapists doubling for members of a dialoging family pair. They encourage them to pay attention to their own experience, slow down from reacting and relating in habitual modes, be aware of their hopes and fears, wants and desires along with their resistance or hesitation to ask for what they want and clarifying what is intended by the other, etc. While these therapists are closely attuned to and tracking their specific family member, a third therapist is needed to watch over and mediate the exchange in general, and a fourth is needed to track the response of the remaining family members.

This description of therapist involvement clearly indicates that the therapists in general are active. IFS team members initiate much of what happens during treatment and design particular approaches for various predicaments. They take resonsibility for influencing the process (Stanton).

Family Implications: Making Contact. However, there are some preconditions and a previous stage in the therapy process that has to occur before active interventions can be made. The previous stage may be referred to as the "making contact" stage (Kurtz). Other therapists talk of joining manuevers. The basic point is that families are organic living systems with a mind, will, sense of destiny, and a chosen way of functioning. They will resist and adjust themselves to any interventions that they experience as controlling, manipulative, judgmental, threatening, in short - forceful. The precondition for them being able to work together as a group and turn their awareness inward on their own

process is that they feel safe and secure. That is, they can only turn their awareness inward if they can free it up from being turned outward; keeping watch over the therapists and what they might be up to, what they might be coming at them with, what they are trying to put over on them. Family energy directed at defending against perceived therapeutic forcefulness is understood here as potentially undesirable and taking away valuable resources from the family's work on itself.

This represents a slightly different perspective than some approaches to family work that assume the family to be resistant from the start and mobilized around maintaining homeostasis; approaches that often utilize this resistance against the family through paradoxical interventions that force the family to get better to defeat the therapist. While the philosophy of this proposal does reflect a "do whatever works" attitude, it biases the treatment approach in the direction of attempting to make contact with the family in such a way as to gain their good will, help them feel safe, and generate freedom for the therapist to be active and directive with minimal resistance or power struggles in the forefront. Ideal working conditions and results come when the family feels that they have been contacted, and that the therapists are on their side. That the basic contract is to help the family find more satisfying functioning, to do what the family wants to do, go where they want to go. The therapists' declare through their words, actions and postures that they are allies of the family in achieving satisfaction. Acceptance of the family when they can experience its reality leads to the family's acceptance of the therapist (Stanton).

Family Implications: Utilization of Resistance. The basic assumption is not that the family wants homeostasis at all costs, but that the family is stuck, in a rut, with no sense of viable options, and unhappily secure with a chosen best strategy for dealing with anxiety and tension. It is assumed that families have creative capacities to find and choose new ways of relating and that they will spontaneously move to reorganize around more optimal and satisfying functioning when the barriers to such functioning are worked through. This is the same phenomenon witnessed in the human neurological system (Feldenkrais) and the human psyche (Wilbur). It is further assumed that progress can be made much faster and go much further when resistance is "gone with" and not "confronted and opposed." Any system that feels pushed and threatened automatically resists, pushes back, and mobilizes for defense.

A whole set of techniques in the therapeutic method revolve around these assumptions and the attempt to make and stay in contact: Utilizing, going with the family's initial energy invested in the identified patient (Erikson) and allowing the family to discover and explore for themselves the symptom in a family context (Skynner); tracking verbal and non-verbal clues closely and acknowledging with the family resistance, hesitance, and asking them what they need at

that moment to feel safe, to feel better (Kurtz). In the work itself, the same posture is maintained. If a mother spontaneously covers her eyes, expressing fear and the desire not to see something, a family member might be requested to help her cover her eyes and tell her "you don't have to see anything you don't want to see." Paradoxically, this often has the effect of providing safety, disarming resistance through supporting as opposed to confronting the defense, and allowing the person to do exactly what she needs to do. The confront would be to say, "Yes, mother, you can do it. You can look at this reality. It is important to you and the family. Come on. It is not as frightening as you think." Working with the mother safely in the above case, also gives an example of using paradoxes in a win-win type of format which is characteristic of the method.

Family Implications: Curative Factors. The therapists themselves are part of the curative process. They ideally maintain a simultaneous or rapidly alternating stance of being firm, safe, consistent sources of holding and structure, and then playful, explorative, and risk taking (Skynner). They are empathic, genuine, accepting, vulnerable, and flexible. Carl Whitaker adds "crazy" and "inconsistent". Crazy meaning not limited characterologically to one way of being but able to be loving-hateful, tough-tender, and so forth. Inconsistent meaning not delusional, rigid, or impersonally correct, but free to make mistakes, screw up, and risk, an important model for many dysfunctional families to follow.

A number of other curative factors enter into improved family functioning: a sense of family wholeness, that "we are all in this together" (sometimes very hard for a family to achieve who have adopted an older child and find it easier to say "everything was better before he/she came."); learning through reflection on actual life experiences; practicing new ways of relating; a change in information processing or the structure of interactional patterns plus intra-familial subsystem structure. The therapists call attention to progress the family has made, underlining the reality of the self-improvement and empowerment. The therapists are as minimally involved as possible or withdraw as quickly as possible when they have been heavily involved at the start. While goals and curative factors of family work appear rather lofty or idealistic sometimes, Whitaker estimates that a 10% change in the effectiveness of family living is normally quite adequate for producing significant changes.

Though the therapeutic team self consciously makes contact with the family in an attempt to forge a common contract around helping them function with more satisfaction, there is normally an initial unspoken disagreement about what that means. A family might assume they would be happier if the oldest daughter would quit acting out. The IFS team might assume it is a matter of the parents achieving more intimacy so that the daughter's behavior is not the only thing that can bring them meaningfully together. Additional techniques a clinician may use to overcome this discrepancy are outlined in

section E. Consistent with the general systems view that changes in a single member can affect a family system and that changes in a family system can affect an individual, a wide range of methods can be theoretically used. The experiential learning model of the proposal does tend to rule out such interventions as "why" questions, extensive history taking, intellectual understanding of the past, and similar methods that keep the family "talking about" themselves rather than making concrete changes.

Casework Implications. The boundary of the family with its community must be dealt with in a number of ways. The development of a community resource MIT team is of inestimable value in doing so. Theoretically it is not hard for various agencies to realize their common interest in doing so. A CSD family is often potentially or actually a concern also for juvenile, school, ecclesiastical, and various civic authorities. Interventions that are swift and effective are an advantage to the entire community. Effectiveness is obviously enhanced when all parties affected can work in a harmonious and synchronous way toward a common goal. Agency representatives who work together on a team forge closer, more effective working relationships. Problems are more quickly perceived and acted on when community specialists are brainstorming together. A school representative for instance might be very quick to pick up the necessity of an Individualized Educational Plan for a child and know the quickest way to accomplish it. A team of community specialists inevitably pool much more knowledge than a single person of community resources in general and how to effectively work within various agency systems in particular. This can be crucial in many instances. One person who knows an effective scout group leader can make the difference in getting a child an alternative peer group to one which is involved in anti-social behaviors. Another may know the best way to work across interstate lines to get a mother and father in separate locations together for an MIT session in which it is decided who in fact is going to take reponsibility for a child who has been going back and forth like a shuttlecock. The routine case of one worker making referrals to others who work in isolation has often proved dissatisfactory in the experience of the offeror. The community team concept facilitates informal cooperation between agencies when formal referrals have been made. It is good for instance that a juvenile systems counselor keep in touch with a family referred to CSD when he/she might end up with the case again. The juvenile worker might be quite helpful in working cooperatively with the family in terms of letting it know the limits and consequences it is dealing with. Whenever community team members work together on an MIT session, important diagnostic material is revealed that deepens everyone's appreciation for the problem and there is much greater commitment to working on a collectively orchestrated approach. To help insure that the approach is orchestrated well, it is important to have one contact person for the team through whom any changes in the treatment

strategy are monitored, and who can communicate changes to the others as well as receive routine feedback and progress reports. Coordination rarely if ever happens by itself. The IFS primary therapist is the leader designated in this model to assume responsibility for coordinating functions. The coordination and enlistment of community resources goes beyond the members of the team of course. Any number of relevant people might be brought in on a particular case: parent trainers, church leaders, employers, lovers, neighbors, financial planners, metabolic doctors, etc.

In summary, systems theory clearly outlines the importance of dealing with as many aspects of the sub-system and supra-system affecting a family as possible. This proposal intends to implement that philosophy through offering of intensive family services combined with active inclusive casework management.

E. Multiple Impact Therapy.

The MIT team as developed at the treatment planning meeting ideally includes the primary and secondary IFS therapists as well as two or more community resource team members who have the most likelihood of current and continued contact with the family. Additional co-therapists may be present in a family larger than four. Observers important to the family might also be present who have not been trained in family therapy interventions. The following is an outline of how a typical MIT day develops. It is modeled essentially after the Albany and Pendleton experience.

Step 1. - Introduction: The team leader identifies himself or herself to the team members and family members. The tone is informal and efforts are made to help people be comfortable with using first names. The team checks with the family, including all its individual members to ascertain their understanding of why the day is being spent together. The team leader then offers a brief summary of what is expected to happen that day and how the day fits into the total 90 day intensive experience. An emphasis is made on the mutual goal of helping the family find greater satisfactionin its life together. The leader then proposes a number of expectations the team would like to negotiate:

-Everyone is expected to participate and not leave until the session is over.
-If someone gets emotionally upset and feels he or she must take a walk, a team member will go with them.
-Emotional expression and swearing is acceptable but physical violence to family members or property is not.
-We will all eat lunch together.
-Some of the day will be spent with the total group together. Part will be spent with family members paired with team members in separate conferences. Anything shared in individual conferences will be considered fair to share with the total group unless the family member requests the right to broach the subject at his/her discretion.
-The meeting will last as long as necessary, normal 7-10 hrs.

The family is then asked if they have any expectations of their own they would like the team to respect.

The introduction as well as the conduct of the rest of the session is very important in establishing the tone of the entire 90 day project. An MIT session in particular is potentially harmful in that families can readily experience it as a massive forceful intrusion, attempting to defeat their defenses and change family patterning according to some alien self serving purpose. The entire session can be wasted unhappily in struggles for power, control and survival, ruining all motivation for follow up work. If however the session is competently and creatively conducted with sensitivity, a family can develop a profound appreciation for such a massive investment of time and energy on their behalf, and find the motivation and sence of safety to focus on their own needs with the aid of the team.

Expected Outcome: The team leader establishes control of the session, family members are contacted, included, set at ease, and a positive tone is set for the rest of the session.

Step 2. - Warm-up: Warm up exercises serve to further contact between all persons present, lower the anxiety level more, and model both a common level of humanness and a willingness to risk sharing on an intimate level by team members. Team members want to be progressively viewed by the family as competent helpers who carry the compassionate authority of experience, who work more through gently guiding and nurturing along the family's own capabilities than attempting to diagnosis and prescribe as in a traditional doctor patient relationship. Exercises such as: 1) participants describing their place in their family of origin, how than worked for them, whether they wanted to trade places with anyone else in the family at the time; 2)giving a four minute personal history mentioning the best and worst things that ever happened with an additional minute left for questions by others; 3)fantasizing a room with five chairs filled with important people from one's history and sharing what each would want to say to the individual are all appropriate as are many others.

Sometimes if the family seems overly serious and isolated, it can be helpful to do an exercise such as assisted stretching. Usually one of the parents is invited to lay on floor and simply start to stretch spontaneously like one would when getting up in the morning. Others are instructed to physically take over the stretch, doing it for the person, being careful to go in the same direction with just the right amount of tension that the person is wanting. The person being stretched is asked to direct the enterprise by offering instructions on exactly how they want to be assisted. The overall effect is that people are mobilized toward pleasure, modeling the aim of the therapy in general. The stretchee has the unique experience of being helped by a number of people to do just what he/she wants to do. Everyone is helping the stretchee by not being too helpful, but listening carefully to directions. Habitual rational thought

processes are being skirted, and the family has an experience of closeness and success, physically touching each other in a nurturing way.

Expected Outcome: The anxiety level is lowered and more of the working tone for the day is set.

Step 3. - Assessment: The structured family interview conducted routinely in Albany and Pendleton seems to have many advantages in that it: 1) utilizes the family's energy investment in its presenting problem; 2) allows each member to share in safety and become known in depth by at least one team member who becomes a special advocate for that person; 3) allows both family and team to experience family difficulties in communicating; and 4) provides an additional role reversal situation where the family witnesses the team sharing. The particular steps are outlined below:

a. Family members are told that we will now pair up and have individual conferences between family and team members where everyone will be asked to respond to the same set of questions. The family is asked if they would like to choose to talk with a particular team member with whom they might feel a particular connection by this time. If not, team members choose a family member and the pairs find some separate places to talk where there is privacy from the others.

b. Each team member informs their partner that the three questions being asked of everyone are: 1) What is the major problem in your family? 2) What would you change in your family to make things better? and 3) What would you individually have to do or change, to help bring about more satisfaction in the family? This one to one interview is structured to last fifteen to twenty minutes.

c. When everyone returns from their individual interviews the family is then instructed to form a circle together with the team on the outside and given the task to discuss and come to some agreement in ten to fifteen minutes about what they understand their major problem to be. Someone in the family is asked to repeat back the instructions for the task. If the feedback is incomplete, the leader emphasizes that the task is for the family to come to a common agreement about their most fundamental problem.

d. No team member interrupts or facilitates while the family works on its task. At the end of the fifteen minute maximum time limit or before, the leader interrupts and asks each family member the following questions: 1) Did you (your family) agree on the major problem? 2) Was this typical of the way family members usually talk to each other and work on solving things? 3) Did you notice anything that was different than usual? 4) Did you like anything about the discussion and if so, why?

e. The family is then asked to move to the outer edge of the circle while the team moves to the inner circle. They are told that the team will now discuss their observations of the family among themselves. The family is asked to simply listen and watch, but not interrupt even if they disagree on some point. They will have a chance to share

their own responses and observations of the team discussion as soon as it is over. The team then discusses how they experience the family, see the family structure, and ovserve their communication and information processing patterns, drawing on all the information sources of the morning. In particular the team notes the number of interruptions, instances of people talking for others, blaming or justifying statements, I statements, feeling statements, etc. that served to either hinder or help the family in its tasks.

It is crucial that the team sharing be perceptive, matter of fact, compassionate, and non-judgmental. Similarly, it is important to use behavioral descriptions and never employ pathological diagnostic terms. To say a mother and daughter are symbiotically enmeshed is to pose a serious problem with no obvious approach to change. To say mother seems to get anxious when daughter gets involved in interests outside the home and does something to regain daughter's attention is to describe a precess that can be explored. If the team sharing is done well, it will provide the family with the experience of people listeing to them closely, taking them seriously, being realistic and non-judgmental. It will provide the family with hopeful desire that will help them find what they need for more pleasureable functioning within their own resources.

f. When the team is finished talking among themselves they move back until there is one circle again with all participants included. The family's responses to the team sharing are elicited and responded to. A general discussion ensues around the assessment of family functioning in which team and family ideally see the problem as a family syatems problem. Solutions are discussed along th lines of new ways of communicating with new combinations of family members working through particular issues with each other, etc. This phase ends as the team focuses on the next intervention to be made.

Expected Outcome: All participants will identify and agree on particular problem areas and commit themselves to learning new ways of resolution.

Step 4. - Intervention: There are two possibilities for the next step of directly intervening to effect beneficial change in the family:

a. If there has been enough clarity and energy in the assessment stage, the team can suggest a way to the family to begin addressing their issues. Tasks can be assigned, dialogues set up with specific family members, etc. The effort is to move toward resolution through all the normal steps of clarifying the issues, stating feeling and points of view, being honest about current involvement in the problem, confessing personal needs, negotiating responsibilities and commitments to new ways of functioning. All the tools from the family therapy section are employed by the MIT team in an effort to "jump in with all four feet and do whatever it takes."

b. If the strategic interview in the assessment stage was concluded quickly by the family or without much energy and participation, or was highly

rational and controlled, the MIT team might find itself without enough material to make satisfying comments or suggestions for interventions. The family has not been sufficiently engaged in the process yet. They are holding back or looking to the team for every move without volunteering anything. In these circumstances it can be helpful to physicalize the issue through doing the family sculpturing exercise outlined by Satir. Sculpturing serves to both further the assessment process and to give lead in for interventions.

A family member is enlisted to be the sculptor. He or she is instructed to physically arrange the family, to build a model of the family that shows how far people are from each other, who is closest to whom, whether people are facing toward or away from each other, what posture they are in by themselves and in relation to others. The other members are asked not to comment but to cooperate. "This is so and so's model and it is right for him/her. Everone else will have a chance to comment later." When the model is complete and the sculptor has included him/herself, everyone is asked the following questions while remaining in their place: 1) what is your experience like in this position; do you like it, not like it? 2) how much truth do you think there is to this model in general and your position in particular? When everyone responds to these questions, the original sculptor is asked to rearrange the model in a way that is more satisfying to him/her if it is not already OK. When that is accomplished, the others are asked if this new arrangement is also more satisfying to them, and if not, what they would like to change further. Additional interventions flow naturally out of this stage of the sculpturing as team members either ask family members (a) if this is a more satisfying arrangement, what will you have to do to maintain it, or (b) how about you two who have a disagreement on how you want things starting to negotiate further the issues you are concerned about?

Expected Outcome: Family members will begin to address and work through family conflicts together.

Step 5. - Impasse: Impasses predictably result since the family has not usually developed new options by this point. Their desire to change bumps up against the typical obstacles they experience, and there is a retreat to the family's chosen way of binding anxiety, that is, to homeostasis, the status quo.

Impasses occur at two levels:

a. The MIT team allows the family to go as far as it can on its own, not wanting to be overly involved, to foster dependence, or to interfere with spontaneous behavior. When family members do get stuck or back into their normal ruts, a mini-impasse occurs. At this point the team intervenes - coaching, asking questions, or making suggestions that help the process take a new turn and continue moving in a satisfying way. The team does not want the family to dig their hole deeper in the therapeutic setting. The team intervenes. It is quite possible that the family can progress through the day with these types of mini-impasses occuring and the team nurturing

them along.

b. A more major type of impasse can also occur. It can be recognized and anticipated, as Cooley points out, when there is a feeling of frustration and a sense that nothing is being accomplished. The same issues are being cycled through again and again with no resolution. Team members have a sense of working hard and notice that they are talking a lot and that family members are talking more to the team than to each other.

Three steps are taken to utilize the impasse: 1) Some team member raises the issue of the impasse aloud and asks if there is consensus or agreement; 2) The participants take a meta-stance for a moment and analyze the process from a distance, attempting to delineate the main features and give it some name; 3) The team again pairs off with individual family members and goes into separate interviews. The interviews last about a half an hour. The common agenda for these meetings is to have the family member: 1) share and explore as much understanding of the conflict as they can; 2) be in touch with their own feelings, investments, and involvement; 3) become aware of what they personally need that is at stake in the conflict; and 4) develop a sense of what they would be willing to do or negotiate to help resolve the conflict. When these matters are addressed as satisfactorily as possible for the moment, all participants return to a full conference session again.

Expected Outcome: Team members will recognize impasses and use them to further the treatment process.

Step 6. - Polarization: When the full session is resumed, team members will encourage family members to share the information that came out of the individual sessions. Emotional investments and personal needs will be expressed as concretely as possible in addition to more analytic comments that might interpret the dynamics of the conflict. The effort is to put individual positions in the starkest, clearest light possible. Honest I—statements that reflect individual needs are most needed to clarify what is at stake in conflicts with others. Team members become advocates for their individual partners if necessary, encouraging them to be true to themselves and express what they need and want.

This approach de-emphasizes blaming, accusative statements, though strong emotion can be expressed and claimed. The emphasis is on separating or differentiating. The metaphorical model is Brer Rabbit and the Tar Baby. the two characters in the story are reacting through habit patterns, are totally emersed in the interaction, and as the story says of Brer Rabbit, "the harder he hits (the Tar Baby) the stucker he gits." Likewise, families immersed in chronic dysfunctional impasses need to have individual members disengage from the conflict for a moment and separate themselves out so that there is the renewed possibility of coming together again, this time with more awareness of what is needed and wanted. The relationship with the individual team member can be quite important at this juncture, offering the family member realistic hope that they can and should get what they

desire, taking the focus off non-productive accusations of what family members are or are not doing, and helping the family member explore in what ways they would be willing to loosen up their stance and negotiate changes if their own needs were considered fairly in the process.

Expected Outcome: The family will experience a crisis or moment of truth as the issues at stake are clearly and honestly stated.

Step 7. - Breakthrough: As a result of the polarization, the team anticipates and fosters a breakthrough, normally by getting two or more members at the heart of a conflict talking with each other honestly. The breakthrough ideally revolves around underlying motives and needs becoming clear that were masked by the previous entrenched conflict and that are usually much more available for negotiation. For instance a wife confesses, "The reason I goad you to provoke you is that I become frustrated and feel unimportant when you don't ever get angry at me. I see you getting angry at the kids and feel like I am being left out." The husband responds, "I feel frustrated, confused, and somehow guilty when you demand that kind of response from me, like I'm supposed to be someone I'm not and don't know how to be. Anger is not an easy thing for me and I need time to withdraw and sort out my confusion before I say much." In this example there is the possibility of recognizing and respecting individual differences, not feeling slighted by the other person's responses, and of finding alternative ways of satisfying the underlying need for contact that is being expressed.

This action might also free up the youngest son from needing to be a "bad boy" to furnish mother and father with something to get heated up about together. The breakthrough always needs to be expanded to deal with the other system members involved. If the youngest son has his role called into question he will need some other way of functioning to substitute, such as being a checker-upper on whether the parents are getting their daily time together. Likewise the sister and grandmother might need other ways of feeling important than being professional tattle tales on the boy's behavior. Breakthroughs in terms of positive feelings being expressed are normally predicated on a person feeling that their own needs are being acknowledged.

Expected Outcome: The family will experience a new positive interaction based on new information and possibilities that will help them deal with their presenting difficulties.

Step 8. - Practice: A breakthrough implies some important change in the way feelings are expressed, needs are negotiated, communications are patterned, coalitions are formed, authority is recognized, duties are carried out or delegated, decisions are arrived at, etc. It is important that the breakthrough didn't "just happen" but that the family becomes aware of how THEY were able to reach a point of more satisfaction together. The practice period is for reinforcing and strengthening what went before to whatever extent is necessary. The new

behavior can be considered a fragile flower in one respect. The practicing period of the MIT day as well as the time left for follow up in the 90 day contract period are used to nurture along this budding development. Encouragement is given, skills are taught, supervised practice on related issues is set up, continued implementation strategies are thought through, changes in duties, home arrangement relationships with outside influences are devised - in short, whatever is needed is done. The point is that the family has a sense of enablement or empowerment that they will be able to use their resources in a new, more satisfying way and that the team will be available in a supportive, advocative role while things are worked through and consolidated in the time left together.

Expected Outcome: Family members will be able to understand the skills they used in finding resolution and develop increased confidence in their ability to use them fruitfully in their ongoing life together.

Step 9. - Closure: The closing sequence of the day functions to summarize, consolidate, celebrate, and plan for followup. Individual members are asked "what did you learn today?" and/or "what would you have to do to keep things the same?" The general results are summarized by the team and the general goals for the rest of the program are discussed by all. Next, a concrete plan for follow-up is agreed upon including: phone contacts between the family and IFS team, a sequence of continuing family therapy sessions, homework to be done by family, IFS team, and/or community resource people. Everyone, family members and MIT team members, specifies what the next step is that they will do. The day concludes with some structured way of participants expressing appreciations to each other, themselves, and the process.

Expected Outcome: The day will terminate successfully with an agreed upon plan for follow-up.

COLLABORATION AND INTEGRATION. Collaboration and integration begins with the establishment of the community resource team in general, and, more particularly, with the identification of relevant community resources for a specific family in the pre-planning evaluation who are then contacted for the treatment planning meeting. The process continues immediately after the MIT session when team members find a place to debrief for an hour or less and re-evaluate the treatment plan in light of the day's discoveries. The primary IFS therapist assumes responsibility for communicating the need for any changes to all parties involved, beginning with his/her supervisor. Once a plan is underway for a specialist's contact with a family, the IFS therapist assumes responsibility for working out a plan of continued contact with the specialist to both give and receive relevant feedback. Collaboration and integration are also enhanced by the inclusion of a community resource person as an ongoing co-therapist with the IFS worker in continued sessions with the family. Additional community resources may be integrated into the program at any time during the treatment period if the need becomes apparent. This is especially indicated if it

appears some agent will be dealing with the family in some follow up role after the 90 day period, as when the family elects to retain some private therapist to consult with when needed.

TELEPHONE CONTACTS. Telephone Contacts will be made with each family on a weekly basis at minimum. Psychologically, they will help the family know of the continuing support and interest of the therapist and that he/she continues to assume significant effort by the family on its own behalf. Practically, it will serve to sort out questions, problems, misunderstandings, information etc. that the family has run into while carrying out homework tasks within the family and in contacts with the community. Diagnostically, it will let the therapist know if scheduled contacts from community resource specialists have been happening and going well, and if there is an apparent need to move up the schedule for the next face to face family session.

As stated above, in the family therapy section, the family will have the home and work numbers of their primary and secondary therapists to use as needed during working hours and in extreme circumstances, on a twentyfour hour basis. It is expected that the close contact the therapists make with the family in general, combined with an emphasis on the ability of each family to deal effectively with situations that arise, will minimize the necessity of any off hour calls. Unless some other schedule has been specifically worked out, the primary therapist will also gather progress reports from involved community resources every two weeks.

TERMINATION. At the end of the 90 day treatment period a final interview will be held with the entire family. The family will review where they were at the beginning of the program, what issues emerged, what they learned, and where they are now in their process. A helpful closing exercise that is often responded to by each member with surprising insight is "What would you have to do to go back to the beginning and keep things the same?" Feedback from collaborative community services will also be shared. A follow up plan for the family to carry on by itself is discussed as well an any referral for non-intensive professional services within the community. The interview also serves as an opportunity for the therapists and family members to say goodbye to each other.