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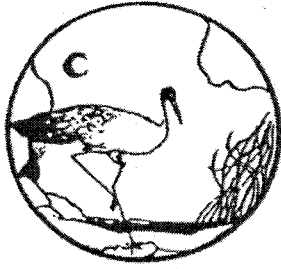
The *Hakomi Forum* is a professional journal sponsoring articles written in relationship to Hakomi Therapy “per se,” and to those schools which have informed it and/or been influenced by it. As such, the *Forum* welcomes a wide range of contributions for possible publication. In addition to articles that address the theory and/or practice of Hakomi Therapy, pieces are encouraged that establish dialogue with related fields that foster the principles on which Hakomi Therapy is based – those of Unity, Organicity, Mind-Body Holism, Mindfulness, and Non-Violence. Since these are broad principles, derived from the science of living organic systems, they apply to multiple levels of a system from the metabolic, to the intra-psycho, inter-personal, cultural, and social. Thus, life, healing, therapy, and growth are highly contextualized, and the *Hakomi Forum* considers articles that reflect this integral understanding. Manuscripts may be short or long. Scholarly and scientific contributions are encouraged. More experiential, poetic, and clinically informed articles are accepted. Annotated verbatims of actual therapeutic work; applications to different client groups and settings; interfaces with other complimentary approaches to healing with individuals, couples, families, organizations, and communities; the integration of biological, cultural, and social issues; and various theoretical treatments of issues that affect therapeutic praxis are solicited. Both the advancement of theory in the therapeutic world in general, and the professional needs of everyday, working practitioners in particular, are within the editorial purview of the *Forum* that places a preeminent value on the integration of theory and practice. There is also a “Media Review” section dealing with books, movies, plays, TV programs, poetry, and such. The *Forum* is intended for professional audiences in both academic and applied settings. All submissions are subject to anonymous, juried peer review by members of the Editorial Committee. Manuscripts should be submitted on white, 8-1/2” x 11” bond paper and also on a 3-1/4” floppy disk or DVD (PC format). Manuscripts should be typed double-spaced with one-inch margins, using 12-point Times-Roman font. Pages must be numbered consecutively. Formatting and style, including the use of gender-neutral language, tables and figures, references, etc. should follow the guidelines in the “Publication Manual of the American Psychological Association” (most recent edition), in consultation with Casey Miller and Kate Smith, “The Handbook of Nonsexist Writing” (Lippincott & Cronwell, most recent edition). Articles should be written clearly and concisely, using non-jargon language wherever possible and/or explaining technical concepts not listed in the “Glossary.” Manuscripts should include an abstract (italicized, of not more than 100 words), describing the article’s topic, method (when appropriate), and conclusions or implications. Three copies of each manuscript should be submitted with the electronic disk, and a SASE provided. E-mail submissions will not be accepted. Included with a cover letter authors should list their e-mail address to facilitate correspondence. On acceptance of a manuscript, the senior author will be notified in writing. Upon publication, the senior author will receive 3 copies of the *Forum*, and one additional copy for each co-author. The *Hakomi Forum* is a publication of the Hakomi Institute, a non-profit educational corporation for the teaching of Hakomi Therapy. Box 1873, Boulder, CO 80306 United States of America. Telephone: (888) 421-6699.

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Positioning & Awareness

(About the Hakomi logo)

*Heron stands in the blue estuary,
Solitary, white, unmoving for hours.
A fish! Quick avian darting;
The prey captured.*

"People always ask how to follow Tao. It is as easy and natural as the heron standing in the water. The bird moves when it must; it does not move when stillness is appropriate.

The secret of its serenity is a type of vigilance, a contemplative state. The heron is not in mere dumbness or sleep. It knows a lucid stillness. It stands unmoving in the flow of the water. It gazes unperturbed and is aware. When Tao brings it something that it needs, it seizes the opportunity without hesitation or deliberation. Then it goes back to its quiescence without disturbing itself or its surroundings. Unless it found the right position in the water's flow and remained patient, it would not have succeeded.

Actions in life can be reduced to two factors: positioning and timing. If we are not in the right place at the right time, we cannot possibly take advantage of what life has to offer us. Almost anything is appropriate if an action is in accord with the time and the place. But we must be vigilant and prepared. Even if the time and the place are right, we can still miss our chance if we do not notice the moment, if we act inadequately, or if we hamper ourselves with doubts and second thoughts. When life presents an opportunity, we must be ready to seize it without hesitation or inhibition. Position is useless without awareness. If we have both, we make no mistakes."

-- Deng Ming-Dao

*"When you're not getting what you want,
there can be two reasons:
either the environment isn't offering it to you (position),
or you aren't taking in what's available (awareness).
Hakomi Therapy works with both reasons.
First we help people look at and discover
how they are organized to refuse what's available.
And, of course, since you are a part of your environment,
you can influence your environment
and help change it so that all,
including yourself, may benefit."*

-- Ron Kurtz

HAKOMI FORUM

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Table of Contents

EDITORIAL:	
The Changing Neighborhood	i
<i>Greg Johanson</i>	
MINDFULNESS-BASED SELF STUDY	1
<i>Ron Kurtz</i>	
HAKOMI SIMPLIFIED 2004:	
A New View of Ron Kurtz's Mindfulness-Based Psychotherapy	5
<i>Randall Keller</i>	
ISSUES OF ATTACHMENT & SEXUALITY:	
A Case Study from a Clinical Research Study	19
<i>Amelia Kaplan and Laurie Schwartz</i>	
MINDING THE MIND'S BUSINESS	33
<i>Belinda Siew Luan Khong</i>	
CATEGORIES OF PSYCHOLOGICAL WOUNDING, NEURAL PATTERNS, AND TREATMENT APPROACHES	43
<i>Jon Eisman</i>	

ENERGY PSYCHOLOGY AND THE INSTANT PHOBIA CURE: New Paradigm or the Old Razzle Dazzle?	51
<i>David Feinstein</i>	
VEHICLE OF LIFE	57
<i>Thomas Pope</i>	
BRINGING MINDFULNESS TO DESPAIR	59
<i>Lorena Monda</i>	
THE HEALING POWER OF POETRY	63
<i>Leisha Douglas</i>	
WRITING THE BODY: Poetry Therapy's Resonance with Body-Centered Practice	69
<i>Frederick C. Bryan</i>	
PATIENCE AND LETTING GO: the Roots of Compassionate Healing	75
<i>Carol Ladas-Gaskin</i>	
A JOURNEY TOWARDS AWAKENING	79
<i>Ray Cicetti</i>	
THE ORGANICITY OF LIFE	85
<i>Anonymous Wounded Healer</i>	
FIRE BUILDING	91
<i>Leisha Douglas</i>	
GLOSSARY OF HAKOMI THERAPY TERMS	92
<i>Cedar Barstow and Greg Johanson</i>	

Editorial:

The Changing Neighborhood

Greg Johanson, Ph.D.

While Hakomi Therapy trainings continue to expand around the world, it has been awhile since the Hakomi Institute sponsored a Conference and put out a new edition of the *Hakomi Forum*, which is why this edition is a double one: *Issue 14-15*. Please send in articles or talk to members of our expanded Editorial Review Committee about the possibility of writing something for the next edition in 2006.

The therapeutic neighborhood has continued to change since our last edition. I must say from the perspective of one who felt slightly out in left field in the late 70's that the changes are generally moving in the direction of much of what Hakomi has been teaching for years. The *Zietgeist* has produced a number of approaches that parallel Hakomi's emphasis on contemplative experiential exploration. Hakomi continues through its principles to integrate material from other sources, such as in the rich collaboration we have had with the Internal Family Systems work of Richard Schwartz.

Likewise, the four-quadrant, all developmental levels (AQAL) approach of Ken Wilber's Integral Psychology ties in with Hakomi's unity principle, and reminds us of the recent emphasis in psychology on multi-ethnic, multi-cultural issues. Pope's article gives a nice example of working with cultural and trans-generational issues in the context of somatic psychotherapy. In Germany, a team including Halko Weiss and the Dietzes have developed an outstanding program for corporate culture that combines elements of Hakomi and Internal Family Systems work to teach emotional intelligence to executives and managers. "All developmental levels" certainly continues to include transpersonal or spiritual concerns that encompass issues of meaning, hope and the horizon of the future, so important for cancer patients (see Lawrence LeShan, *Cancer As a Turning Point*) as well as the rest of us.

Much of the recent science concerning mind-brain interactions, limbic resonance, memory, and trauma support the mindful and compassionate healing relationship that can help people titrate sensation and metabolize difficult to integrate experiences. There are numerous references to this literature in the enclosed articles. Pat Ogden's development of Sensory Motor Psychotherapy continues to generate much excitement in the trauma community. A cutting edge

of science has to do with energy medicine and energy psychology that Feinstein concentrates on in his article here.

A number of Hakomi persons continue to interface and dialogue with other approaches in the field such as poetry therapy reflected in the articles by Douglas, Bryan, and Ladas-Gaskin.

It is especially true that the use of mindfulness in psychotherapy has found its way into mainstream practice, even in the cognitive-behavioral world, which perhaps should not be surprising given its emphasis on research and effective results. Steven Hayes writes in the "Preface" to the 2004 book, *Mindfulness and Acceptance: Expanding the Cognitive-Behavioral Tradition* (with Victoria M. Follette, Marsha M. Linehan. New York: Guilford Press)

In the last 10 years, a set of new behavior therapies has emerged that emphasizes issues that were traditionally less emphasized or even off limits for behavioral and cognitive therapists, including mindfulness, acceptance, the therapeutic relationship, values, spirituality, meditation, focusing on the present moment, emotional deepening, and similar topics. (xiii).

The overall theme of this edition of the *Forum* is mindfulness. Kurtz, Keller, Eisman, Monda, and Ladas-Gaskin share perspectives from within the Hakomi community. We are very happy to have Khong and Pope offer insights from other schools. In upcoming *Forums* I would love to see more articles that expand the concept of the mindful witness into the theory and practice of the Self as in the work of Eisman, Schwartz, Almaas, and others.

While mindfulness is finding its rightful place in standard psychotherapy practice, the use of the body in therapy is still making its way. Certainly the recent science that substantiates over and over again the power of the mind-body interface will continue to be a help. Likewise, the United States Body Psychotherapy Association continues to grow from its recent inception to provide a central voice and force for the field. It is a crucial umbrella organization through which we make common cause with our fellow pilgrims in mind-body work. It is vitally important that every Hakomi practitioner and every student of every body-inclusive approach join the USABP to support is fledgling

structure, and make it strong to advocate, network, and do research that validates our work in the mainstream psychological world.

Research is certainly a key to the acceptance of any approach in today's world, though clients will without doubt continue to pay us simply because we offer something from which they benefit. We want to thank Halko Weiss and his team in Germany for undertaking a first rate research project there, in conjunction with the European Body Psychotherapy Association, that has validated the effectiveness of body-centered approaches through pre and post-test inventories with a number of clients over a number of years. It is a study that should be replicated in North America, and elsewhere.

Along this line, we are very happy to publish here the award winning research of Kaplan and Schwartz on body-centered psychotherapy that was the basis for Kaplan's doctoral dissertation at Rutgers University. While every university does not have faculty members that are knowledgeable about body-inclusive approaches to therapy, there is an increasing openness to allow students to do research in the mind-body realm.

Also, for those who study or teach in university settings, I want to recommend the use of *Counseling and Psychotherapy: Theories and Interventions* 3rd Ed. by David Capuzzi and Douglas R. Gross published by Merrill Prentice Hall. In addition to the standard theories, it includes feminist, eastern, and multi-cultural chapters, as well as a chapter written by Donna Roy on "Body-Centered Counseling and Psychotherapy" that features Hakomi Therapy.

In this edition of the *Hakomi Forum* we are very happy and privileged to announce the forthcoming publication of a *Handbook of Body Psychotherapy* edited by Gustl Marlock and our own Halko Weiss, by Hogrefe Verlag in Goettingen, one of the most prestigious publishers of scientific psychology in Europe. This has been a monumental effort, a labor of love, that has resulted in some 90 articles by world-wide authors comprising some 1,000 pages of well referenced material covering all the major areas of body-centered work. This *Handbook* will instantly become the standard for the field for years to come, and will elevate the standing of body-centered approaches within mainline psychology.

I want to make a personal appeal that it is crucial that this work be translated into English and published so that many others may benefit from it in multiple ways. In today's publishing market it is very risky for a publisher to undertake something of this size and scope, especially given the costs of highly specialized translating, and a somewhat specialized market to begin with. It is estimated that around \$25,000 to \$30,000 are needed for the work of translating. If you or someone you know would be willing to contribute

to this cause, you may send checks made out to "Hakomi Educational Resources" and marked "Handbook translation" to me, Greg Johanson, at 2523 West Lunt, Chicago, IL 60645. Feel free to call me also at (773) 338-9606.

One further appeal is that I am currently undertaking another editing project aimed at making the point that it is unethical for psychotherapists to not include body-centered interventions in their therapeutic repertoire, basically because it cheats the client out of a powerful, effective royal road to the unconscious and healing, while costing them more time and money. Thus, I am soliciting case studies from practitioners of any number of body-centered approaches that demonstrate the use and effectiveness of touch in therapy. As such it will be something of a companion volume to Christine Caldwell's *Getting in Touch: The Guide to New Body-Centered Therapies*.

I believe these appeals, along with the good work I hear of many of you doing in your areas, will encourage the neighborhood to continue changing in ways helpful to those seeking health and wholeness. Once again, I encourage you to consider sharing what you are doing through articles in the *Forum* where we can all benefit from each other's work and further the field together. Our expanded Editorial Committee gives us many resource persons who are willing to help you translate your work into article form, even if you are not comfortable with writing.

It is good to remember that actual work in the field always precedes more specialized research, as Eugene Gendlin has often said. We do not need to stop what we are doing, even though we encourage work on researched-based methods, such as is currently proceeding with mindfulness in particular. We are very grateful to have some first person experiential accounts included in this *Forum*. Cicetti talks about his growth as a therapist in relation to mindful practices in a personal way. An Anonymous Wounded Healer offers a courageous account of how she struggled as a person, client, and therapist after a traumatic event in her life. We are thankful for these authentic voices through which particular notes always seems to strike universal chords.

Mindfulness-based Self-study

Ron Kurtz

Editor's note: Ron Kurtz is the pioneer of Hakomi Therapy, the Founder of the Hakomi Institute, and the director of Ron Kurtz Trainings. He is the author of *Body-Centered Psychotherapy: The Hakomi Method*, and co-author of *The Body Reveals* and *Grace Unfolding: Psychotherapy in the Spirit of the Tao-te ching*. He is constantly at work creating training materials from reading recent books, addressing new audiences, reflecting on trainings and how students are learning, and having new inspirations on how to communicate various concepts. "Mindfulness-based Self-study" is one of his recent training resource creations that was chosen out of many possibilities because of the emphasis on mindfulness in this edition of the *Forum*.

What Is Mindfulness?

"Sitting quietly and listening carefully to yourself, you can observe the main voice in which your thoughts re-cite themselves."

--Robert Thurman¹

"According to the buddhadharma, spirituality means relating with the working basis of one's existence, which is one's state of mind. The method for beginning to relate directly with mind is the practice of mindfulness."

--Chögyam Trungpa Rimpoche²

"... the capacity to observe one's inner experience in what the ancient texts call a 'fully aware and non-clinging' way."

--Jeffrey Schwartz and Sharon Begley³

"Bare Attention [mindfulness] is the clear and single-minded awareness of what actually happens to us and in us at the successive moments of perception."

--Nyanaponika Thera⁴

"We are dealing with two reversals of the most habitual cognitive functioning, of which the first is the condition for the second; the second cannot happen if the first has not already taken place. (1) A turning of the direction of attention from the exterior to the interior. (2) A change in the quality of attention, which passes from the looking-for to the letting-come."

--Natalie Depraz, et al⁵

Mindfulness is an atypical mode of consciousness. To be mindful is to pay attention to the constant flow of the content of consciousness, while containing impulses to do anything else. It is only noticing, without moving or 'doing'. In Hakomi, the client is noticing and reporting his reactions, as we do little experiments.⁶

Mindfulness is best served by a calm and open mind, a mind that is not too excited and can stay focused on present experience. The intention is to relax control, to step back as it were and just watch your own mind doing what it does—when you're just watching. You want to be aware of "*what actually happens to us and in us at the successive moments of perception*." (Of course, during the longer times required for the practice of mindful meditation, this process goes awry. When one notices that this has happened, the intention is to bring the focus of awareness back to the basic task of just noticing. This is the intention to contain.)

Mindfulness is self study. In mindfulness, you are discovering yourself, discovering the unmasked contents of your mind. It takes courage, acceptance, vulnerability.

Mindfulness is taught and practiced by millions of people, all over the world. It is particularly associated with Eastern approaches to religion. In some practices, the first task is to focus on the breath, without controlling it. That's more difficult than you might imagine, especially when we think about how little attention we ordinarily pay to breath and how well it works outside of our conscious control.

Lastly, mindfulness is a skill; it improves with practice, even using it for short periods, as we do in Hakomi. As he develops an awareness of the automatic activities of his own

¹ From *Inner Revolution*

² *The Four Foundations of Mindfulness Meditation*, Excerpted in the Shambhala Sun, March 2000.

³ From *The Mind and the Brain: Neuroplasticity and the Power of Mental Force*.

⁴ From *The Heart of Buddhist Meditation*

⁵ Natalie Depraz, Francisco J. Varela and Pierre Vermersch To appear in: M. Velmans (Ed.), *Investigating Phenomenal Consciousness*, Benjamin Publishers, Amsterdam, 1999

⁶ For these little experiments, we only need short periods of mindfulness, a minute or so. The sequence is like this: get mindful, the therapist does something, you notice your reaction or the impulse to react, you contain it—if you can—and you report it. There's more on this, below.

mind, the meditator begins to realize who he really is. By this knowledge he is changed.

How to Get into Mindfulness and What it Feels Like

Get comfortable, relax your body, take a few deep breaths, drop external concerns and quiet your mind. Then . . . turn inward toward present experience, simply noticing and allowing, letting experiences come and go, without taking charge. One way is to count your breaths, up to five at a time, always counting on the out breath and returning to one after counting to five or if you lose count along the way.

The feeling of being in mindfulness can vary quite a bit. It can be very calm, dull almost, or full of surprises. It can be a little scary, giving up control. With practice, it becomes a marvelous sense of clarity and quiet pleasure. Mostly, it's refreshing and grounding, coming to this place and time with no other agenda but to be here with whatever is.

How We Use Mindfulness in Evoking Reactions

In a way, all successful psychotherapy depends on the ability to detach attention from habits and to describe them from the point of view of a neutral observer.

--Helen Palmer

If you can observe your own experience with a minimum of interference, and if you don't try to control what you experience, if you simply allow things to happen and you observe them, then you will be able to discover things about yourself that you did not know before. You can discover little pieces of the inner structures of your mind, the very things that make you who you are.

To make this process as easy as possible, a helper (a therapist or a friend, perhaps) can suggest a little experiment you can do, with your friend's help, while you are in a state of mindfulness.

For example, one time, I was at a conference in Vienna where I lectured to several hundred people. To demonstrate this method of using mindfulness, I did this. First, I asked them to predict something. I asked them to predict what their experience would be if they were in a state of mindfulness and I said to them, "You're a good person." I asked them to predict this while they were still in ordinary consciousness. Saying "you're a good person," while in mindfulness is a kind of experiment and I wanted them to think about what would happen when we did it. So, each person thought about it and told a neighbor what their predictions were.

After that, I asked them to become quiet and turn inward

(mindfulness). I gave them about thirty seconds to do this and I talked to them in a very gentle, soothing voice about the various forms of experience they might notice: thoughts, emotions, memories, images, changes in muscle tension and breathing. Like that. After thirty seconds, I asked them to "Please notice your immediate reaction when you hear . . .," a slight pause, and then I said, "You're a good person."

The results were these. About forty percent of the people reacted with experiences of sadness. Some felt a little sadness; some had tears; some cried. Another twenty-five percent or so experienced relief. A few people felt happy. Some noticed that their chests felt warmer and more open. Some had a thought or heard an inner voice which said things like, "No! I'm not!" About ninety percent failed to predict what actually happened. Ninety percent. That's why this method of self-study is so valuable. You learn things about yourself that you could not have predicted. A simple little experiment in mindfulness can do that. When an experiment is designed for one particular person, as happens in therapy, it can evoke some very powerful and revealing experiences.

Without mindfulness, it's possible nothing much would have been evoked. If you say, "You're a good person" to a person who isn't in mindfulness, isn't quietly turned inward and focused on the flow of his or her present experience, observing without interfering, the person might just reply casually, "Well, thanks!" If you ask it as a question, "Are you a good person," again without mindfulness, you might get an equally casual, emotionless answer, like, "Yes, I guess so." No sadness. No relief. No insight. Without mindfulness and the intention to study oneself, the person replies in an automatic, conversational way. Nothing very interesting happens. But, using mindfulness, with its open, self-observing concentration, something very important can easily happen.

Studying Your Reactions (Reactions and Responses)

In doing Hakomi, it is crucial that the therapist distinguish between reactions and responses. Our intention is, together with the client, to evoke and study reactions. It is not our intention to simply exchange responses, as is done in ordinary conversation. So, here are some official definitions of the two words⁷:

<i>reaction:</i>	an idea evoked by some experience; a response that reveals a person's feelings or attitude
<i>react:</i>	to act in a particular way as a direct result of something else

⁷ From various dictionaries, like: *Cambridge Dictionary of American English* and *The Columbia Encyclopedia*, Sixth Edition, 2001; at Bartleby.com

response: reply; answer, reaction, rejoinder, reply, retort, riposte; reaction, reflex action, feeling, etc. caused by stimulus;

There's some confusion around these two words. In one definition a response is defined as a reaction and in another, a reaction is defined as a response. That doesn't leave much room for a distinction, certainly not the one I want to make. As I use these terms, *reaction* and *response*, in teaching the Hakomi method, I distinguish between what happens *without* conscious deliberation (a reaction) and what happens *with at least some* conscious deliberation (a response). Reactions, like reflexes, need not involve thinking or at least deliberation. And although a reaction can be a thought one is conscious of, the associations and underlying ideas and beliefs that lead to that thought, may not be conscious at all. The thought just "appears" in the mind.

A response, on the other hand, takes more time than a reaction and involves the at least partially conscious, deliberate construction. We use the phrase, 'I'm not able to respond' when we cannot construct a response that we wish to offer. Responses involve choice. Reactions are involuntary. If a sudden loud noise startles you and you "accidentally" spill some of your iced tea on the table, no one will blame you. If you choose to spill your tea on the table, some of your table mates would likely take offense. In the latter case, you're "responsible."

How We Combine Mindfulness and Reaction

In Hakomi, we use "little" experiments to discover what mental processes contribute to your reactions. Mindfulness is the state the client is in when we do the experiments. We do this with the specific intention to evoke reactions that will bring deep, organizing material into consciousness. Experience is organized, almost entirely by non-conscious mental processes. Our goal is to bring some of these into consciousness where they can be re-organized to create more satisfying experiences through the completion of unresolved painful issues and the adoption of more realistic beliefs.

Although reactions involve unconscious habits and rules, and responses are conscious choices which involve some conscious deliberation, even conscious responses must have deeper rules that are unconscious. As I deliberate on which word to use to describe a particularly difficult concept, I am still using the rules of grammar, which I'm not thinking about, and many other rules around what is appropriate in the situation in which I'm talking or writing. There are rules around how much emotion to express and which ones and related rules around how much personal experience is appropriate. There are many rules which govern the habitual behaviors that contain and express what is thought of as *my self*.

At each level of this process there is the possibility of consciousness and response. And for each part of the process which is made conscious, there is another which is deeper and not conscious. Perhaps in some very rare state all is conscious. If so, as the poet David Budbill put it, "call me when you get it."

In Hakomi, we are trying to make certain deep rules conscious: the ones that are causing unnecessary suffering; the ones that govern the experience of self in a way that distorts reality and limits a person's ability to enjoy the possibilities of a full, healthy, happy human existence. To do this, we explore reactions and work to create responses at the deepest levels we can reach. We're looking for reactions that are in opposition to the beliefs and rules that support a good sense of reality, harmonious relationships, and all the good and wonderful feelings that being here on the blue marble can sustain.

That's our work: to change reactions into responses; to change habits into choices; and so, remake the self, itself.

Hakomi Simplified 2004:

A new View of Ron Kurtz's

Mindfulness-Based Psychotherapy

Randall Keller

Editor's note: Sometimes I think of Ron Kurtz as the Henry Ford of the psychotherapy training set. Ron is constantly tinkering with the training assembly line of lectures, exercises, demos and such to come up with the most clear, straightforward, highly efficient way to empower people as therapeutic helpers. **Randall Keller** took the Hakomi Training with Richard Heckler and the Hakomi of San Francisco training team in the late 1990's. He then took advantage of the opportunity to do the training again with Ron in 2001-02. This gave him the unique vantage point of observing Ron's latest way of honing and presenting the Hakomi method, which he then wrote up in the present article.

Preface

It is the ability to keep finding solutions that is important; any one solution is temporary. There are no permanently right answers. The capacity to keep changing, to find what works now, is what keeps any organism alive.

--Margaret Wheatley, *A Simpler Way*

Since its inception in 1980, Hakomi has always been relatively simple as psychotherapies go: its theoretical teachings are quite modest; it makes do with only a few simple maps of the psychological territory; it offers just a handful of techniques. When Ron Kurtz first presented Hakomi to the world in a formal way, he did so in a textbook just 200 pages in length, which he has found little need to expand on or modify since its publication some 15 years ago. Training in the Hakomi method has typically been accomplished in some 300-400 classroom hours (with, of course, many additional hours of practice required for mastery). By almost any measure, Hakomi has, from its beginning, been about as simplified as a tool for human transformation can be. And that simplicity – its uncluttered vision of the human change process – has been part of Hakomi's wide appeal.

Hakomi was one of the earliest of the body-centered psychotherapies, recognizing in the client's embodied expression – in her gestures, posture, facial expressions, habits, tone of voice, and physical structure – an invaluable source of "real-time" information about the largely unconscious beliefs and assumptions that shape her outlook on life. Hakomi was one of the first psychotherapies to make use of mindfulness within a therapeutic setting, as a technique for allowing the client to study her own experience in a careful, non-reactive way. Hakomi was perhaps unique at the time in basing its entire structure and

method on spiritual principles, including non-violence, interconnectedness, and organicity. And Hakomi introduced into psychotherapy the whole idea of the "experimental attitude", whereby therapist and client together conduct "little experiments" with the goal of having the client experience her own limiting belief structures directly, in her own body.

It isn't my intention to trace the evolution of Hakomi over the last 25 years, or even to contrast (except occasionally) "classic" Hakomi with the newer Hakomi Simplified. My goal is simply to describe Hakomi as Ron Kurtz himself is currently articulating it, teaching it, and practicing it. He has described certain aspects of it himself in a series of short pieces which are collected in a document named "Readings", which can be downloaded from his website (ronkurtz.com).

My purpose in this paper isn't to explain how to *do* Hakomi therapy; that's what the trainings are for. What I want to explore, from my own perspective of course, is the understanding of the "human change process" which the Hakomi method and practices imply. I want to examine the rationale for an endeavor that we all understand is a not altogether rational.

Hakomi Simplified: An Overview

As Ron presents it, Hakomi Simplified consists of six major tasks, that is, six activities that the therapist must perform (or be continually performing) during the course of a therapy session. These activities are:

1. Creating a positive emotional context through loving presence and contact.

A positive emotional context is one in which the client feels welcome and safe and understood. This is largely created by the therapist being in a state of "loving presence" and by "contacting" the client. (Note: we will define all of the terms used in this summary much more precisely as we go on).

2. Observing, hypothesizing, and noticing indicators.

While resting in our attitude of loving presence and maintaining contact, we must also be gathering information about the client's emotional state, her beliefs, and her strategies. We do this in large part by observing her nonverbal behavior. As we listen to the client's story and make our observations of her nonverbal behavior, we start getting ideas about what one of her "core issues" may be, and we look for an "indicator" that might serve as the basis for an experiment. We imagine the experiment we might want to try.

3. Shifting the client's attention to the indicator.

We contact the client as gracefully as possible, though perhaps interrupting her story, and reorient her attention to the indicator.

4. Establishing mindfulness and doing the experiment.

We outline for the client the experiment we have in mind, and possibly the reasons why we want to try it. If she is interested in the experiment and willing to try it, we assist her into a state of mindfulness, and do the experiment.

5. Working with the outcome of the experiment.

The "outcome" of the experiment is the simply client's response: the emotions, reactions, thoughts, memories, etc. We "work" with the outcome usually by responding in ways that either help to *deepen* the experience, or that elicit the *meaning* of the experience. At some point, we may help the client to revise an inaccurate, over-generalized assumption about life, replacing it with an understanding that is more realistic and more nuanced.

6. Offering nourishment to satisfy the "missing experience".

With the client entertaining a new, more hopeful understanding of her situation, it becomes possible to offer the nourishing experience that's been missing until now, and so we do. We help the client savor and integrate this nourishment.

An example

Let's follow a simple example through the same steps:

1. Creating a positive emotional context through loving presence and contact.

Therapist: (warmly), "Feeling a little shy, huh."

2. Observing, hypothesizing, and noticing indicators.

The therapist, noting how quiet and hesitant the client is in speaking, imagines she finds it difficult to make herself heard, or perhaps, to ask for what she wants. He considers the experiment of offering an appropriate verbal probe.

3. Shifting the client's attention to the indicator.

When she pauses in her story, the therapist shares his observation about her quiet and cautious way of speaking, and wonders if she would be interested in exploring what that might mean.

4. Establishing mindfulness and doing the experiment.

The therapist explains the concepts of a verbal probe and of mindfulness (if needed). Then, making a guess (based on his previous observations) as to why the client speaks in the style she does, he offers the probe: "It's OK to let others know how you feel."

5. Working with the outcome of the experiment.

Many psychologically rich events may occur for our hypothetical client at this point. For simplicity, let's assume that, in response to the probe, she feels her body tighten and also notices that her mind becomes vigilant, as though in anticipation of some unclear threat. This would suggest that she has a belief that, in fact, it can be quite *dangerous* to let others know how she feels. The therapist would help her deepen and understand this response, and possibly a series of ever-deeper responses. At some point, with the therapist's coaching, the client is able to entertain the possibility that, while it may be dangerous to let *some* people know how she truly feels, there are *other* people who would be quite happy to know how she felt about things.

6. Offering nourishment to satisfy the "missing experience".

The therapist points out that he, for one, is very pleased that she has managed to contact and express her feelings so clearly. He invites her to think of someone else in her life who might be happy to know how she is truly feeling, and to imagine this person's positive response. This nourishment – the experience of others appreciating hearing how she feels – begins to fill in, to satisfy, the missing experience. The therapist also notices, and "contacts", the fact that her body seems both more relaxed *and* more energized right now than earlier, that her voice is stronger. He encourages her to let herself appreciate the shift that has taken place. End of session.

So that's the big picture: We make our clients feel welcome and safe; we pay attention to what they're actually *doing* at least as much as to what they're *saying*; we help them *notice*, and then *experience*, something about themselves that they perhaps weren't aware of; we help them *make sense* of that experiential discovery; and then we offer them the *nourishing experience* they've probably been seeking for a long time. How hard can that be?

Four Useful Concepts

Before I undertake a much more detailed examination of the Hakomi Simplified process, I want to spell out four concepts that I believe are helpful in comprehending its overall therapeutic framework. These concepts are: virtual reality; limbic resonance; and the missing experience.

Virtual Reality

Ron sometimes invokes this concept to try and elucidate the big picture of our situation as human beings. I want to elaborate on this metaphor or perspective.

The term itself, of course, comes from the field of computer simulation, and is a technique whereby complex computer programs (or "algorithms") generate a simulated (or "virtual") physical reality, which a person can then interact with in various ways. The word virtual means "being something in effect, even if not in fact." A group of people sharing a common interest (in, say, ruby-throated hummingbirds), who are connected only through the Internet, is a "virtual community;" they are located near one another *electronically* rather than, as would be traditional, *geographically*. A boy whose friend's dad took more interest in him than his own father did might say later of the friend's dad: he *virtually* raised me; he was my father in effect, if not in fact. Virtualities are real and effective, even if not tangible or visible.

The Star Trek holodeck is the best known science fiction rendition of a virtual reality device; one's experience while in the holodeck (whether of peaceful, ancient forests or of clamoring, armed foes) is indistinguishable from the real thing – until you give the command: "Computer, End Simulation." Then you find yourself in the completely empty room which has no features or qualities of its own. This is that room's (or that space's) "true nature", when no virtual reality is being projected into it.

The universe also has a "true nature." Our mystics and spiritual traditions generally describe this underlying reality in pretty favorable terms: blissful; loving; compassionate; peaceful; spacious; bountiful; inherently self-knowing; infinite in all directions. Sounds like a pretty good place to live, doesn't it? But, of course, most of us don't experience this blissful dimension of reality directly. And why not? Because we've all got our own virtual reality simulations running almost all the time. And these simulations, these personal (and personally constructed) models of reality, effectively hide or obscure the true nature of the underlying reality in which we live, move, and have our being. We experience the features and qualities of our "programs" rather than the true nature of the space upon which (into which) they are projected.

So one clinically useful way of thinking about ourselves or, in this discussion, about our client, is to imagine that she is living inside a virtual reality of her own devising, a simulated reality that she has been constructing since birth (and probably before). And this virtual reality is generated by what, in Hakomi, we call the "core beliefs."

Core beliefs

And where do these core beliefs come from? Well, as infants and young children we try to make sense of the experiences we are having with mother, with the environment, with our bodies. Much of this "sense-making" occurs long before we have true cognitive abilities, and so it is our organism itself which draws certain "conclusions" about life on the planet, and (gradually) hard-wires these into the impressionable brain.

Conclusions reached in this way are said to reside in "implicit memory," and when they operate they do so without our having any sense that we are "remembering" something, or of even being aware that we are obeying some very primitive "operating instructions." These are the pre-verbal, pre-conceptual conclusions that act "as if" they were beliefs that we (consciously) held. But in fact we are not normally conscious of these "beliefs" because they reside in a portion of memory laid down in the brain before we had the ability to reflect on our experience.

When we are a little older, say from age 3 or 4 or 5 and older, we do have other experiences that we do reflect on, think about, and about which we do reach somewhat more conscious conclusions. These may also be among our "core" beliefs, but they will be less inaccessible than the "as if" beliefs.

In the example in the brief overview, "It isn't safe to let others know how you feel," is a core belief. We will discuss some other ones later.

The concept of virtual reality is most useful to us as Hakomi therapists when we are wearing our "scientist's" hat, and we will explore why this is so a little further on. But the virtual reality model doesn't shed much light on what actually goes on in the client-therapist relationship, and why the quality of this relationship is so crucial to the healing process. For that, we need to understand limbic resonance.

Limbic Resonance

Ron was an "early adopter" of limbic resonance, finding in this neurobiological explanation of emotional attunement a clarification and confirmation of what he already understood clinically. He often quotes from the book that first gave this concept and phrase its legitimacy, *A General Theory of Love* (Lewis, et al., 2000) because the authors are confirming scientifically what Hakomi has affirmed from the beginning: healing requires the presence of a sensitive, compassionate,

deeply attuned "other." With the concept of limbic resonance, we can finally say why this is so with more precision.

Limbic resonance refers to the fact that mammalian brains have a component (the limbic brain) that allows us to register, within our own organism, the internal, emotional states of other beings. As an evolutionary advancement over reptiles (which possess only a "reptilian" brain), mammals evolved the limbic brain, which makes possible the mother-child bond, and the general attunement of one mammal to another. Our on-going search for people we "resonate" with is both motivated by, and made possible by, this natural ability that we mammals possess to sense how another mammal is feeling.

But this attunement to one another is not simply a passive "reading" of someone else's emotional state, as valuable as that may be. More important (to our own well-being and to the practice of psychotherapy) is the fact that this limbic resonance is an open-loop affair: our internal physiological and emotional states affect the internal physiological and emotional states of those we are close to, and vice versa. The authors of *A General Theory of Love* refer to this open-loop process as limbic *regulation*. The mother and infant regulate each other; they cause changes in each other's hormone levels, heart rates, immune functions, neural rhythms, etc. So do husbands and wives, fathers and sons, pet owners and their pets, and, of course, therapists and their clients. The calm therapist helps the anxious client regulate the hormonal and autonomic functions within her body that, at one level, are producing the anxiety.

The mother-infant situation is particularly important because the infant initially has no ability to regulate himself and must depend completely on the mother to do so. When this doesn't occur in an optimal way, the infant (child, adolescent, adult) fails to achieve the degree of self-regulation that is normal for a healthy individual. Their emotional lives are disorganized, chaotic, unpredictable, out of control. Eventually, if they are very lucky, they end up with a loving, compassionate therapist for some remedial limbic resonating and regulating.

So the concept of limbic resonance, as I've said, brings clarity to the therapy process when we are thinking about what goes on in the *relationship* of the client and therapist. But it doesn't help us very much when we want to understand what it is that's going on *within* the client, the "thing" that initially brings them into therapy and which changes during the session. For this aspect of the process, the most helpful concept is "the missing experience."

The Missing Experience

In Hakomi (both classic and simplified) this phrase has been used as I used it in the brief overview and example above: to refer to what might be more precisely called the missing

core experience. Let me explain what a "core" experience is.

As infant beings, our bodily organisms themselves "anticipate" being received and treated in certain ways by the world into which we are born. Our utter helplessness as new-born infants *implies* an environment that will take care of us: our hunger implies the breast that will nourish us; our total vulnerability implies the arms that will hold and protect us; our periodic internal distress implies the maternal presence that will soothe and comfort us. The very fact that we have a limbic brain implies there will be other near-by sympathetic limbic brains to regulate and resonate with our own.

Later, as toddlers and young children, our being-organisms continue to anticipate or imply being treated in certain ways: we (our organisms themselves) are expecting to be understood, to be seen and valued and celebrated, to be supported and loved. All of these ways in which the innermost "core" of us just naturally assumes it will be responded to by the environment – these constitute, or ideally, *would* constitute, our "core" experiences, those experiences that would confirm we had shown up in the kind of place that our bodies and hearts and souls were obviously "designed" for. And when these confirming experiences don't happen, our confused and often traumatized being registers these experiences as "missing."

But these missing core experiences don't simply register as missing in some vague, it-would-have-been-nice sort of way. Rather, those non-completed experiences continue to live on in us as implied and anticipated social responses that we are still waiting for. As figurative children of the universe (whose true nature we mentioned earlier), we come into this life expecting – physically, emotionally, and psychically – to inhabit a benevolent, life-positive world. If the environment we find ourselves in isn't one of benevolence and positivity, those absolutely legitimate expectations continue to exert a pressure on us, an insistence that tends to keep us, as adults, feeling unsettled, always aware of an unease, a disquiet, or a longing.

We spend our lives waiting for life to respond to us in a certain way that will finally meet and satisfy our missing experience; or if waiting isn't our style, then begging, demanding, manipulating, seducing, or trying to bargain with life to give us what we want, what we instinctively know we should have gotten. Instead of growing up to become joyful, self-regulating, flexible, creative human beings, we become "characters" with "strategies." "Character," Ron wrote, "is growth delayed."

Perhaps it is clear by now why discovering (or naming) the client's missing experience, and then providing the needed nurturance, the anticipated response, is so central to Hakomi practice. The experience of *safety* or of *welcome* or of *making a contribution* that the client is waiting to

experience isn't some kind of psychic luxury or middle-class indulgence: it's the one thing that will finally release her and allow her to move forward in her life.

So that is the usual understanding of "missing experience" in Hakomi. But I think the concept can usefully be applied more broadly, as one of the defining elements of the entire therapeutic encounter. Here's what I mean:

Surely one of the most fundamental missing experiences in most of our lives, and probably more so in the lives of our clients, is that of having someone who really knows how to listen. For most of us, having a friend who is attentive, who can listen to us without offering advice or false encouragement, who can gently reflect our moods and feelings back to us, who can help us settle more deeply into our unclear feeling states, who believes in us – that is a missing experience.

So when a client comes to us, if we can be that kind of person – one whose very presence feels warmly supportive, whose relaxed body invites the client's body to relax, whose acceptance and compassion toward the client encourage her to feel the same way toward herself – then a key missing experience is already being met. Our way of being with her gives her permission to really be with herself, to feel herself, to give herself the attention and compassion she knew she needed. A frozen life process begins to thaw. And this, of course, is why, if we did nothing else as therapists other than stay in loving presence and make occasional contact, it would be enough.

But it *would* be slow. And Ron likes to make good use of his time with a client. So, we don't just sit there loving them. We also notice nonverbal signals, we contact things, we try experiments, and somewhere along the way, the client becomes emotional. When that happens, we stay there with her, encouraging her to stay with her feelings, to tell us what they mean. This too, for most of us, would be a missing experience, having someone sit calmly and attentively with us while we were upset, angry, sad, hurt.

The point I want to make is that at every stage of the therapeutic process, some kind of missing or stopped experience of the client is coming into contact with the therapist's nourishing presence, and the missing experience (of contact, of presence, of being-with) is being met. And this is what moves the process along. So, with all of that as a background, let's re-examine the six tasks of Hakomi Simplified in much more detail.

Task One: Creating a positive emotional context through loving presence and contact

Ron has always emphasized the presence and personhood of the therapist as the single most important element in

successful therapy, aside from the readiness and willingness of the client herself. He has stressed the importance of the therapist being warm and accepting, caring and gentle, patient and understanding. He has reminded us that, with the client before him, a master therapist rests secure in his knowing that there is no real problem here. The client is not a problem waiting to be solved by some clever therapeutic intervention or interpretation, but an able-bodied soul merely needing some kind of recognition or encouragement or clarification.

Ron has insisted that we give our attention to the whole person who is there before us, whose struggles and griefs are in many ways peripheral to the actual capacity and vitality of this evolving, embodied being who has come to see us. He has asked us to look deeply enough at the person before us to feel inspired and nourished by the beauty or courage or shared humanity we behold.

Over the last decade or so, Ron has come to name this constellation of helpful therapist qualities, attitudes, and assumptions as *loving presence*. The very first of the workshops in the Hakomi Simplified Foundational Series is, *The Practice of Loving Presence*, and consists of a series of talks and exercises Ron has devised to allow participants to experience this spacious and compassionate state of being. The paramount importance of the therapist's own person and presence in the healing "equation" has been central in Hakomi from the start, and has become even more so in Hakomi Simplified.

Review

First, a quick review.

We said in the section on limbic resonance that healing requires the presence of another person because, if for no other reason, that's the way we're built. If the other person is sensitive, compassionate, and attuned to us, so much the better. Our open-loop limbic brains (also called our *emotional* brains) are in part "regulated" by the limbic brains of others, and those limbic brains in turn regulate (calm) our bodies. So being in the presence of someone who is calm and warm and caring — characteristics of loving presence — is, in and of itself, part of a healing experience.

Being in the presence of such a person is also, all too frequently, the satisfying of a *missing* experience. As we discussed in that section, our organism-being itself expects to be greeted and treated and responded to in certain life-affirming ways. Each time this doesn't happen, each time some basic need isn't responded to as anticipated, a life process in us gets stopped, and it "sits" there waiting or, more accurately, "looping", in endless, energy-draining cycles.

When that which was missing does become available through another's loving presence — which is inherently *welcoming*, offers *safety*, *values* us for who we are — then we can finally stop missing it and get on with our lives. "Ah, so this is what it feels like to feel *welcome*!" Or *safe*, or *valued* for who we are, or whatever. We can breathe again, let it go, reclaim that non-productive energy for ourselves, and move forward. Obviously this too is part of a healing experience.

Loving Presence and The Principles

Loving presence, as Ron is now using the phrase, incorporates into a single concept much of what he used to discuss more in terms of the principles. If we briefly review the principles with respect to how each one translates into specific ways of being with the client, we'll see this.

Organicity refers to the fact that complex living systems, such as human beings, are self-organizing and self-directing. In the psychotherapeutic world, this inner, organismic thrust has sometimes been referred to as the *actualizing tendency*. It is akin to what A. H. Almaas calls the "dynamic optimizing thrust of being".

This means that, as therapists, we can assume there is a life-positive, self-directing, self-healing energy and intelligence at work within the client. Our task is simply to create the setting, the emotional climate that facilitates the emergence of this natural impulse toward health and wholeness in our clients.

Mindfulness refers to the understanding that real change comes about through awareness, not effort. When we are truly aware of our experience, when we have what *focusing* (Eugene Gendlin's work) calls the "bodily felt sense" of it, our experience naturally reveals its inherent meaning, and it continues evolving in a self-directed, life-positive direction.

As therapists, we trust that if we can assist the client into a willfully passive "encounter" with her present-moment somatic experience, then her own awareness will facilitate (provide the context for) whatever change (or next step) needs to occur.

Non-violence is being *mindful* of *organicity*. It's the recognition that there is a natural way that life is wanting to unfold, and aligning ourselves with — not against — this organic, intelligent process.

As therapists, this means we have no agendas or intentions of our own that we aren't willing to abandon at once if they somehow conflict with what is emerging from the client. It means we support the client's so-called defenses (her "management behaviors"); we don't offer advice or interpretations; and we don't ask questions unless doing so serves the client.

Holism refers to the complexity and inter-relatedness of organic systems, including human beings, with their minds and bodies, hearts and souls. It is what allows us to holographically read a person's life story in her posture or tone of voice, to infer an entire childhood from a single memory, to suspect certain core, organizing beliefs from simple repetitive gestures or words.

As therapists, this means that the entire (relevant) psychological history of the client is always there before us, that there are a number of ways for us to become aware of it, as well as a variety of ways to assist the client in learning more about what troubles her.

Unity reminds us of the inter-connectedness of all things, of all life, of all events. It is holism on a universal scale.

As therapists, unity reminds us of the ever bigger picture, of the fact that we are intimately connected to our client, and that both of us together are connected to our culture, our environment, our world.

Ron says that you don't really have to "learn" the Hakomi method; that if you ground yourself in these five principles then the Hakomi method, with its particular style and feel and way of being with others, will naturally emerge as your way of working with clients. Hakomi is a product of living, thinking, and feeling in terms of the principles, in alignment with the principles, not just a good idea that Ron came up with and then found justification for in a set of high-minded principles.

In the same way, we can say that we don't have to try and learn to be in a state of loving presence. Rather, loving presence is an attitude that will naturally emerge in us as we come to deeply understand these universal spiritual principles, principles which are, in effect, the true theoretical underpinnings of Hakomi.

A Summary of Loving Presence

Let me summarize the assumptions that are, on the one hand, implicit in the practice of loving presence and, on the other, give rise to the attitude of loving presence, as viewed from within the therapeutic context.

1. Within the client is a life-positive, self-actualizing tendency — an organic-spiritual optimizing thrust — that naturally seeks out healing and pleasure and novelty, that wants to be challenged and extend its capacities, and which participates enthusiastically and intelligently with both its immediate and larger environments. This unfolding movement is neither completely predictable nor completely arbitrary.

2. The function of the therapist is to provide the context that facilitates this self-actualizing, life-forward movement. The most favorable context is the one that duplicates the

Randall Keller

environment the organism originally anticipated — maternal love, protection, and tenderness — modified to take into account the fact that the client has a life-time of experience behind her, and that the therapist is an unrelated adult. But the general atmosphere will be one of compassion, safety, and gentleness.

3. Because the therapist is in an adult, peer relationship with his client, his attitude will also be characterized by a high-degree of *non-directiveness* and *not-knowing*, out of respect for the client whose autonomy and intrinsic motivation are understood as the true source of direction and motivation in the session. The therapist has no particular agenda; he's OK if nothing happens; he knows he doesn't know what the client needs right now, in this moment. He enjoys the opportunity to spend an hour or so just *attending* to another person. His basic mood or stance is one of unconcerned trust.

4. Because the therapist is aware that the locus of healing is over there, in the client, and because he is, through his own presence, providing the most favorable setting possible, he knows that if he simply pays attention to his client's present experiencing, and allows his limbic resonating system to help him sense and understand the client's shifting internal state, that he will spontaneously respond in an optimal, authentic way to whatever the client says or does. The mindful, attuned therapist allows the most life-forwarding response possible to be called forth from within him in each moment, thus providing the client with one missing experience after another as her previously "stopped" experiences begin moving forward again.

Being Inspired by the Client

Loving presence, as Ron is defining it now, includes yet one more aspect: the therapist "activity" of seeking for and finding, in the client, something that inspires or nourishes him.

We want to try and appreciate the client as we might a work of art, or prize the client as we would something precious, or savor the client as we might some exotic delicacy. If we hope to remain focused and attentive, and in heartfelt connection with the client, we must be nourished in the process. Seeking inspiration in the client also has the effect of making our rapport with the client more human, more grounded in the here and now.

Our loving presence isn't a gift we are offering to someone who is subtly lower than us on the great chain of being; it is part of an exchange between two beings who are inherently equal, equally capable of being inspired by each other. This is therapy as sacrament, therapy as spiritual practice, therapy as high art. And we're just getting started! We're not even out of task one yet.

I'll close this section with a quotation. The philosopher Ludwig Wittgenstein had a concept he called "sound human understanding." Although these words seem to name what might be a rather balanced, reasonable attitude, in fact the phrase expresses something quite close to what we mean by "loving presence." Another writer, in describing sound human understanding, says that this concept of Wittgenstein's is:

...the expression of a religious commitment; it is the expression ... of a fundamental and pervasive stance to all that is, a stance which treats the world as a *miracle*, as an object of love, not of will. The sound human understanding is the mark of such love, for it is a feature of love that it never literalizes any perception; love is always ready to go deeper, to see through whatever has already been seen. From the perspective of loving attention, no story is ever over; no depths are ever fully plumbed. The world and its beings are a miracle, never to be comprehended, with depths never to be exhausted. Thus the sound human understanding is essentially a religious response It is a response that makes sheer *acknowledgement*, not control, central.

--James Edwards, *Ethics without philosophy: Wittgenstein and the moral life*.

It is nicely confirming that one of our greatest philosophers has equated what we think of as *loving presence* (referred to as *loving attention* in the quotation) with a concept — sound human understanding — that makes such an attitude seem obvious and reasonable.

Contact and contact statements

If the therapist is in a state of loving presence, or something relatively close to it, then probably the therapist and client are already beginning to feel connected, to feel in contact with each other. This is the most important aspect of what Hakomi means by "contact": this on-going sense of rapport or connection, of being on the same page with one another, looking out in the same direction. Being *in contact* is fundamental, and is a key element in establishing the healing relationship.

Within this state of *being* in contact, it is also helpful to occasionally *contact* the client: to name or reflect some aspect of the client's present experience back to her, especially her inner experience. Making "contact statements" like this is a way of letting the client know and feel that we are "tracking" her process accurately (or, if we aren't, our desire to be corrected). So one reason we contact the client in this manner is to (hopefully) demonstrate that we understand what she's communicating and what she's feeling.

Doing this also helps move the process forward. When the client feels understood or feels felt, she can move on in her story or in her emotional process. Let's call this kind of contact a *level 1* contact statement. It's the kind we make as a part of this first Hakomi Simplified task. Such a contact

is, on the whole, non-strategic: we aren't trying to make anything special happen; we just want to foster the empathic atmosphere that allows someone to relate and feel her story. In other tasks, we do make strategic contact statements that are designed to influence the direction of the session. These we will refer to as *level 2* statements, and we'll get to them later.

Task two: Observing, hypothesizing, and selecting an indicator

A Note about Organic Processes

Organic processes, such as Hakomi psychotherapy, cannot really be neatly divided into separate tasks or linear steps. The parts are always flowing into each other, and the meaning of each part varies somewhat as we understand it in relation to other parts and to the whole. We can delineate and name various aspects of an organic process so that we can think about it, discuss it, or teach it, but the boundaries will always be somewhat arbitrary, and never true demarcations.

At the same time, however, the delineations, if intelligently made, will also *not* be arbitrary. We don't work with the *outcome* of an experiment before we *do* the experiment; we don't do any experiments until we've established safety. We do, on the other hand, start gathering information about a client from the moment she walks in the door, when theoretically our concern is with creating the optimal emotional climate. And attending to this climate will continue to occupy part of our attention even later when we're doing experiments. And of course our experiments will allow us to gather additional information. Etc.

So task two is already well under way before we start giving it a larger percentage of our attention. But this is the point at which we allow ourselves to start thinking like a scientist: we begin making observations, forming hypotheses, imagining possible experiments, and settling on an indicator. Let's take each of those items one at a time.

Being a Scientist

Making observations. In Hakomi, the chief way we gather information is by observing and listening to the client. We don't ask a lot of questions because questions tend to create a passive client and the image of an "expert" therapist, when what we want is an active, self-actualizing client, and a fairly quiet, beginner's-mind kind of therapist. So we "track" the client: we pay attention to her posture and movements, to her breathing and her voice, to the shifting expressions on her face, to what she does with her hands. We try to "read" or feel her emotional state: does she seem anxious, sad, hurried, burdened, timid? We listen to her

story for hints of beliefs, assumptions, and attitudes that might reflect core material.

We also pay attention to our sense of the relationship. What kind of interaction does this feel like? How much is she receiving us, letting us be a partner in her work? Is she looking at us, or elsewhere? Do we feel ourselves being pulled into any particular style of relating, such as rescuer, provider, wise person, teacher, potential threat?

We also track her state of consciousness. Is she in everyday, conversational, reporter mode? Is she emotional? Is the child-consciousness evident? How inward and mindful does she seem? Is she speaking from an experience-near or experience-distant place?

As we are collecting all of this data, what we are looking for is patterns or themes. For example, a client whose body seems to not take up much space physically or energetically, who has an unusually soft voice, who displays a hesitancy in her manner of speaking, and whose story is about being overlooked for a promotion — these would seem to suggest a theme or pattern of some kind. A client whose body looks heavy and burdened, whose delivery is labored, whose story is one of overwhelming responsibility — these suggest another kind of pattern. And once we've noticed, or at least conjectured, the presence of a pattern, we are ready for the next step.

Forming Hypotheses. We need two things to form a reality-based hypothesis: we need some good data; and we need a general understanding of the "laws" which govern that kind of data.

For example, from your favorite corner table at Starbucks (where you sit every day sipping herbal tea and working on your novel), you observe that a certain nicely dressed man comes in most days a little after 3:00, orders a double espresso to go, and hurries off. Because you know about 8 to 5 jobs, and about office dress codes, and about scheduled break times, you might hypothesize that the man works in an office nearby and that he gets a short break at 3:00. You might also hypothesize that the man isn't getting enough sleep, or perhaps he isn't eating right, or has adrenal problems, or maybe he finds his job boring, and that he needs the caffeine boost to stay alert for the last couple of hours at work. Because it's a man, you figure he's getting the coffee for himself and not somebody higher up in the organization. Etc.

So, you have some observations (male, 3:00, almost daily, double espresso); you know the "laws" governing employment and gender roles in your particular subculture (8-5 jobs, breaks, dress codes, most secretaries are women); you know a little about physiology (sleep, adrenals, diet); and you makes some guesses about what it all means (bored, mid-level employee, who isn't taking good care of body, on his afternoon break).

This is the kind of thing we do all the time: knowing so-and-so, and hearing he did such-and-such, we postulate what his motives might have been. What we do in Hakomi is refine this whole process of observing and making informed guesses. We learn how to pay attention to the client's *signals* — to her verbal and (especially) non-verbal communications — and how to infer from those signals the beliefs that might be organizing her behavior. We learn which signals tend to be relevant, and we learn which beliefs tend to organize behavior to produce such signals.

If a client is speaking rapidly, for instance, we might infer that she has a belief (perhaps unconscious) that no one will listen to her for very long. If another client seems weary and burdened, we might infer a belief that says she's not allowed to rest, or that she can't rely on anyone to help her, or that she's only valued for what she does.

So one part of the Hakomi training is learning what and how to observe the client, how to listen to the story *behind* the client's story. We learn how to hear the story *within* which the story-teller is herself merely a character, often an unfortunate character whose fate and happiness seem to have been determined by forces and circumstances outside her control.

Or, to update our metaphor, we could ask ourselves: what kind of a *virtual reality* does our client seem to be living in? What are the rules of the invisible but effectively real (inner) world the client is inhabiting? What is permissible and rewarded in her personal version of reality, and what is disallowed and punished? Who makes the decisions here? What kinds of relationships are possible? How do "they" feel about displays of emotion or creativity or independence? What goals are worth pursuing within the invisible world the client inhabits, and which don't get much recognition.

Or, from still another perspective, we might wonder, what kind of an environment is this organism — our client — adapted for. It's basic evolutionary understanding that organisms evolve in response to their environments: over time they try to find unoccupied niches; to discover available sources of nourishment; to protect themselves from real or potential threats. What sort of environment might have produced a creature such as your client? What kind of world, what types of interactions, does she seem prepared for, built for, predisposed to expect?

So another part of the training, then, is learning about these "forces and circumstances," the "rules," the "environmental factors" that seem to determine how we human beings end up being molded as we are. We learn about the kinds of core issues and needs that tend to run us, and the kinds of strategies we devise in order to survive within a world that has often shown up as indifferent, hostile, and dangerous; one that may at times seem opposed to our aliveness, to our love and to our very existence.

Imagining possible experiments. So, we have the data, which is the information we have unobtrusively gathered simply by paying attention to the client's various signals; and we have a hypothesis that is informed by our understanding of how human beings tend to develop in less than optimal circumstances. But . . . all we really have at this point is just an educated guess. And, more importantly, even if we're 100 percent correct, our knowing it will make very little difference to the client. She has to know — to feel, to experience — it herself. So we need to devise some kind of simple *experiment*, both to test our theory, as well as to allow the client to experience directly the influence of the core organizing belief whose operative presence we are postulating.

The simplest form of an experiment in Hakomi is, of course, the verbal probe. For example, our observations lead us to notice that our *exhausted* client seems to feel she has to say *yes* to anyone who asks for her help. We suspect that in her virtual world, helping — even to the point of unhealthy self-sacrifice — is highly valued and is probably tied into her sense of self-worth. To confirm our suspicions, and to help the client directly notice that she is indeed operating according to such a principle, we would (later, in task 4, after establishing mindfulness) offer her a probe such as, "your life belongs to you." If our hypothesis is correct, this potentially nourishing statement will "collide" with what may be her unconscious belief — "my life belongs to everyone else first, then if there's any left over, to me" — thereby bringing that belief into felt consciousness. But more about all of that later. In task 2, we're just thinking about all of this.

Selecting an indicator. In the example above, the "indicator" would probably be the client's general state of exhaustion. But an indicator can be almost anything. What we want is something that we somehow suspect or sense might provide access to deeper psychological material. So a repeated gesture, a unconscious mannerism, a habit, a way of holding the head, a certain look in the eyes, an incongruous smile, a unique way of dressing, a careful way of speaking — all of these could be indicators, depending on the rest of our observations. Ron suggests asking ourselves: What is it that stands out about this person? If you had to describe this person to someone else, what traits would you mention? If you were that novelist sitting in Starbucks, what words would you use to capture her uniqueness?

Obviously, settling on an indicator is not really a separate act from making our observations or forming our hypotheses. The observation, hypothesis, experiment, and indicator may all reveal themselves to us in the same moment of clear-seeing. But whether this all comes at once, or gradually, if we're going to somehow make use of all this fine detective work and hunches, we're going to have to get the client interested in this indicator. That's the next task.

Task Three: Shifting the Client's Attention to the Indicator

This task is pretty straightforward. We've noticed something interesting about the client that we suspect might give us access to some deeper level of material. Now we need to find out if the client shares our interest and curiosity. And so we wait for an opportune moment to share our observation. Ideally, the client pauses in her story and perhaps looks to us for some kind of response or contact, and we take advantage of that opening.

But maybe this is the kind of client that hardly takes a breath between sentences. What then? Well, we may need to interrupt her. We want to be as polite as we can be, but not so polite that we are excluded from the interaction. So in one way or another, at some point, we need to say to the client: "I've noticed something interesting about you." And then it's just a matter of tact and flow and gentleness.

If the client shows some interest, we go on to task four, and set up the experiment. If she's got some higher priority, like finishing her story or getting a point across to us that we don't seem to have gotten because we were thinking about our wonderful experiment, we back off and return to spaciousness. Maybe in a few minutes.

Philosophical Interlude

Because this is such a short task, I thought it might be good spot to introduce a bit of discussion around what *kind* of psychotherapeutic approach Hakomi represents. After all, psychotherapy keeps evolving as one sensitive, malcontented therapist after another says to him or herself: "You know, something just doesn't feel right about the way we've been taught to do therapy. We're paying far too much attention to *this*, and not nearly enough to *that*. We're focusing *here* when we should be focusing *there*. Let me see if I can figure out how to address the problem." We all know who the sensitive malcontent was who brought forth Hakomi and now, still not content, Hakomi Simplified. But where exactly does Hakomi fit in the grand scheme of all things therapeutic?

Alas, there is no grand scheme. Evolution isn't linear, and organic processes keep spinning off new variations of themselves in multiple directions whenever they find new circumstances or opportunities. But there are some small, *local* schemes that are relevant to Hakomi, and which may help us appreciate a bit more the kind of work we're doing.

This philosophical interlude actually does belong right here, at this point in the description of Hakomi Simplified, because this simple task — shifting the client's attention to an indicator — marks a distinct transition in the session. Until this point in the process, the therapist has been relatively quiet: mostly listening, occasionally making

contact. The space and initiative have clearly belonged to the client. What the client is interested in and aware of has guided most of our shared attention (aside from our surreptitious observations). And now, we are about to change all that; we are going to take charge. We're going to start making *level 2* contact statements.

So, local scheme number one (of two) has to do with the debate in psychotherapy between *non-directiveness* and *efficacy*.

Non-directiveness – efficacy. All of the so-called person-centered psychotherapies (which broadly includes Hakomi) are relatively non-directive. They assume or affirm, in one way or another that the impetus for growth and understanding must come from the client, and *will* come from the client eventually if the therapeutic setting is conducive and friendly to such growth.

In its purest form, called *principled* non-directiveness (meaning, a fundamental, underlying *principle*, like organicity or holism), the stance is this: if we really believe what we say about the self-actualizing potential residing in the client, then we must have absolute respect for the client's ability to bring forth, at her own pace, in her own way, whatever is needed for her healing. For the therapist to intervene or redirect the client's attention in any way is a disrespectful act, and violates her autonomy just as her childhood environment doubtless did.

On the *efficacy* side of the equation, other equally person-centered practitioners would agree that non-directiveness is nice up to a point, but practically speaking, clients come to us precisely because they are damaged; their actualizing function isn't functioning all that well. If they are going to make any significant progress, they need a whole lot more than just a weekly, one-hour dose of unconditional positive regard. They need our active, educated help.

In Hakomi, task three is where we shift from something we could easily label, the "principled non-directiveness of loving presence", into the overtly strategic stance of "efficacy," of "moving the process forward." The reason why it's critical for us to be aware of this transition and what it entails, and to handle it with delicacy, is that the client may (quite legitimately) experience it as jarring or confusing. If a small child is playing happily alone, building something with blocks, while father looks on, the child may not immediately appreciate dad's suggestion that she put a block *there* before the whole thing falls down.

A second local scheme, another way of positioning or thinking about person-centered psychotherapies, is according to the extent they insist meaningful change comes about because of: a) the client having certain types of *relationships*; or b) the client having certain types of *experiences*.

Relationships – experiences. The *relationship* side of the discussion highlights not so much the optimal therapeutic setting (of, say, loving presence), though something like that is implicit. The emphasis rather is on the quality or nature of the *interaction* between the client and therapist. From this perspective, what really allows for meaningful change to occur is for the client to experience, moment by moment, qualitatively different responses to her beingness than she experienced early in life. What is important about these responses is, not necessarily that they be loving, but that they be *authentic*. So here it is the authenticity of the therapist, his personal congruence, his mature personhood, that is understood to be the catalyst for healing.

When I extended the meaning of "missing experience" earlier in this paper, it was to highlight this dimension of the therapeutic encounter as is might be understood in Hakomi.

On the "experiencing" side of this scheme is, for example, what *focusing* calls the "felt sense." This may be loosely defined as our deeper, bodily sense of whatever it is we are experiencing. Emotions, memories, sensations, and action all emerge from, and can be brought back to, the felt sense. The felt sense is understood to provide and contain a much more complete "grasp" of our total situation (about the particular issue we're focused on), and knows or "implies" the next step we need to take.

The felt sense is a kind of somatically attuned inwardness that is often unclear initially, but which tends to clarify itself, to be sensed more precisely, the longer we can stay with it. When the therapist asks us what we are feeling, and we don't know immediately, it is to our felt sense, ideally, that we turn, and wait for an answer. For this discussion, the most important point is that the felt sense — when we allow it to emerge within us and focus on it — is the source of meaningful change. By being in contact with our felt sense, we intuitively know what to do next.

In Hakomi, it is experience evoked and studied in mindfulness that corresponds (roughly) to this emphasis on a certain *way* of experiencing our experience as being a key part of the process.

So, a second way to think about the transition we make in Hakomi at task three is this: that we moving from a reliance on our authentic relationship with the client as the (nearly) sufficient vehicle of healing, to a territory where a certain kind of deep experiencing is understood as required for significant healing to take place.

In some ways, these categories or distinctions I've invoked here represent false dichotomies: in the first instance (non-directiveness vs. efficacy), we obviously don't abandon our loving presence when we begin directing the process a little; in the second (relationship vs. experience), we know that clients only allow themselves to go deeply into their experience within the context of safety and containment which the attuned therapeutic relationship offers. But I

think the distinctions can help us understand a little better how Hakomi works, and underline the fact that there are two relatively distinct stages in any given Hakomi session.

Finally, I want to point out another reason why the first of these two false dichotomies is false: Ron didn't base Hakomi on the principle of non-directiveness; he based it on the principle of non-violence. Non-violence doesn't tell us not to intervene or redirect attention or try an experiment; it says, pay very close attention to the client's response to our suggestions and efforts, and if there is resistance, don't continue. Working within the principle of non-violence, we don't have to be extraordinarily cautious or all-knowing; we just have to be observant, sensitive, and ready to stop at once. If we can move the therapy process forward in the direction of deeper experiencing, and do so respectfully and mindfully, in true service to the client's unfolding process, then we are free and ready to do so. It's the Hakomi way.

Task Four: Establishing mindfulness and doing the experiment

Mindfulness

In its simplest application, mindfulness means *paying attention*. It is pretty much what mom meant when she said to us, as we were spilling or bumping or dirtying something: "Will you *please* watch what you're doing!" Her exasperated admonition was a call for us to be mindful of our actions, especially those aspects of our activity that we weren't focused on. Our goal, for instance, may have been to fill the dog's water bowl as full as possible at the sink and then place it outside the back door. The fact that we spilled some water on the kitchen floor as we carried the bowl didn't really matter to us. Our attention was elsewhere, on our goal. We weren't paying attention to (weren't noticing as relevant) the water slopping over the edge of the bowl.

Eckhart Tolle has popularized the "power of now," the enormous shift of consciousness that takes place when we deliberately and regularly bring our otherwise scattered attention back into a unified focus in the present. When we "watch what we're doing," when we are actually present to ourselves and our surroundings, and to our present moment experiencing, then our sense of who we are and what is possible are greatly expanded. "Your point of power is in the present," Seth (through Jane Roberts) insisted, in book after book. Whatever reality the past and future may have, whatever influence they may in fact exert on us, our only practical point of contact with them is right here and right now. So that's where we need to be too.

When we speak of mindfulness in Hakomi, we are usually referring to this point in the process where we are now, in task four, in relation to the client and the upcoming experiment. But of course, mindfulness also relates to the therapist. The basis of loving presence, as well as the whole

Randall Keller

ambience of the healing relationship, is mindfulness. So, what do we mean by that?

Mindfulness is a state of consciousness, and the fact that we have to name it and describe it suggests that it isn't our ordinary state of consciousness. *Ordinarily*, we are not being mindful. Thus it becomes possible, in part, to describe mindfulness in terms of how it is different from ordinary consciousness.

In our familiar, ordinary state of consciousness, we are mostly busy figuring things out: what to do next; how to accomplish so-and-so; planning, scheduling, managing time and resources; wondering what will happen if we do *this* instead of *that*; and so on. So one (admittedly oversimplified) way of describing ordinary consciousness would be to call it "strategic." It is survival oriented. We're using our minds to run our lives, to take care of business, to create small spheres of order in what will surely otherwise be chaos if we don't personally take charge, if we don't come up with a strategy.

Mindfulness, in contrast, is a non-strategic state of consciousness. In mindfulness, we are mostly "busy" appreciating things: how beautiful the flowers are; how lovely this person is; how gracious the day feels; how wonderful it is to breathe and move about in such a surprising and delightful world. If mindfulness has an orientation, perhaps we could say it is toward wonder and gratitude, toward acceptance and cooperation. If we are living mindfully, then instead of "running" our lives, we are allowing our lives to be run, permitting ourselves to be directed or nudged along by some very real process within us, one that seems to have a much better grasp of our situation and purpose than does our anxious, calculating mind.

Mindfulness, in fact, has much less to do with the mind than does ordinary consciousness. A great deal of what we are calling ordinary consciousness is (or at least, seems) located inside our heads, in our mental activity. Mindfulness, in contrast, is a much more embodied state of consciousness, which is why one of the most reliable ways of entering a mindful state is by bringing our attention into the body.

From the very beginning of a Hakomi session, the therapist is modeling a mindful state of being, which is expressed through his soothing and friendly voice, his unhurried pacing, his interested listening, and his focused attention. Mindfulness is inherently spacious, accepting, alert. The mindful therapist has no immediate agenda other than to be fully present and receptive to his client. And the attitude the therapist displays toward the client is the attitude which, in this step, we hope to encourage the client to take toward his own experience: alert, curious, welcoming.

Probably the most important means we have of assisting the client to adopt this attitude is by our modeling of it. Our

mindful presence serves to engender mindfulness in the client. This is one of the ways we influence the process in therapy. But we also offer some instruction if that seems called for. In its simplest form, we merely suggest they relax a bit, close their eyes, let go of whatever they had been thinking about, bring their attention inside, perhaps by taking a deep breath and following that breath into the chest and belly. That's probably enough. There's less "noise" in the system now. We can do the experiment.

Doing the Experiment

What we actually do at this point will of course depend on the indicator we settled on and how we want to study it. Standard Hakomi experiments include: verbal and tactile probes; taking over voices; supporting "management behavior," repeating gestures in slow motion; and many more. Ron emphasizes that there is a lot of room for creativity at this point. If there's something about the client's behavior or story that intrigues the therapist, and seems like it might be linked to a core pattern, it's up to the therapist to come up with some way to study it. We don't even have to have a hypothesis. There are times when we really have no idea what an "indicator" is indicating; we merely suspect it's important. We can still experiment, using the information we gather *through* the experiment to form a hypothesis.

We do these experiments (with the client in mindfulness) because we're hoping to evoke something spontaneous, unpredictable, or at least interesting in and for the client. We want to find out if our hypothesis is correct, if we have one. We also want the client to experience in her own body the effects of her core organizing material. And the whole endeavor can be fairly playful and figured out collaboratively. If we're curious about something, and if the client is interested and engaged, experimenting like this can be a joint undertaking.

Task five: Working with the outcome of the experiment

Getting the data

In order to have any outcome to work with, the first order of business is to get a report from the client on precisely what she experienced during the experiment. In other words, get the data. Scientists do experiments because they hope to learn something or confirm something. So do we. Scientists take careful note of the results they obtain. We should do the same.

Ideally, we would like the client to report on her experience while it is happening, and from within the experience itself. Some clients, however, have their experience, then come out and tell us about it. In either case, if they don't tell us, we

have to ask, because the data determines what we do next, where we go from here.

Accessing, Deepening, and Processing

Typically, an experiment will result in some form of present experience: sensation, emotion, thoughts. This is already a good start. While in a state of mindfulness, the client has moved into a deeper awareness of some aspect of her actual present-moment experience. What we need to do then is help her stay with that experience longer, so that it deepens or opens up in some way, or so that it stabilizes. If a verbal probe elicited a feeling of sadness, we might simply suggest that she "stay with the sadness," or we might ask her what kind of sadness it is, or what the sadness seems to be saying. We want her to feel the sadness fully, while at the same time maintaining some distance from it. We want her to come into a relationship *with* her sadness: it is part of her, but not all of her. She is close to it, but not overwhelmed.

Our goal of course is to "access" core material by means of these deeply felt experiences, whatever they may be, and by discovering what they mean to the client. In this overall, cyclically repeated process, there is often a release of strong emotions, and when that happens we will attempt to support the client's spontaneous behavior (tensing the abdominal muscles, covering the eyes, collapsing the chest), and offer whatever nourishment she will accept. Or the "child" may appear, signaled by a change in voice or facial expression, and we will attempt to relate to this inner child in a natural and reassuring manner, offering the consolation and wisdom that was missing in the earlier time.

Eventually — if the client has been willing, and we have been skillful, and the heavens have been gracious — we uncover a core belief. Perhaps the belief, as verbalized by the client (speaking from the child's perspective and with the child's limited understanding) is "the world isn't safe." We assist the client in coming to see that the child's intense but narrow experience of non-safety (in her family) led to a great over-generalization of how things are, that while some parts of the world, some particular people, might not be safe, other parts and people probably are. And at this point, we are slipping into task six, where we'll pick this up again.

Now, this has been an admittedly cursory description of what is in fact a very complex aspect of the therapy process. The *doing* of all this accessing, deepening, and processing requires a lot of therapist skill and confidence, as well as moment by moment attunement to the client's often rapidly shifting state. Let's take a moment to remind ourselves why it is we *do* this at all.

Experience is Organized

One of the main ideas which Hakomi is based on is that *experience is organized*. With respect to the therapeutic process this means: our psychological *experience* (our perceptions, our feelings, and our sense of what things mean) *is organized* (is effectively created or structured) by

our *core beliefs* ("conclusions" we reached at a very young age about what kind of world this is). In the section on virtual reality, I said that it is core beliefs that effectively generate the particular personal world that each of us inhabits. For example, a core belief of "I'm not safe" will tend to generate a virtual reality in which the possibility of *danger* seems higher than it otherwise would, where a greater sense of *threat* seems to permeate otherwise innocuous settings.

Saying that the belief "I'm not safe" *organizes* our perceptions and emotional responses means: it colors our perspective on things (we tend to see people and situations as threatening); it tells us what we should pay attention to (strangers, crowds, situations that might be chaotic); it instructs us in how to approach the unknown (with caution, with a tensed body and shallow breathing); it advises us how to feel in unfamiliar circumstances (anxious, vigilant, ready to flee). The person whose virtual reality is organized around the core belief, "I'm not safe" is going to experience and report on a very different world than the person whose virtual reality is being generated, say, by the belief "I can't get what I want," or "I'm only loved when I perform."

As I mentioned early in this paper, most of these so-called core organizing beliefs reside in an area of the brain that holds implicit memory, which we don't have direct access to, and so they shape our experience often without our being consciously aware of them. Even if we are conscious of them at some level (meaning, we can talk about them), that level of knowing doesn't change anything. It's like thinking we know how to bake a cake because we'd read a cookbook, but hadn't gotten down to the level of flour and ovens. Even if we could recite the recipe by heart, our plates would still be empty.

So the reason we "do" all this accessing and processing is because — we have to. This is what it takes. If we don't get down to the level where these "beliefs" are stored — packaged inextricably with the painful memories and awful feelings, and the sense of hopelessness and shame and resentment, that was all part of what became a "missing experience" — then the client won't really be in the state of openness and trust needed to receive the nurturing experience when it is offered. She will go away hungry.

Task six: Offering nourishment to satisfy the "missing experience"

Most of what needs to be said here I have already said, in the overview of task six, and in the section on the missing experience. To summarize, in one way or another, most often simply through his kind words and compassionate presence, the therapist offers the client her missing experience, the nourishment all of her processing and openness have prepared her to receive. The therapist's

Randall Keller

energetic and perhaps physical embrace, the atmosphere of trust and intimacy that now fills the space, the client's openness to her own inner resources, visiting angels perhaps — all of these combine somehow to answer the particular soulful longing that has made itself known during the session. And so the client experiences feeling truly safe and welcome, or deeply seen and valued as a person, or unconditionally honored in some way she's been waiting for all her life. She cries a little, she laughs a little. And for the moment at least, all is well.

Afterword

Where two or more are gathered together in the name of healing, with at least a minimal degree of humility and trust, something else enters in to the midst of that relationship. The combined intention of healer and healee — to alleviate suffering, to walk a step or two further into the heart's labyrinth — serves as an invitation or call, perhaps even a summons, to those greater energies and beings which express the universe's true nature: compassion, beauty, wholeness. When we commit ourselves to healing, providence moves too, and whatever healing takes place comes about more through grace than merit, more through sincerity than preparation, more through surrender than effort. How it all works is still mostly a mystery, but with Hakomi, and Hakomi Simplified, Ron has found, and now offers us, a skillful way of participating in this mystery with those who come to us, a participation which naturally facilitates our own continued healing and growth at the same time; the ultimate win-win situation.

Issues of Attachment & Sexuality: A Case Study from a Clinical Research Study

Amelia Kaplan, Psy.M. and Laurie Schwartz, L.M.T., M.S.

Editor's note: The research summarized in this paper won the 2005 student research award from the United States Association for Body Psychotherapy meeting in Tuscon (USABP@USABP.org). It was also the basis for the successfully defended doctoral dissertation of Amelia Kaplan at Rutgers University. It represents an exemplary way to doing research in body-centered psychotherapy that others may emulate. The paper published here illustrates the research methodology while focusing on one case study. A version previously published in the *Proceedings of the 2005 USABP Conference* includes two cases. The full dissertation contains three. For correspondence regarding this article, please contact Amelia Kaplan at akaplan@post.harvard.edu. Laurie Schwartz can be contacted at nyhakomi@aol.com.

Amelia Kaplan, Psy.M. graduated from Harvard University with a B.A. in History and Literature. She is currently a doctoral student in clinical psychology at Rutgers University, where she pursues interests in mind-body psychology, STDP, group therapy, and human sexuality. She has also trained in massage and Zen Bodytherapy. Her original dissertation research studied three cases of Body-centered Psychotherapy with practitioner Laurie Schwartz.

Laurie Schwartz, M.S., CHT, L.M.T., is a Counseling Psychologist and Licensed Massage Therapist in private practice since 1982 integrating somatic and psychotherapy modalities including Rubenfeld Synergy, Hakomi, Jin Shin Jyutsu, Somatic Experiencing, Modern Group Analysis, and Hellinger Constellations. Laurie is also a photographer and African Drummer who has created sacred ceremonies for the restoration of healing and consciousness in community.

ABSTRACT: In the following article, we present a brief overview of the dissertation research of Amelia Kaplan, Psy.M., a doctoral candidate in Clinical Psychology at Rutgers University, which was done in collaboration with Laurie Schwartz, L.M.T., M.S., CHT, a Body-centered Psychotherapy practitioner of 25 years. This applied research examined the clinical work of Ms. Schwartz in order to articulate some basic themes of Body-centered psychotherapy, and how Ms. Schwartz individualized her therapy to meet the needs of each client. In this article, we draw from the clinical research to examine how attachment and sexuality are dealt with in a trauma-oriented psychotherapy using the clinical case transcripts and commentary from the study.

Overview

Body-centered Psychotherapy (BcP) practitioners continue to search for a place in the psychotherapy canon. Because there is sparse empirical and scholarly research on BcP's theory, methods, and practices, this study uses the Pragmatic Case Study Method, a case-based research design, as a suitable strategy for beginning to study BcP systematically in detail and in context.

Pragmatic Case Study Method

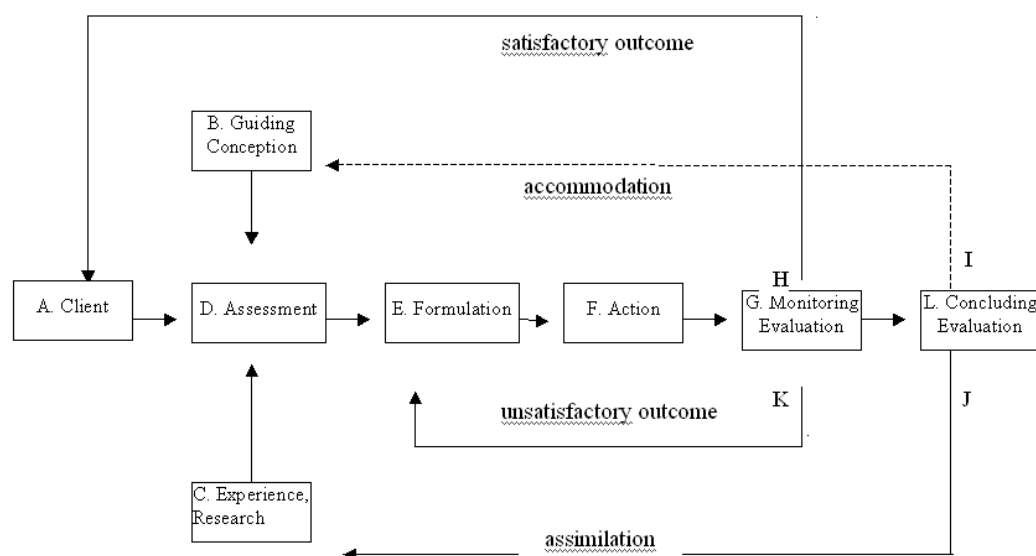
The present study used the case-based Pragmatic Case Study Method ("PCS Method"), developed by Fishman (1999; 2000). The PCS Method draws from the Disciplined Inquiry model (Peterson, 1991) to investigate what about an applied psychological treatment is distinctive and useful (Fishman, 1999; 2005).

The Disciplined Inquiry model is outlined in Figure 1. It's focus "begins and ends in the condition of the client" by investigating the particular needs of clients within applied settings through systematic and rigorous case studies (Peterson, 1997, p. 188). As illustrated, in figure 1, once a client's situation and presenting problems have been described (component A), the Disciplined Inquiry Model calls for a setting forth of the practitioner's "guiding conception" (B). This is the overarching theory a practitioner brings to his or her work, as informed by previous research and clinical experience (C). The guiding conception is then traced as it interacts with the specific needs of the client, through the steps of assessment (D); formulation, including treatment plan (E); action, or intervention (F); monitoring evaluation and feedback (G); possible recycling through earlier steps (H-K); and concluding evaluation (L).

In the present project, the PCS Method is being applied to three case studies. By studying systematically how a BcP practitioner's guiding conception influences the process and offers feedback to a system, the PCS Method allows a case

study to look directly at what about the theory and techniques of a Body-centered Psychotherapy may be useful and distinctive with individual clients.

Figure 1. Professional Activity as Disciplined Inquiry
(adapted by Messer, 2004, from Peterson, 1991 and Fishman, 2005).



The goal is to begin the explanatory process that will contribute to creating a framework of concepts for further study in BcP. Ultimately, it is intended that these cases will become a part of a growing database of pragmatic case studies (Fishman, 1999; 2005) that will help practitioners make informed choices about matching treatment with clients (Howard, Moras, Brill, Martinovich, & Lutz, 1996).

Research Design

This study is comprised of three case studies treated by BcP practitioner Laurie Schwartz. Each treatment was open-ended with regards to length. The research included the entire therapy or the initial 12 sessions, whichever came first. The data consisted of quantitative pre- and post-assessment measures, transcription of videotaped sessions, review of the video and transcript with the practitioner and researcher, and an exit interview with each subject by the researcher. The videotapes themselves were a crucial source of information – both as independent sources of data and as a method for practitioner review. Part of the data analysis includes the therapist and researcher reviewing the videotapes of these sessions to articulate how her guiding conception interacted with the presenting problems and goals of the subject, and how she integrates that information into her theoretical intent and procedure which will guide the next intervention.

Body-centered Psychotherapy Practitioner

The BcP practitioner for this study, Laurie Schwartz (hereafter referred to simply as “Laurie.”), was selected through a network of BcP practitioners because of her experience and training in the field, and because of her highly regarded reputation among practitioners. She is a certified Rubenfeld Synergist, a master clinician of Hakomi Therapy, and currently is an individual and group supervisor for therapists training in the Hakomi Method of Body-centered Psychotherapy, and Somatic Experiencing, a method for the resolution and healing of trauma. She also has a commitment to research in the field of BcP, as previous to this study she had already been videotaping clients for several years with the intent of engaging in clinical research.

Guiding Conception

In Laurie's theory of BcP, the ideal of health is for a client to move towards a more related way of being with one's self and body, aware of sensations, feelings, and thoughts, while staying related to other people. This therapeutic model draws from psychodynamic developmental theory, including object relations and self-psychology elements focusing on the mother-infant dyad (Aron & Anderson, 1998; Schore, 1994).

For more details on Laurie's guiding conception, please see Kaplan, A. H. and Schwartz, L. (in press). "Listening to the body: Pragmatic case studies of body-centered psychotherapy." *The USA Body Psychotherapy Journal*, or Kaplan, A. H. (2005). "Listening to the body: Pragmatic case studies of body-centered psychotherapy." Rutgers University, Piscataway: NJ.

The Case of Terry

The case of Terry is an excellent example of working with developmental trauma around attachment. Terry, a 60 year-old Caucasian professional divorced woman, was referred to Laurie by a colleague who had been a client of Laurie's. Terry had been married twice, had one now-grown son from her first marriage, which she described as horribly violent and abusive, and was currently in a less-than-satisfying relationship. She felt blocked, unsure of the next steps in her life. She presented for therapy to address some of the pain and sadness that she had been carrying for years. She was also a chain smoker, a habit she detested yet found herself unable to control. She had briefly tried therapy before, but had not engaged in treatment. A very adaptable and agreeable woman, Terry could be pleasing to such a degree that she fulfilled her own needs only through meeting others' needs.

Much of her treatment was formulated as being a case of "unmet needs" which Terry had compensated for by seeking love and nourishment via taking care of others. How to help her discover how she nourished herself and work with physical touch as a way to meet her unmet needs became a central part of treatment.

History of Client

Terry was the eldest child of married parents. She reported some difficulty in her attachments to each parent. She was born while her father was on duty during WWII, and after the war, he was a traveling salesman and often away. She described her mother as a very anxious woman who dealt with her nervous energy by constantly moving. From her mother, Terry learned that it was not acceptable to relax.

Terry also remembered that her mother often unfavorably compared her to others, sending a message that she was "never good enough." Terry compensated by always being a caretaker. She had vivid memories of caring for her younger sister and two brothers (six and ten years younger)—feeding them, putting them to bed, reading them stories. She remembered enjoying taking care of them, but "I never really got to be little."

This dynamic of taking care of others became a prominent aspect of her personality, allowing her to function well when focusing on the feelings of others, but left her with little ability to allow herself joy and nourishment herself.

Terry was married twice, first to an emotionally and physically abusive husband with whom she had her only child, a son. She referred to the abuse that she withstood over many years only in vague terms. Terry admitted she had great difficulty discussing what she endured in that relationship. Only seldom did she refer to it; and once she described his constant threats of taking away her son from her. This theme of tolerating abuse while remaining a caretaker was an important pattern for Terry to address in treatment.

Terry's second marriage was brief. She described herself as "safe for the first time in my life." She left her second husband, however, because she had re-fallen in love with her high school sweetheart, Jack. She did not have an affair; she merely had started a letter-writing correspondence with Jack, and when she told her husband that she was writing Jack, he put an ultimatum to her, and so she left him.

Unfortunately for Terry, Jack seems unwilling to have a full relationship with her. Most of their connection occurs through an intense email correspondence. The two see each other rarely, and have never consummated their relationship. Terry yearns for more connection with him, yet knows she will probably never get it. When asked at intake about her goals for treatment, she never mentioned this relationship. Only after several sessions did Terry admit to Laurie that her "missing attacks," in which she would feel intense pain at not having her desire for closeness with Jack fulfilled, was really the reason for her coming to therapy now.

Assessment ("D" in Figure 1) *Qualitative Assessment*

Laurie described Terry with "softness, yearning, longing, and melancholy" in her appearance. She assessed that Terry seemed "worn out," as if she did not feel any power to nurture herself. Terry admitted to having "a lot of sadness" within her. Terry showed great difficulty receiving help and nourishment without immediately moving into the role of taking care of the other. This appeared right away through an extensively- accommodating and deferential style. Laurie assessed that Terry was not able to sense her inner

resources and feel relaxed and nourished, thereby supporting a healthy attachment to herself. This became an important theme in the treatment.

Strengths

Terry had a number of important strengths. A very successful professional writer, she had written for many highly-regarded professionals. Terry's ability to express herself indicated a very strong intellect and a gift for articulation which showed throughout treatment. Repeatedly, Terry was able to articulate her inner world thoughtfully and in clear and vivid terms. Additionally, despite its drawbacks, her tendency to care for others revealed her great strength as a loving woman, mother, and friend. Terry raised a healthy son in the midst of an abusive marriage, and to her credit, was able to leave, literally, with her life intact. Since then, she continued to function very well despite many setbacks, including caring for her aging parents (she began several sessions discussing caring for her ailing father), and being unable to drive due to her limited eyesight. She also was in the process of mentoring several of her high-status colleagues with much success.

Formulation and Treatment Plan ("E" in Figure 1)

Laurie formulated Terry as suffering from an early developmental trauma in which Terry was not adequately contacted, held, and mirrored when she was very young. Laurie described how Terry's demure, deferent and exceptionally other-oriented style suggested a breach at the level of existence: can I belong? Laurie formulated that Terry coped with this anxiety by creating the belief: "My survival depended on loving other people. Giving love was my life." Laurie hypothesized that Terry had mostly worked hard to love others, and was not very capable of loving and nurturing herself without guilt and self-attack.

Since Terry appeared nourishment-starved, Laurie wanted to create some new nourishing experiences that might be very beneficial for her. Therefore, she planned to help bring Terry back into her body in order to access her inner strength and resources. Laurie formulated that for this type of deprivation-based trauma, Terry would probably be a client who could benefit from a lot from physical touch in the therapy. Laurie also hypothesized that Terry often used her telling of her story as a defense: "to go into the story without spending much time in her body." Therefore, as described above, Laurie's interventions were intended to keep Terry focused on her inner awareness and experience and less in narrative disclosure.

Example #1: "Linking Her Body to Feeling"; Session 1

Building the alliance from the very start, Laurie warmly recognized all that she and Terry have done together to begin this "journey." Terry seemed to appreciate Laurie's acknowledgement of all the effort she had needed to overcome her resistance to therapy. When Terry continued by expressing some sense of pleasure, Laurie right away asked Terry – without going to any of her history – about her bodily experience of "good." This intervention exemplified the combined assessment and treatment in BcP, as Laurie was assessing Terry's level of embodiment at the same time she was educating Terry how to bring awareness to her body. At the same time that Laurie brought Terry's attention to her bodily sensations, she also socialized Terry to BcP by offering the implicit message that this therapy was going to be bodily focused.

Laurie: Well, so, we're finally...

Terry: Yes [laughter]

L: So, what a journey, huh? . . . To get to this moment of time...

L/T: [Laughter]

T: Yes, in more ways than one...

L: So, yeah, how does it feel to be here?

T: It feels very good; it feels very good. Um, I'm really welcome here . . . this, very much.

L: And when you say it feels good, do you have a bodily experience right now, when you check-in . . . kind of curious?

T: Um, well, outside, I was ah... watching the bubbles in the aquarium [giggle]. And I was coming from a very important lunch . . . and . . . I can tell you about it another time, but, I was thinking about that, and I feel . . . I did notice how warm it was, um, and it's very soft. Uh, it feels good.

Laurie noticed how Terry associated to bubbles, describing both a pleasurable memory and using a kinesthetic description. This suggested to Laurie some attunement by Terry to physicality. Terry, however, appeared to want to give a lot of information. Laurie noted that desire, yet wanted to work on helping Terry accessing inner sensation through bodily awareness. Thus, she brought Terry's awareness and the focus of the session back to the bubbles. Using the imagery of warm and soft is how, according to Laurie's guiding conception, Terry can become more connected to her inner resources and grounded.

L: Just take a moment and just close your eyes and just allow yourself a little bit of time to rest in that image of the joy of the bubbles coming up, the feeling of the softness, the warmth and just notice anything you might experience as you allow yourself the time to savor the bubbles, the warmth, the softness . . . anything at all that you might notice . . . Where are your hands, huh? Is there an impulse in your hands? Sense that movement. Let

your hands do that movement. Just like that, exactly. What do you notice in your body?

As they worked with this soothing kinesthetic experience, Laurie encouraged Terry to explore her felt sense in more a complete way. As Terry closed her eyes and sensed within herself, she spontaneously gestured with her hands. Laurie asked Terry to repeat it slowly to explore the gesture with somatic awareness. Here was an example of how Terry's body led the session, yet once whatever experiences were brought into the room, Laurie guided and directed.

- T: Yeah, and I was noticing that I felt really completely relaxed, except for my hands.
- L: Ah.
- T: And it was as if the tension . . . and I mean, sometimes my hands hurt, but, um, I don't usually, it's as if they were the only parts of me that were not relaxed.
- L: And everything was relaxed, but underneath your wrist?
- T: Yeah.
- L: The tension that was normally in your shoulders seemed to be in your hands?
- T: Yes.
- L: So you felt that impulse . . . So, could you do that movement slowly? Like a fish in water, or like an octopus, just spreading . . . yeah . . . so notice what happens when you follow that impulse . . . and you sense your body relax, relaxing. Take a breath. Yeah, just staying very curious, as you're feeling your fingers in your hands, sensing the quality of the energy . . . in your hands, your wrists, and just notice anything else you're aware of in the rest of your body . . . in your breathing or through your torso . . . that's it . . . into your pelvis . . . that's it . . . I just invite you to relax into the experience.
- T: I feel peaceful.

When Terry slowed down her movement, she was able to access a peaceful feeling. She responded to Laurie's direction and acknowledged noticing a heightened awareness when acting slower with mindfulness instead of rushing through her movements. Laurie reinforced her growing awareness.

- L: When we do body-centered work, we often slow time down. So, you will hear me at times just letting you slow down time, to stay with nourishment. And then we want to keep some sort of being sensitive to what happens when you can just rest in the peacefulness.

Terry took Laurie's lead and went further: she associated from her physical movement to her characterological style. This was an excellent illustration of Hakomi therapy's theory that character structures organized from developmental deficits can be "read" in the body's habit patterns and gestures (Kurtz & Pretera, 1976).

T: You know, it's interesting to hear you talk about slowing things down because, uh . . . I come from a long tradition of . . . I didn't found the tradition but I inherited the tradition of coping via acceleration.

What followed was a discussion of how Terry learned her defensive patterns in her family. Terry mentioned Laurie's soothing, calming voice as something which made her immediately feel safe. As previously discussed, Laurie uses her voice a lot in trauma work – both the quality and pacing are important components of helping clients slow down. It is a way of touching the clients without touch.

T: That's what struck me the first time I talked to you was . . . the quality of your voice and the pace of your voice...

Laurie continued to use her own embodiment through her voice tone and rhythm to model embodiment to Terry. Note how very little history has been taken. Laurie's focus was on the embodiment aspect of the work, spending little time on the past in a "cognitive fashion." Often there is the active choice point between getting a client's history and slowing the client down. From this invitation to focus on body and sensations, Terry immediately associated to an intense somatic and affective early memory: from birth and throughout her early childhood she suffered from severe and painful eczema. Terry's spontaneous association to a very influential and painful somatic experience in her early life may indicate an important "result" from the BcP treatment. Had Laurie asked for history directly, she may have learned some information about this event, but not with the richness of this embodied memory. Terry's ability to experience her early memory with the accompanying felt sense encapsulates the power of this work; it allowed for a spontaneous re-experiencing between affect, memory, image, and bodily sensation, all the while within a safe relationship.

T: You know, it's very interesting to me about that . . . I don't know why I never really thought about this before, because once I started thinking about it . . . but it was partly about coming to see you and something else triggered it, I don't know what it was, but. When I, um, there was a question there about the earliest childhood memory . . . and, uh, I've been thinking about how few childhood memories I can, you know, dredge up and it suddenly hit me, that . . . Oh! I know what it was. I was at work and I was doing an article on eczema and um, they made a new discovery and they were talking about how debilitating eczema was and that they found that it was this autoimmune disease and stuff. And I was born with really terrible eczema, I mean, I really terrible . . . uh . . . and my earliest memories are of having tar, you know, on my arms and legs and ace-bandages and having my hands tied, so I couldn't scratch myself...

As Terry continued to recount this early traumatic memory of being held down, unable to scratch herself, believing that the eczema was her fault, Laurie chose to listen without delving further into the memory because trust in the alliance needed to be built. It was only their first session and the memory was very “old and deep.” In a later session, Laurie might ask Terry to go into her body as she talked about the eczema. However, in this session, Laurie intended to create a “reflective, empathic, mirroring space” for Terry to tell her story, merely noting how Terry had organized to cope with the trauma. As a successful professional woman, Terry had developed a certain coping style to self-regulate in response to trauma. She has adapted and has been able to function well, yet Laurie noticed how Terry sequenced her comments, from the story about eczema to guilt and reconciling her belief that “it wasn’t my fault.”

T: And I just started thinking about all of the events that I probably went through and what I remember most is somebody saying to me, “don’t scratch” [laughter] . . . um, and one of the things that really helped me because when I was growing up, anything like eczema or asthma or any of that was considered psychosomatic, so, you not only had the misery, but you had the feeling that there was something wrong in you that was causing that and so . . . it was . . . a double whammy, really. And my nephew, um, God rest his soul, was born, he was the only one in the family who had this skin condition I did.

L: Mm.

T: And obviously he was born quite a while after I was. [laughter . . .] And I remember seeing him as a baby with this horrible thing, and thinking, “my God, you know, it wasn’t my fault!”

As Laurie brought the focus back to Terry’s body, Terry spontaneously closed her eyes. Terry seemed to be “grounding” in her bodily sensations more of her own accord.

L: So, let’s check in, and see . . . what are you noticing?

T: I’m noticing, uh, a feeling like, my God, I have a very legitimate . . . I’m very, very, aware of the surface of my body.

L: Uh-huh.

T: Very, very. Usually, if I have any awareness, it’s you know, what’s tense in the muscles or . . . but I’m very aware of my skin.

L: Great! Yeah, so, just take this time and let yourself bring your awareness to your skin. Yeah. Because when you were a little baby and were just born, your skin had some rashes on it . . . and just notice what it feels like now...

T: [Big sigh] Yes.

As Terry sighed and physically touched her face, she appeared to make a new contact with her skin in that very moment. She seemed to be working through old trauma held in her skin, including the feeling of being ugly,

damaged, and having untouchable skin. As Terry finally contacted her full affect and teared up, she acknowledged that her sadness was an important part of what has brought her to therapy. She described sensing the somatic mind-body connection between her skin and her sadness. One might say that sadness was trapped in her skin.

T: I often wondered why I have had such a feeling of ugliness my whole life and I, you know, I was ugly. You know, I mean . . . I was . . .

L: The eczema...

T: Yeah, yeah, it was really not a nice thing to look at.

L: Was it on your face too?

T: It was everywhere.

L: So, you felt ugly, and you also felt like it was your fault, and you were also all tied up . . . and you were also very young, and little, a time when babies like to move and stretch . . .

T: [big sigh] Yeah.

L: You are a very courageous soul to get through all that . . . to get where you are now.

T: Thank you. It’s amazing to me, that connection. [tears up]. I have had, um, I’ve had a lot of sadness in me forever that I couldn’t quite feel, I couldn’t quite get to the bottom of it. Not, I couldn’t quite, I couldn’t. [Laughs].

As Laurie began to address Terry’s sadness, she used a very visible, concrete, embodied imagery of a well. Terry connected this imagery with her own body, gesturing to a line from her head down her esophagus to her belly as a “well of tears.”

L: Just notice everything that happens. Where in your body . . . ?

T: You know it really does . . . it’s as if I can feel the shape of the well going right down there . . .

L: Uh-huh. Great. Let yourself feel that.

T: It’s just that . . .

L: So you’re sensing the well, sensing the shape . . . going down your throat, your chest, your diaphragm, into your belly. Just kind of stay with it . . . feel that well . . . the boundaries, feel that shape . . .

T: It does have a very specific shape . . .

L: Right, yeah . . . a very specific shape. So, does it curve, does it go straight?

T: It goes straight down . . .

L: Straight down.

T: It’s about that wide.

L: A few inches wide. And how deep does it go?

T: It sort of goes from there, just straight . . . It doesn’t hurt.

L: It doesn’t hurt, right. And is there a texture? Does it feel like it has a wall?

T: Yes, yes, kind of like a ceramic . . . like a ceramic

L: Like a vase?

T: Yeah. [real upbeat]

L: So just kind of touch into that ceramic shape. Sensing the sides, the boundaries. That wellAcknowledging your sadness. If you look in there, looking into the well and the water and the

tears. And just notice if there is any thing that you see when you look into that well, any image or memory? There doesn't have to be . . . just asking...

- T: [sniffs]. I just saw two faces . . . uh . . . just for a second . . . in . . . reflected in water . . . One was mine, and, the other was Jack's and Jack is the man I just had lunch with . . . and . . . it's such a huge, long story, but anyway. He was the first love of my life...

Throughout this session, even while exploring painful memories and feelings, with Laurie's encouragement, Terry remained in touch with her body and her felt experience within her own skin. From this place of re-experiencing, Terry began to tell her story of her many sorrowful attachments.

- T: [sighs]. That's another thing. You know, what happened there was, ah, I, I had been in a very abusive first marriage. I mean, just [pah!] . . . and uh, I, I didn't know, I didn't know it was a sin . . . I was living in France, thought it was my fault, you know. But now everything I realize I was just a walking textbook, you know, of what happens in situations . . . so I couldn't get out of it and uh, and finally I did, not because I was brave enough to make a decision, but because it really was so bad . . . there wasn't much choice . . . and then I married again and it was a very compatible, it was the antithesis of my first marriage and I think my second husband and I, we both were really looking for safety . . . and we gave it to each other . . . and it was . . . and then I, I went to a high school reunion and I saw Jack again and, um, we started corresponding and uh . . . he . . . you know I guess I went through that whole getting bashed around stuff . . . um, with a form of amnesia almost . . . and I just blocked it out and went on and didn't think about it . . . and um, but I do, really . . . I just sort of shut the whole door. But when I met Jack again and I would write something to him and he would say something like, "you always used to say that" or "you never used to say that" . . . and I had this feeling he remembered me better than I did, you know? And he did.

Laurie formulated that Jack became the mirroring object for Terry's unmet early developmental needs. Despite having safety for the first time, Terry ended up following Jack, who offered her "a new developmental bond of mirroring," as well as "a repetition of her absent father." Terry's deep feelings for Jack have also raised her awareness of her unmet longings for receiving love.

- T: [continues] And then my husband . . . you know . . . I started feeling that I was doing something that wasn't morally good, because I hadn't told my husband I was having this correspondence . . . I wasn't seeing him or anything, but it was very important to me. So, I talked to my brother, and he said, "Oh, I think you should tell your husband,

because he'd want this for you" . . . and I was thinking I don't want to do something . . . it felt weird to have this private in that way. So, I told him . . . and . . . I couldn't . . . and . . . um, you know, and he gave me an ultimatum, I had to stop writing to him or leave . . . and, uh, you know, it was the hardest decision I ever made, um, because I, I was safe for first time and I hadn't spent a lot of time in safety, and I remember thinking I must have a self-sabotage gene. I mean, here everything is okay, and what am I going to do, but blow it all up again? But I just felt as if, you know, I would be living some kind of a lie.

Laurie noted that despite the "self-sabotage" of her actions, Terry had acted with deep integrity. Laurie could see how important the truth was to Terry, who had been uncompromising in making sure that her husband knew about her correspondence, even if it ultimately meant losing him. She respectfully acknowledged how hard this woman has worked to survive her trauma of unmet sense of security, and started to formulate how Terry must have very deep unmet developmental needs that led her to give up her first sense of safety for this relationship with Jack.

- T: Yeah. And I seriously, to tell you what a mess I was, I was seriously considering lying to my husband and telling him I wasn't writing him any more, so that I could stay, you know . . .
- L: And have both....
- T: And have both. We had just inherited his mother's house, so for the first time we weren't in financial whatever . . . And we worked on the house for two years to clean it out . . . and I loved it, you know? And I was 55 . . . and I thought I'm really ever too old to go camping . . . but, I just, I know I couldn't do it, but then I went through a period of really feeling . . . utterly desolate . . . I wish I'd known you back then . . . the day I moved out of my house it was New Year's Eve and I didn't know what town to go to, so I went to a town where I didn't know anyone, and I had caught the flu from my son, and I was sitting there with these boxes and I had nothing to listen to music with. And I didn't know you needed cable TV to watch, you know. And I was sitting there thinking that, you know, I had no idea where I was going to go from there or how . . .

Laurie appeared to gather Terry's clinical history in an "organic" way. She did not ask for linear questions and responses, but listened as Terry desired to tell it. After gathering this information, Laurie returned Terry's attention back to her body. Using imagery, Laurie encouraged Terry to develop a somatic, cognitive and affective integration of this experience.

- L: So, what happens, take a moment now, when you kind of sit with yourself, today, right now, right here, in the present time, just sensing the woman you are now . . . When you see that woman back then with the house and the boxes on New Year's

Eve . . . How do you feel towards her? What would you say to her? How would you contact her?

- T: I would say, you know, my son used say to me . . . I have a wonderful son, who loves me, he really loves me. He used to say, "Mom, you're a f#*king lunatic!" [chuckles] But, I would say to her that, "I'm really proud of her", because she did something that made no sense to anyone, including herself, um, she . . . ah . . . had a very deep-seated need for approval . . . and her family pretty much freaked and thought she had lost her mind . . . um, and she just had this feeling that, you know, if there was ever any hope of being true to herself this was it, and then . . . You know though times in your life when there's really a fork in a road, a real, real fork. I mean they happen all the days, all the time, and usually you look back and you say "oh yeah," or I did this one or I did this one" That was really, Uh [groans], I remember just a really an overwhelming temptation . . . I . . . she was, she was scared, broke, lonely, getting old . . . Um, I mean, it was a disaster, and she made it through.

Laurie focused Terry on connecting somatically with an experience of her inner strength.

- L: And you are proud of her.
T: I am very proud of her...
L: Let's just take a moment and just feel. "I am proud of her."
T: I am proud of her.
L: Yeah. But she made it through.
T: [Big sigh]
L: Just kind of sit with that awareness . . . of following truth, true to thyself, to thy own self be true . . . "You were true to yourself."
T: She was a strong lady. I mean she was a f*ing lunatic, but she was a strong lady!
L: I think so . . . Yeah.
T: [Big sigh]
L: Just take a moment in the present time to kind of sense what it feels like in your heart and your soul and your body . . .
T: It feels very full.
L: . . . just very full . . . And when you feel the feeling of fullness . . . how do you notice that as sensation?
T: I have . . . ah . . . a feeling of, um, uh, how can I say . . . it's not a pressure, but there's a sense of expansion . . .
L: Expansion!

Laurie was careful about how to end the session. It is important that clients leave feeling grounded and contained, and thus they need time to integrate what has occurred in the session. Often Laurie will review the session, asking them what they will hold as a way to integrate it into their "normal consciousness" for the week and thereafter. She did this with Terry.

- L: So, let's just take a moment . . . before we start to kind of complete for today . . . and just see what it feels like right now . . . yeah . . . there's a lot of richness you brought today . . . and we will be able to go back and revisit some of these places in more depth, and take more time . . . and sensing where you are right now with where we traveled to today . . . and see if there is anything you want or you need or you would like to kind of take with you from our session . . .
T: I feel as if you've already given it to me. [chokes up] You know, I tried therapy only once before .
L: What is it that you feel that you want to take with you?
T: The sense that I can go on this journey with you.
L: Okay.
T: And that I will . . . you know I have had to be very self-reliant. A lot of people have relied on me. I feel as if for this, this I need to rely on somebody else because I . . .
L: [interrupts] Some permission for you to go on your journey . . . and have me joining with you . . .
T: and that . . .
L: [keeps talking] You can rely on me . . .

In this concluding intervention, Laurie stayed firmly on the imagery, integrating the cognitive work with Terry's felt experience, as well as emphasizing their alliance. Laurie knew that the treatment would only work if Terry felt safe with Laurie. She encouraged Terry to connect the work they have done in session around feeling safe with her bodily experience so that Terry can really know what it feels like to be "safe" in her being, not just in her mind.

- L: And we can do it together . . . you don't have to do this all by yourself . . . and you're safe . . . and how it feels . . . yeah, just sensing the beginning . . . just the beginning. You've already brought a lot of your riches.
T: Safety . . . is a really good feeling.
L: Is a really good feeling. So, whenever we get a great a feeling, what do we want to do? We want to slow time down and let the body absorb that on a cellular level. So just give yourself a little bit of time to feel the safety . . . sense the movement of your breath . . . feeling your back against the pillow, sensing your hands on your legs, your feet touching the earth . . . the feeling of containment . . . awareness of safety . . . and the movement of your breath . . . and just notice as you acknowledge the safety . . . and acknowledge your body . . . your body telling your mind "I'll be with you." And just notice if there is any image that emerges out of this sense of safety in the present moment . . . a painting or a picture that was born out of the feeling in your body . . . a feeling of safe . . .
T: It isn't visual, but it's very . . .
L: It could be kinesthetic.
T: Yes, yes. Very much.
L: And what's the quality?
T: It's a combination of buoyancy and being enveloped . . .

L: So the feeling of being enveloped and surrounded
and feeling buoyant.
T: Right.
L: Great . . . Mm. Great.
T: Thank you.
L: You're welcome
[End of session]

*Monitoring Evaluation of Session One
("G" in Figure 1)*

This session was an example of how Laurie moved back and forth, "stitching together" both narrative and experiential embodiment work in a session to help Terry increase her attachment to herself. Laurie formulated from this early work that Terry did not have the capacity to nourish herself and connect with her inner resources. Terry appeared to have a developmental trauma that had inhibited her from freely taking care of herself, unless she did so through taking care of others. Future work would need to focus on how Terry could learn to access her own inner resources by herself.

*Example #2: "Terry" finding her somatic
boundaries with aggression; Session 12*

Through the treatment, they worked on helping Terry identify that her sole way to connect was to nurture, but she would ultimately end up feeling like the filling station where others would come to "tank up" and be off, leaving her depleted. A way to explain Terry's unmet developmental need was that she didn't know how to get angry and set a boundary, as Terry never realized that anger could be a connector, only a separator. Terry is starting to get mindful of love coming and going, it's not just a one-way street. Terry's "boyfriend" Jack seems to have offered a source of love and bonding yet without the physical nourishment that is so important. Laurie's goal was to transfer that source back to Terry herself *so she could offer herself the unmet need*. Terry remembered an important experience during the past week: She had expressed appropriate anger and set a boundary with her friend Susan without feeling selfish.

T: Oh, you know, last week I got angry at somebody.
L: Oh, who?
T: She's a really good friend of mine. She's a colleague and . . .
L: That was in your pictures, remember you said, "there's anger there." You got angry!
T: I invited another colleague to lunch because it was her birthday. And Susan came, the next thing we went for a walk to get some coffee or something. And she said, "I have to tell you, you know, I was really upset that you didn't invite me to go have lunch with you." And so I said, "Oh, I'm really sorry, I didn't mean to hurt you." She said, "If I had done same thing to you, you would have felt

bad." I said, I really think I'm pretty much of a golden rule person, and I don't think I would do to somebody. I said, "I don't think I would be hurt if it were her birthday and you took her to lunch." Anyway . . .

L: When did you angry?
T: Well, so, the conversation, she went on for about 45 minutes. And I had apologized. "I had this, I had that." And then we went back to the office and started working and she brought it up again. And at that point, I said, "Susan, that's enough!" [Laughs]. And she just . . . she said, "What?" She had never seen me angry. And I didn't even feel it coming. You know, I knew I was getting a little tired of it, you know, but man did I get mad at her!
L: Great.
T: Oh!
L: She was startled?
T: She was very startled.
L: Not a behavior they expect Terry to express.
T: Yes!
L: So, how do you feel about yourself knowing you had this spontaneous impulse to say, "Susan, enough!"?
T: Well, you know what the amazing thing was, I didn't actually even feel guilty that I got mad at her.

As Laurie had formulated, Terry's belief system had been "If I receive love, I'm selfish." Through their work, Terry experienced a new belief: "I am able to get mad and stay connected and not feel guilty." They explored whether Terry could feel love without feeling selfish by examining the guilt that arose after Terry's impulse to assert herself.

L: Why would you? Why should you?
T: Because anger is definitely not a good thing.
L: It's a good thing if someone is battering you and you need to establish a boundary. Feel that.
T: Yeah, yeah.
L: And what do you want to say her?
T: Enough! [she gestures with her arms].
L: Feel that.
T: Yeah, yeah.
L: Enough! And just sense your arms.
T: Yeah.
L: And your legs.
T: Yeah.
L: And your chest, the energy.
T: [Sigh] Yeah.
L: What does it feel like?
T: It feels good [Laughs].
L: Yeah, exactly.
T: Enough! [Laughs].
L: You're very alive . . . it's your assertion.
T: Yes! And then, afterwards, obviously, I didn't want to hurt her and I didn't want her to be upset. But, I didn't feel, I didn't feel, you know, I mean I went in and gave her a hug and I said, "Let's not have this conversation again for at least 10 years." And it was fine. And she said, "We have to talk more about it." And I said, "yeah, but not now." But it was funny because I, I just, and I can't

believe I almost forget to tell you. Because when I went home that night, I thought, “Wow, I have to tell Laurie about that.” I really did . . .

Terry appeared more expressive and “activated in her body” than in earlier sessions. Yet Laurie noticed some fear emerge after Terry expressed herself; her body appeared to tense, and she seemed to look for reassurance. Laurie worked to reinforce Terry’s new experience of assertion. She created an experiment having Terry set a boundary and stay mindful in order to integrate the cognitive, sensate and affective aspects of assertion. Note how Laurie selected specific language that embodied the proper affective reaction, which in Terry’s case meant finding the words in French.

T: That’s right! You know, I’ve always loved, you know, the Italian word for that, it’s “*basta*.” And there’s something about that . . .

L: What do the French say?

T: “*Assez*.”

L: *Assez*. Like stop?

T: Or “*ça suffit*.” It suffices, literally. *Ca suffit*.

L: So what are you learning about yourself when you let yourself have that permission to set that boundary, *ça suffit*, enough?

T: Yeah, huh . . . you know, actually, it’s a very physical sensation of . . . it’s like weightlifting, it’s like taking something that’s pressing and pushing it. [Client gestures with hands].

As Terry spontaneously gestured with her hands, Laurie introduced a physical touch experiment to help Terry assimilate her experience of boundary setting. Formerly, Terry had believed that anger was entirely destructive – anger had meant either hitting (or sadly, being hit), or distancing. Through this experiment of pushing hands, Terry experienced the cognitive, emotional and sensory aspects of anger as a way to connect with clear boundaries. As Terry allowed herself to experience her anger, she began to see the healthy side of assertion, which she found so transformational that she exclaimed “holy smokes.”

L: So let’s try a little experiment. I’m just going to meet you. I’m not going to overpower you.

T: [Laughs].

L: Overpowered by you.

T: Okay

L: Just feel what that’s like inside. [Therapist moves chair closer and sits across from client close enough to put her hands up to her]. And what would you say? What are the words that would go with this gesture?

T: [Client puts hands up to meet therapist’s]. Oh, okay, so if you were really trying to push too hard? *ça suffit*.

L: Yeah, and check in with your arms, your heart, your spine . . . your belly...

T: You know, that is an amazing feeling. Wow.

L: Yeah, just hang out with that feeling you’re having.

T: Wow, because you know what’s incredible is that I just have to let go for a second and then I’ll come back [lets go with hands]. But the sensation, every time I thought of anger, the image that always comes is that [curls up in ball] . . . and I’ve always, I think I’ve always been terrified of it because . . .

L: Well, that’s more of an image of protection, right.

T: That’s what I just realized.

L: Do that again.

T: Yeah. [curls up again]

L: When you think of anger, you go into almost like a womb-space.

T: Yeah, a “don’t hit me” sort of thing. And I guess my association because it’s that way, I’ve been scared out of my mind to feel anger because I see it as such a wounding, cruel . . .

L: Exactly. That’s when anger gets merged with a traumatic injury.

T: The idea that you could be angry and not have it be destructive and horrible is like, you know . . . But this is fun [laughter; client puts hands up again] definitely!

L: Your aggression . . . your assertion.

T: Yeah. And it’s not a bad thing.

L: It forces us to connect.

T: Yeah.

L: Not disconnect. It brings connection.

T: Wow, that’s incredible. Huh. Holy smokes. I never . . .

Through this physical experiment, Terry realized how anger could be a positive connector within relationships, and how by setting boundaries for herself she can support herself and the other person as well.

L: Then you define your boundaries. Then you’re saying, “You’re not going to violate my boundaries.” Whereas, when you’re little and you get violated, it’s like oh, you can’t protect yourself.

T: Yeah, yeah. And anger is kind of . . . see that’s the thing . . . and I do know that when, you know, there have been, I mean, if anger is like expressing a truth that you know somebody is not going to want to hear, I don’t suppose that’s really anger, except I’ve done it once in a while when I was angry.

L: Well, maybe, and again, you know, she would go on and on until you set a boundary.

T: Well, I guess really that until I stopped her, she wasn’t going to stop.

One of Laurie’s basic rules of treatment is that in order to help a client embody a new felt sense within the nervous system, it is important to practice the new experience at least three times. So Laurie brought Terry back to her felt experience of saying, “That’s enough!” to Susan.

L: Try it once more.

T: Okay.

L: I want to give you another felt sense. So, what’s her name?

T: Susan.

Amelia Kaplan and Laurie Schwartz

- L: Her name is Susan. And what was she saying?
T: She was saying, you know, “well, there’s one other thing, you know, about um . . .”
L: Okay, I’ll play Susan. So, “Okay, I’m not finished yet. I think I need to tell you more about, I mean, you really . . .”
T: “Susan!”
L: “. . . you didn’t invite me and you know, there’s another thing I need to tell you about remember when I . . .”
T: “That’s enough!” [Puts up hands. Laughter]
L: Uh huh. Feel your legs. You want to ground.
T: Yep.
L: Uh-huh.
T: Yeah.
L: Come forward a little just to sense your pelvis. And look at me and go, “That’s enough!”
T: “That’s enough!” [Puts up hands; Laughter]
L: Feels good, huh?
T: It does. Wow. This whole boundary thing, you know, I have never really had a lot of them.
L: And once more, just kind of say it, try it again, maybe from your belly or . . .
T: Okay. [Laughs]. That’s enough! [gestures with hands]
L: Uh-huh. I want to feel you push through, push into the earth. That’s it, relax your back, so you’re not hurting yourself. What’s happening in your arms, your spine?
T: I’m just really, I’m pushing.
L: You’re really pushing.
T: Wow.
L: How does it feel to make contact and say, “That’s enough?”
T: That’s enough!
L: Come forward. [moves chair forward and puts her hands up]
T: That felt good. [pushes against therapist’s hands]
L: Keep pushing out.
T: Okay, now, you know one thing I just noticed. Like, it feels like I don’t need to push that far. It feels . . . as if . . . I don’t need you to go to the other side of the world.
L: Just a little bit. Just dance with it.
T: Okay. Yeah, ‘cause it’s when, you know, when it gets so it’s like a bar against your chest, and you haven’t pushed back yet, that’s when it’s not good. *ça suffit*. [Laughs]. You know one thing I just realized, that one of the reasons I think I like speaking French so much is because I could say things in French, like swear words [Laughs] that I could never say in English.

As Terry experienced her anger, she associated to her mother’s response to anger. Since Terry’s mother would detach when she was angry, anger was always a form of disconnection, which was too overwhelming and too frightening for Terry. Having this new option of setting boundaries offers Terry more choices of behavior. As Laurie explained in her conceptualization, trauma can lead to rigidity and living in limited ways, while health means having more options and resiliency. Even Terry’s use of “rainfall” suggested her increased somatic sensibility.

- T: What you said about anger as connection, that is so true and you know I can remember feeling my mother furious at me, but she would never tell me what I did that was so awful. I used to sometimes go to somebody else’s house and they’d have like a shouting match and I’d think ah, you know like rainfall.
L: Right, like life, freedom.
T: Yeah!

Even with the positive changes, Laurie assessed that Terry still needed some external support, and asked Terry to explore images that will help her remain connected with her inner strength in the outside world. Terry associated to a hug and gestured as if giving herself one. As they examined the gesture of Terry opening and closing her arms, Terry connected meaning to her closed and open stances. An open posture she associated with entitlement, power, and “obnoxiousness,” whereas the closed posture still felt more comfortable as she was “used to this.” Laurie worked with her to become more aware of her projection onto an open stance, and reframed the posture with a new possible meaning: “here I am, I can be open.” At the same time, Laurie supported Terry’s need to maintain her closed posture. Laurie assessed that in terms of Terry’s object relations, when mutuality exists is when Terry can feel most relaxed and open.

Just as the session was about to end, Terry pulled her body in again, crossing her arms and legs, as if she feared that she would regress endlessly into her upsetting feelings. Laurie reassured her and reframed her fear once again as a normal part of the process: “Turmoil is not all of who you are, it’s a moment in time.” As they concluded, Terry appeared lighter and more accepting of her own process of change.

- L: So, there’s often confusion between, am I going to go back there, or is it that I’m going forward and I finally feel safe enough to tolerate these feelings, doesn’t mean I’m going to go back there, I’ve overcome them, but I might not have given myself the safety or permission to feel these things.
T: Yeah, that’s exactly it. Phew. And I think what’s disorienting is that you, I mean last week at this time, I really thought I had pushed backwards, I thought, you know what had I done? But it is that, you know, there is a lot of stuff that I couldn’t have gotten through it and felt it at the same time, there was just no way in hell.
L: And when we can’t go through it and deal with it at the same time, we either push it down, like you said, or we run from it.
T: Both of which I’m really good at. [Laughs]. This has been a wonderful session. You know?

Concluding Evaluation (“L” in Figure 1)

Terry was clearly able to hold her good feelings and stay connected with her inner resources more easily, without the same level of fear and guilt that stopped her previously. For

example, towards the end of the session, as Terry observed an image, she gestured with her hands. As they slowed the gesture down and she opened her raised arms, they could both see that she was much more able to allow herself to experience a nourishing feeling through the gesture. Additionally, Terry allowed herself to play with the experience, enjoying it, and not jumping into her story. Through such interactions it was possible to see Terry's increased ability to connect with her sensory experience and stay with the positive sensations of her internal experience. Terry still appeared to need some reassurance; she had not entirely worked through all her guilt and fear of asserting herself or giving to herself. She had, however, confronted a major issue of expressing her anger, and was able to access the important feeling of connecting through assertion.

deep longing for attachment, yet did not provide her with sexual satisfaction. Yet her desire for sexual union was a way to access her unmet early need for love and attachment. Through the treatment, she was able to discover and value her connection with herself.

Case of Terry: Summary and Conclusions

Terry worked on a major identity shift in this treatment. She became much more able to access her inner resources by herself. Through their work Terry became more flexible, able to see herself as one who gives and also feels entitled to receive. Both the quantitative and qualitative data suggested that as a result of this BcP work, Terry became less depressed. This shift could be seen in the therapy room: Unlike early sessions in which Terry had little bodily awareness, over time Terry began to adjust her own pillows, which suggested she felt more entitled to access comfort. And with that comfort seemed to come a greater love and compassion for herself. Overall, Terry increasingly came to know herself and accept herself.

The treatment also helped Terry work on her anger. Laurie formulated that a lot of Terry's sadness, grief, and melancholy came from her freeze around anger. As Terry became angry, she also felt a new sensation of power; she discovered a new way of being in connection with people such that she was finally able to feel safe enough in her own skin to set a boundary with others. Through the treatment she experienced she could be angry and assertive and still survive.

As both the data indicate, Terry made some important strides through the therapy, yet her work was not yet done. Terry intended to continue working with Laurie. Whether she will continue these sessions and give freely to herself now that the study is over remains to be seen.

Final Conclusions

Many clients in BcP have unmet developmental needs or trauma that interfere with feeling a sense of well-being and positive attachment to themselves. In each situation, Laurie searches for what will bring them to a felt experience of connection with their sensory selves, and in doing so, reestablish their confidence and self worth. In the case of Terry, her relationship with Jack awakened some of her

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Minding the Mind's Business

Belinda Siew Luan Khong, Ph.D.

Editor's note: Hakomi has sometimes been called applied Buddhism, and been exploring the interface between mindfulness and psychotherapy since the late 1970's. As a general strategy, Hakomi Therapy employs mindfulness of the mind to experiential access and change core characterological beliefs, while encouraging, but not requiring, the practice of mindfulness as a way of life. Dr. Belinda Khong has also been fostering the clinical use of mindfulness and Buddhist concepts for many years. In this paper, first presented at the 111th Annual Convention of the American Psychological Association at Toronto, Canada, August 2003, and first published in *The Humanistic Psychologist* Vol. 33, No 1, 2005, she shares her approach to using formal mindfulness practice as an adjunct to psychotherapy including some helpful methods, case studies, and specific Buddhist teachings.

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ABSTRACT: Meditation, according to Sogyal Rinpoche (1994) involves learning to bring the mind "home." In order to accomplish this, one has to become aware of the mind's business, its distractions, preoccupations and inner dialogue. Meditation, especially the practice of mindfulness as taught by the Buddha more than 2,500 years ago, offers a simple and incisive tool for understanding the "workings" of one's mind.

Although Buddhist psychology has gained wide acceptance in contemporary psychology, many therapists lack a full understanding of the clinical applications of Buddhist ideas and practices with clients. This paper discusses the use of mindfulness, and the Buddha's seminal teachings of "dependent origination," "karma," "letting be," and "letting go" in therapy. Through anecdotes and clinical vignettes, the paper illustrates how clients experience these practices and ideas, and how they have generalised their clinical experiences to other aspects of their lives.

Introduction

There is a book edited by John Crook and David Fontana (1990) titled *Space in Mind*, which highlights the importance of having an empty space in the mind. Normally instead of having *space in our minds, our minds are in space*, ruminating and carrying on an internal dialogue. According to Sogyal Rinpoche (1994), we need to learn how to bring the mind "home." In order to accomplish this, we have to become aware of the mind's business, its distractions and preoccupations, and learn to let them go.

Today, there is increasing recognition of the efficacy of using Buddhist meditation, especially the practice of mindfulness, in helping people deal with psychological and health issues. Kabat-Zinn (1996) designed the groundbreaking mindfulness-stress reduction programme (MBSR) to help people manage stress, pain and illness. Segal, Williams and Teasdale (2002) have applied the MBSR programme in conjunction with cognitive-

behavioural therapy with large clinical populations as a way of helping people prevent the relapse of clinical depression. Richard Davidson (2003) has also utilized the programme to study the benefits of meditation on neurological functioning and the immunity system. Kristeller (2002) has employed mindfulness practice to help clinical populations deal with binge-eating disorders. There are also recent writings on how Buddhist practice and ideas can assist therapists in clinical settings, e.g., in acting as a mirror for clients (Rosenbaum, 2003) and in enhancing therapists' attitudes and skills (Segall, 2003).

Less has been written about how mindfulness practice is actually employed in clinical settings with clients. At a recent International conference in Italy, when I spoke on Buddhism and psychotherapy (Khong, 2003a), I was asked questions by attending psychologists such as "how does a therapist actually use Buddhist ideas and practices with clients?" and "does the therapist have to be a Buddhist to apply these ideas and practices in therapy?"

In my view, the question concerning how a therapist actually uses Buddhist ideas and practices with clients is pertinent, as there appears to be a lacuna in knowledge despite the growing interest in this area. This lacuna exists because, although Buddhist psychology and philosophy complements many aspects of psychotherapy, it is not another school of psychotherapy. Buddhism offers no specific techniques for dealing with specific psychological issues, nor were the Buddha's teachings intended for this purpose. Nevertheless, both psychotherapy and Buddhism are primarily concerned with helping people to understand and to end suffering through self-realisation and the taking of personal responsibility. Given this broad commonality of aim, numerous Buddhist concepts and practices afford clinical practice useful adjuncts.

The short answer to the question of whether the therapist has to be a Buddhist is in the negative. I believe that the Buddha teaches an attitude, not an affiliation. This attitude can be acquired by any individual, irrespective of his or her race, culture, religious orientation or profession (Khong, 2003b). However, even though therapists do not need to be Buddhists, it would be helpful for them to be familiar with the finer points of the Buddha's teachings. I believe that understanding the essence of the Buddha's teachings will make it easier for therapists to decide *when* and *how* to apply them in different clinical situations. It will also enable them to use comparable contemporary discourses in order to make the practices and ideas more accessible to clients who may not be familiar with Buddhism, or who may have prejudices or preconceptions about Buddhist ideas and practices.

In this paper, I focus on the use of mindfulness practice in therapy. In my view, this practice cannot be applied separately from various other Buddhist teachings as the latter provide the philosophical and psychological foundation for mindfulness practice. To separate practice from the context of these other teachings would be akin to driving a car without having understood the manual, thereby not appreciating the car's capabilities and limitations. So, as well as mindfulness practice, I will discuss and illustrate with clinical vignettes the Buddha's teachings on "dependent origination," "karma," "letting be," and "letting go."

Meditation

The Buddha encourages people to develop insight and wisdom through self-understanding and by taking personal responsibility for one's thoughts, feelings and actions in order to reduce one's suffering. Mental culture, or more commonly understood as meditation, is the aspect of the eightfold path that deals with the mental development and training of the mind to develop insight and wisdom (Khong, 2003c). It involves cultivating right effort, right concentration and right mindfulness.

Right effort entails putting in the right amount of effort into preventing negative (unwholesome) thoughts from rising, and enabling positive (wholesome) ones to develop. Right concentration means directing attention to one object of focus (e.g. loving-kindness, the breath, mantra, chanting etc.) to the exclusion of others. The purpose of right effort and right concentration is to quiet down the mind and to help the meditator to let go of negative thoughts and feelings. However, in order to let go, one has to be mindful of whatever enters the mind.

Right mindfulness, the most important factor in meditation, involves "the bare and exact registering of the object [of attention]" (Nyanaponika, 1992, p. 32). The normal tendency of the mind is to wander (mind in space) and also to infuse what is perceived with preconceptions and subjective elements. Right mindfulness helps people to reduce this internal dialogue, and to see things for what they are, that is "bare of labels."

According to the Buddha, one can develop right mindfulness by contemplating the four foundations of mindfulness (Satipathāna Sutta, *Treasure of the Dhamma*, 1994, p. 277). This means developing continuous awareness of the (1) body [e.g., breath, posture, bodily sensations], (2) feelings [whether pleasant, unpleasant or neutral], (3) mind [thoughts, emotions, intentions, volitions and so forth], and (4) mental objects [mental phenomena relevant to awakening, such as the seven factors of enlightenment and the five hindrances to meditation] (Goleman, 1984; Nyanaponika, 1992).

Briefly, the mental objects refers to the contents of the meditator's mind that contributes to, or impedes his or her progress in gaining insight and wisdom. The seven factors of enlightenment are associated with mindfulness, investigation of reality, energy, rapture, tranquillity and equanimity, while the five hindrances are related to attachment, ill-will or anger; sloth and torpor, anxiety and worry; and doubt (Nyanaponika, 1992).

The differentiation between the four foundations of mindfulness is crucial to developing greater self-awareness and understanding. Nyanaponika (1992) explains that if a person hurts his or her arm, then the appropriate object of contemplation on the body is the damaged arm. The pain arising from the wound forms the basis for the "contemplation of feelings." The feeling of annoyance or anger towards the person who causes the hurt falls under the "contemplation of the states of mind" and "mental contents" (p. 33). As Young (1994) notes, in this manner of simple observation, a person is able to see the pain as one thing, and the acceptance or resistance to the pain as another. With this insight, he explains, we can experience pain for itself, without turning it into emotional suffering.

The aim of mindfulness is to become continually aware of, and to label our thoughts, feelings and emotions objectively,

and to accept them for what they are without needing to change or justify them (Gunaratana, 1991). One of my clients, “Jane,”¹ captured the essence of mindfulness well when she explained that mindfulness has enabled her to watch her thoughts and responses taking place in “real time” rather than from hindsight. It should be noted that mindfulness practice is not advocated as a solution to clients’ problems. Rather, it provides an efficacious mechanism for clients to become aware of, and to deconstruct what I refer to as “the workings” of the mind.

Applications and Contributions

Mindfulness Practice

Segal et al. (2002) explain that typically, individuals tend to reject unpleasant feelings and hold on to pleasant ones. They note that a more skilful way of relating to experiences is to “register that they are here, to allow them to be as they are, in this moment, and simply hold them in awareness” (p. 225). The practice of just observing our thoughts, feeling and emotions without adding value to them has important therapeutic benefits.

Employing the practice of mindfulness as an adjunct to counselling, I encourage clients to *label (L)*, *acknowledge (A)*, *experience (E)* and *let go (L)* of their experiences (including feelings, thoughts, emotions etc.) moment by moment. Where clients find difficulty in doing so, I encourage them to focus on a neutral stimulus, such as the breath (**B**). I use the acronym LAE^BL to assist clients in remembering this mindfulness exercise. The rationale for this practice is that it helps clients foster a different way of relating to their experiences.

The LAE^BL practice incorporates several of the Buddha’s ideas discussed above. The Buddha recognises that individuals’ responses to their experiences are permeated with their own psychological idiosyncrasies. To reduce these subjective biases and tendencies, the Buddha encourages people to pay “bare attention” by labelling each feeling, thought and emotion as it rises and falls. By so doing, the Buddha explains, “in the seen will be merely what is seen . . . in the sensed will be merely what is sense.” (Udana I:10, Ireland, 1990, p. 20).

The Buddha also recognises the human tendency to avoid painful or negative experiences and to hang on to pleasant ones. The idea of adopting a neutral stance towards our experiences incorporates the Buddha’s teachings of letting be. Additionally, the idea of asking clients to be mindful of their feelings, bodily sensations, images and internal dialogue is to assist them in distinguishing between these elements and to learn to separate their responses to a situation from the situation itself (to see things as they really are). I will elaborate on this aspect further when I discuss “breaking the circuit.” Finally the point of letting go is to

encourage clients to make space for, but not to identify with their experiences (Khong, 2003a).

Clinical Vignette

Currently I am seeing “Andrew,” a highly articulate professional in his late 40’s, who is experiencing depression and anxiety arising from work-life issues. From his sessions with his previous counsellor, Andrew was aware of having a lot of negative thoughts and feelings. However, he wanted to understand what was supporting his feelings of depression and anxiety, and how to deal with them. The following account of a mindfulness practice with Andrew illustrates the application of the practice of LAE^BL during therapy and the insights that one can gain from the experience. Goleman (1990) notes that during meditation, a client’s free association is found to be richer in content and the client more able to tolerate the material. Goleman adds that this material is not restricted to what the therapist and client find problematic, but includes whatever comes to mind. This observation appears to be consistent with Andrew’s experience with his mindfulness practice:

B: Could you label the feeling that you are mindful of?

A: A feeling of anxiety.

B: Could you just acknowledge the feeling?

A: I am feeling anxious.

B: Just experience that feeling throughout your body (Andrew allowed this feeling to flow through his whole body).

B: Can you label any bodily sensations associated with the feeling?

A: Tenseness in the midcage. Also around the stomach. Like in a skeleton or shell.

B: Are there any images associated with the feeling?

A: Like a whirlwind. Churning pool. Flying in the air. Out of control. Like going over the cliff.

B: Is there any internal dialogue?

A: “What is happening?” “What am I going to do?”

Andrew was encouraged to simply label, acknowledge and experience this feeling of anxiety, the images and internal dialogue associated with it, to let them be, and to let them go. Initially, he experienced some difficulty in letting them go. When I suggested that he try focusing on the breath, he was able to let go and reported feeling more focused. As we continued with the practice, Andrew was able to identify a feeling of peace. Although he had no difficulty in letting go of this, it was followed by a feeling of “nothing,” and then a feeling of “terror and fear.” Andrew describes the bodily sensations and internal dialogue associated with this feeling of terror:

I was experiencing it in the stomach. The image is being attacked by something cold or foreign, coming in and ripping me to pieces. My limbs are frozen, and I can’t move a thing. . . . I must say that I am not feeling sick or terrified. . . . I am feeling the perception of terror, but I am not feeling the terror. . . . In terms of

Belinda Siew Luan Khong

thoughts, it is a thought of helplessness, “Like you have no chance.” “This is totally overwhelming.”

At the end of the session, Andrew recounted his experiences and the insights that he had gained from it—the awareness of the impermanent nature of his feelings and emotions, the ability to separate himself from his feelings, to see things as they are, to let his feelings be and finally to let them go:

I feel more relaxed . . . I feel a bit tired . . . still a bit anxious about work. I feel terrified. But I think, “Ok, let terror happen,” and it passes. My feelings are not me. It is like walking through the zoo and there are lots of trees and animals. And I think, “there goes an elephant, there goes a lion.” I don’t have to say whether it is a good or bad lion. So, it is like when I am feeling terrified, I say Ok. It only becomes a problem when I say, I would like to get out of here or I hear water running and I wonder whether there are lions out there. It is not useful to be paralysed with fear.

Mindfulness practice does not obviate the need for psychotherapy. On the contrary, I believe that it complements therapy by providing a non-confrontational but incisive way for clients to get in touch with a range of feelings and emotions. Mindfulness practice also assists clients in becoming aware of and isolating foundational issues. The issues which clients are unable to let go of by themselves provide a meaningful starting point for further exploration in therapy. In the case of Andrew, this was the feeling of terror:

From the experience [mindfulness practice], I feel that it is a focus on the underlying forces. If there were a sense of terror that emerges after five steps in, it would be interesting to know where it is coming from. What experiences, what forces give rise to it? . . . *I think that it [mindfulness practice] is providing useful markers to analyse what is happening.* (Italics added) And once we identify what experiences are giving rise to it . . . I don’t have to experience it anymore.

More importantly, the insights that Andrew gained have enhanced his relationship with himself, and he is able to generalise these insights to his relationship with significant others:

The idea of labelling feelings and not being so close to them does a couple of things. One is that obviously it gives you distance to think about what is actually happening. The other thing is that it reinforces my total sense of well being, my total being at one, being whole, being worthy. . . . Makes it very clear there is a juxtaposition of there being an essential me that is worthwhile and valued, and then there are those feelings. But when I get them all crowded together, it is like dirty water, and I start to think, “Oh, I am not a worthy person. Look how I feel.” But the feelings are not me, and I am a worthwhile person. So the

experience provides an immediate reinforcement of this feeling.

It also helps me to respond to Mary and to other things differently. . . . The turning point was after our session, Mary was angry, and instead of running away from that I sort of label it, “you are really angry.” . . . I wasn’t actually taking the blame for everything, but presented the facts as, “this is what happened.” It gave her a chance to let go of stuff, and she is resorting to humour now, rather than to anger. . . . It is like she is in a different space. It is a double benefit. We are both managing to break the circuit. . . . Mary finds that remarkable. She is amazed and says, “This is really good.”

Andrew’s experience with mindfulness is a good illustration of how, by taking a more meditative attitude towards one’s feelings and experiences, one is more able to tolerate being in a different relationship with, and to cultivate a healthier way of dealing with them. The primary aim of mindfulness is to help the individual to develop *respond-ability*, that is the ability to be aware of what unique response is called for in each unique situation and to respond appropriately (Khong, 2003b, 2003c). It would appear that by being more mindful and aware, Andrew has learned to respond to, rather than to react to a range of situations.

Breaking the circuit

In my view, right mindfulness increases the individual’s awareness of the circuitous nature of the mind, which in turn was explicated by the Buddha in his teaching of dependent origination (one thing leads to another). Collectively, the concepts of right mindfulness and dependent origination provide a basis for understanding how the individual can “break the circuit” of undesirable feelings, thoughts and behaviour.

One of the Buddha’s most important teachings centres on the evolution and the inter-connectedness of phenomena in all spheres of existence: the universe, nature, and human existence. The doctrine of dependent origination, sometimes translated as “codependent arising” (Varela, Thompson & Rosch (1993), p. 10), is the application of the Buddha’s theory of causation to the human sphere. Briefly, this doctrine highlights a series of inter-connected psychological factors, and explains how they are conditionally related to, and impact on each other (Jacobson, 1983). For example, the twelve factors identified in dependent origination demonstrate how contact with an object via the senses gives rise to consciousness, which then gives rise to feelings, craving, attachment and finally to rebirth². From a Buddhist perspective, the concept of dependant origination highlights two important psychological aspects of human existence—1) human existence as a system of mutually interdependent parts, and 2) human behaviour as both impersonally and personally conditioned.

First, let us look at the explanation of human existence as a system of interdependent parts. The term “causation” should not mislead us into thinking that dependent origination operates in a linear fashion. The Buddha does not postulate a first cause. Since everything is interconnected, a first cause is inconceivable as the cause becomes the effect, and the next moment the effect becomes the cause to produce another effect (Dhammananda, 1987). This is also the idea contained in the concept of karma, i.e., that every action causes and produces a reaction. Any of the twelve links, for example consciousness, feeling or attachment, can contribute to the process at any point. The process involved in the notion of dependent origination has often been likened to a circle. However, Thanisarro (1996) suggests that a better image is that of water flowing over land, which can come from, and go in any direction.

This process can be illustrated by the phenomenon of anger. When we come into contact with an object or situation that upsets us, we may react with anger. If we become attached to this feeling, it could snowball into more feelings of anger, fear and anxiety. However if we understand that anger is perpetuating all the other negative feelings, and take responsibility for disrupting the process, the anger and associative feelings can dissipate.

The above example also exemplifies the second aspect of the concept of dependent origination in relation to human behaviour. In the notion of dependent origination, the Buddha differentiates between physical and psychological causation. This distinction can be clarified by the following explanation of the perceptual process:

Visual consciousness . . . arises because of eye and material shapes; the meeting of the three is sensory impingement; feelings are because of sensory impingements; what *one feels*, *one perceives*; what *one perceives*, *one reasons about*; what *one reasons about* *obsesses one*; what *obsesses one*. (Italics added).

--(Majjhima Nikāya. I:111-112, Horner, 1954, Vol. I, p.145)

The significance of this Buddhist viewpoint is that it separates two otherwise difficult to discern aspects of human behaviour: the impersonal and the subjective. As Kalupahana (1975) explains, up until the point of feeling, human behaviour is perceived as an impersonal process, governed by a causal pattern as in the case of visual contact with an object giving rise to visual consciousness and consciousness giving rise to feelings. However, after the point of feeling, there is a subjective element of intentional activity, or what I term more informally “taking it personally.” Hence, Kalupahana draws our attention to the use of the third person in the above discourse—“what one feels, one perceives, what one perceives . . . obsesses one.”

The LAE^{BL} practice discussed earlier takes into account the objective and subjective elements of human behaviour.

From a psychological perspective, if a person is able to label and acknowledge his or her feeling of anger objectively, (“there is anger”) and also accept that he or she is experiencing it subjectively (“I am angry”), the emotion does not become reified as an entity separate from the experiencer, and over which the person has little control, or even responsibility for. As Epstein (1995) explains, this frees the individual to experience the emotion as a process rather than a static and threatening entity.

Having attained this awareness and understanding, how does one break the circuit of negativity? Jointly, the philosophy promulgated in the notions of dependent origination and right mindfulness contributes to the development of greater self-awareness and insight. For example, in understanding the circularity of our mental and psychological processes, it is possible to understand that the causes of human suffering are concurrently their means of release. This means that the circuit or process can be interrupted at any point.

Additionally, as the Buddhist distinction between physical and psychological causation demonstrates, it is the subjective perspective of the beneficiary that determines whether an experience continues to bring about suffering or serves as a means for awakening. In short, the possibility and responsibility for change lies with the individual. By understanding the perpetuation of this cyclical process, individuals can take the responsibility to disrupt it so that things can be otherwise, either by letting go or working through the emotion and associative feelings. According to Epstein (1995), working through does not mean eliminating or repressing this emotion, but rather changing the way we perceive or respond to it.

To assist clients in developing skills for interrupting the process or in exploring further the insights gained from their LAE^{BL} practice, I have developed a thematic framework with the acronym SFIDRBS. In this exercise, clients are encouraged to identify for a range of situations (e.g., at work, in relationships, activities etc.):

- What each situation (**S**) is
- Their feeling(s) (**F**)
- Their thoughts or internal dialogue (**ID**)
- Their habitual response(s) (**R**)
- Their bodily sensation(s) (**BS**)

Clinical Vignette

Zita, an attractive woman in her mid 40's, is experiencing relationship problems as a result of unresolved childhood issues. The various personal transformation courses that Zita took triggered off strong feelings of sadness and depression. Zita sought counselling in an attempt to understand and come to terms with these issues and feelings. The outlines presented in figures 1 and 2 are representative of the type of situation that triggered Zita's

Belinda Siew Luan Khong

depression and the pattern of her feelings, thinking, responses, and bodily sensations.

The above insights were explored with Zita in terms of the ideas enunciated in the notions of dependent origination, karma and mindfulness. From the discussion, Zita was able to see how “one thing leads to another,” for example how the situation triggered her negative feelings leading to negative dialogue, habitual responses, bodily sensations. As I noted earlier, in the ideas of dependent origination and karma, there is the absence of a first cause and effect, and therefore any of the components could have given rise, and contributed to the cycle at any point in time.

Zita initially got in touch with her feeling of anger during her mindfulness practice when she was able to let go of her feeling of depression and sense of unworthiness. During

this exercise, she was surprised to learn how frequently this feeling of anger emerged across different situations. Previously, she had not been aware that her depression and sense of unworthiness were being supported by anger. With this insight, Zita is learning to accept and deal with her anger first:

I never wanted to accept that I am feeling angry, because feeling angry was something bad. . . .I needed to be seen as compassionate . . . so I never look at what I really was. . . .Now instead of seeing my anger as something bad, I saw it as something human, and the way I had to survive. It is better not be angry, but it was important at that time. So, I said welcome to the anger, and it is only by being with the anger, I could begin to see myself.

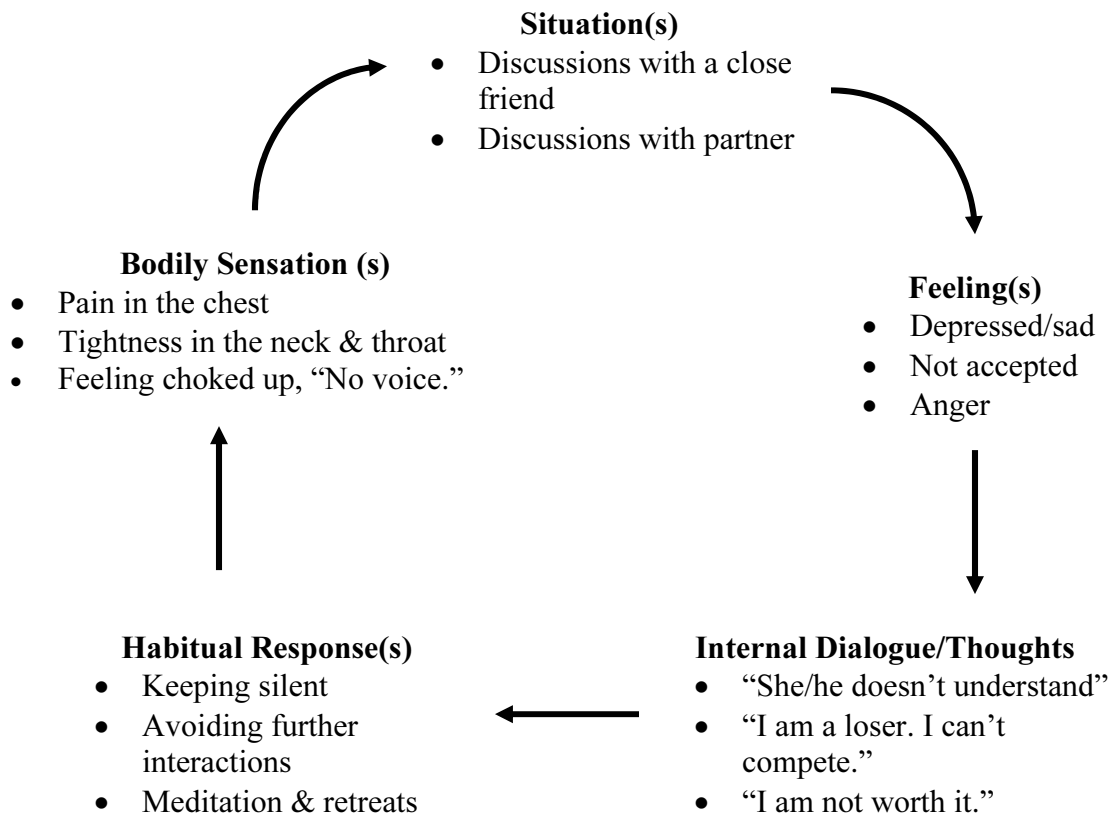


Figure 1: Zita—Understanding the Process

From the exercise, Zita was able to see that her main habitual response is one of withdrawal. She explained that even though meditation and going to retreats helped her to calm down, she is now aware that they also provided justification for avoiding further interactions. In terms of

her bodily sensations, although Zita was previously aware of them, she had not understood their linkages with her feelings, thoughts and responses. As I show later, recognising these linkages provided a good starting point for Zita to break the cycle.

Buddhism and Psychotherapy

The Buddhist approach to understanding and dealing with “the mind’s business” highlights important differences with various current psychotherapies that focus on cognition, behaviour, and phenomenological seeing (Khong, 2003b). These include behaviour therapy (de Silva, 1990), cognitive and cognitive-behavioural therapies (Kwee, 1990; Mikalus, 1990; Rapee, 1998, Segal et al., 2002) and daseinsanalysis (Boss, 1963, 1979). Within the scope of this paper, I will focus on cognitive and cognitive-behavioural therapies, as the differences and similarities between the Buddhist and daseinsanalytical approaches have been dealt elsewhere.³

Mikalus (1990) notes that currently, most cognitive and cognitive-behavioural therapies focus on dealing with the contents of the mind, such as thoughts, beliefs and images. The main aim of these therapies is to change cognitive distortions and beliefs into more realistic thinking, or change overt behaviour that in turn produces changes in cognition (Burns, 1980; Rapee, 1998). Hence work carried out with clients includes “thought monitoring, and challenging,” “cognitive rehearsal,” “generating alternative options,” and “activity scheduling” (Segal et al., 2002, p. 23). Although some therapists working in this area encourage clients to make use of attentional training exercises similar to that of tranquillity (*samatha*) meditation (Rapee, 1998), they have overlooked the importance of mindfulness practice.

While these interventions are helpful for most clients, in my view, their focus is primarily on breaking the circuit at the cognitive or intellectual level. It can be argued that these interventions presuppose that a person who has irrational thoughts and beliefs possesses the capacity to set them aside when they are in a negative state of mind. Many of my clients express the sentiment that it is difficult to catch or modify cognitive distortions when they are feeling depressed, as often at this stage they are unable to separate and distance themselves from their negative thoughts. In short, I believe that for many clients, trying to break the circuit at the cognitive phase may be a step too late.

Mindfulness practice and the ideas contained in dependent origination and karma afford clients an opportunity to catch themselves at different, and more importantly, earlier phases. For example, Zita learned to disrupt the circuit when she became mindful of her bodily sensations rather than at the phase of her internal dialogue (see Figure 3). She was encouraged to use circuit breakers appropriate to the situation or her lifestyle such as:

- Counting the breath (using a neutral/positive stimulus to reduce rumination).
- Self-talk such as “This is not about me,” or “What does the situation call for?” (using simple, staccato statements to reduce self-referencing/monitoring, and to see the situation as it is).

- Activities such as meditation, yoga, walking etc (using calming activities to quieten down the mind, and to reduce negative moods and thinking).

Interrupting the circuit at the phase of bodily sensations does not mean that these sensations are elements discrete from feelings, thoughts, and responses. All the aggregates of the mind and body are inter-connected, and impact on each other continuously and imperceptibly. According to Nyanaponika (1992), the aim of mindfulness practice is to fine-tune our awareness of “what actually happens *to* us and *in* us,” (p. 30) as it is happening, but before reacting to them by deed, speech or mental comments. I believe that this “felt sense” that is our bodily sensing of the object of contact, even though it may present an incomplete picture of the encounter, nevertheless represents our experiencing of it at a stage when it has not become intertwined with feelings, associative thinking, labelling and judging etc.

As Nyanaponika (1992) notes, generally people are not concerned “with acquiring a disinterested knowledge of “things as they truly are,” (p. 32) but with evaluating them from a perspective of self-interest. Paying bare attention to bodily sensations affords the individual a good opportunity to learn to be an impartial observer of his or her experiences.

The significant role played by bodily sensations is underscored by the Buddha’s emphasis on the body as the first of the four foundations of mindfulness practice. Additionally in meditation, the breath is promoted as a preferred object of focus because it is both neutral and content-free (i.e., free of associative thinking), and a relatively good indicator of the meditator’s current state of mind.

In Zita’s case, even though she was not specifically asked to think about the irrationality of her thoughts or to replace them with more realistic ones, she was able to do so, when she interrupted the cycle at the bodily sensory phase by the use of appropriate circuit breakers. For example, Zita reported that after counting her breath or meditating, her thoughts were able to shift from “she/he doesn’t understand,” to “they see things differently from me,” or from “I am a loser,” to “I am a unique individual.”

It can be seen from the above discussion that while cognitive and cognitive-behavioural therapies and Buddhism are both largely concerned with helping people to understand the workings of the mind, and to deal with cognitive distortions, they differ in their methodology. In the cognitive-therapeutic paradigm, the primary focus is on using the mind to interrogate and deconstruct the mind, or what I refer to as “using thoughts to conquer thoughts.” I have shown that when people are anxious or depressed, they find it difficult to step out of this state of mind and remain trapped in a vicious circle whereby the negative thinking contributes to the negative mood, and the latter perpetuates

Belinda Siew Luan Khong

the negative thinking. Buddhist practices and ideas afford clients an experiential approach for interrupting the circuit, which is currently absent in the cognitive therapies.

Mindfulness practice and the ideas contained in dependent origination and karma assist individuals in interrupting their habitual pattern of thinking before it spirals into further negativity. From this perspective, there are two main benefits. Firstly, by simply observing and experiencing the

four foundations of mindfulness discussed earlier, clients are able to differentiate between the physiological (bodily sensations), affective (feelings, emotions, moods) and mental (thoughts, intentions, volitions etc) components of their experiences. On the other hand, if the elements of the mind remain undifferentiated, they become crowded, or as Andrew described it previously, “like dirty water.” Mindfulness enables individuals to separate the water from the various sediments that has contaminated it.

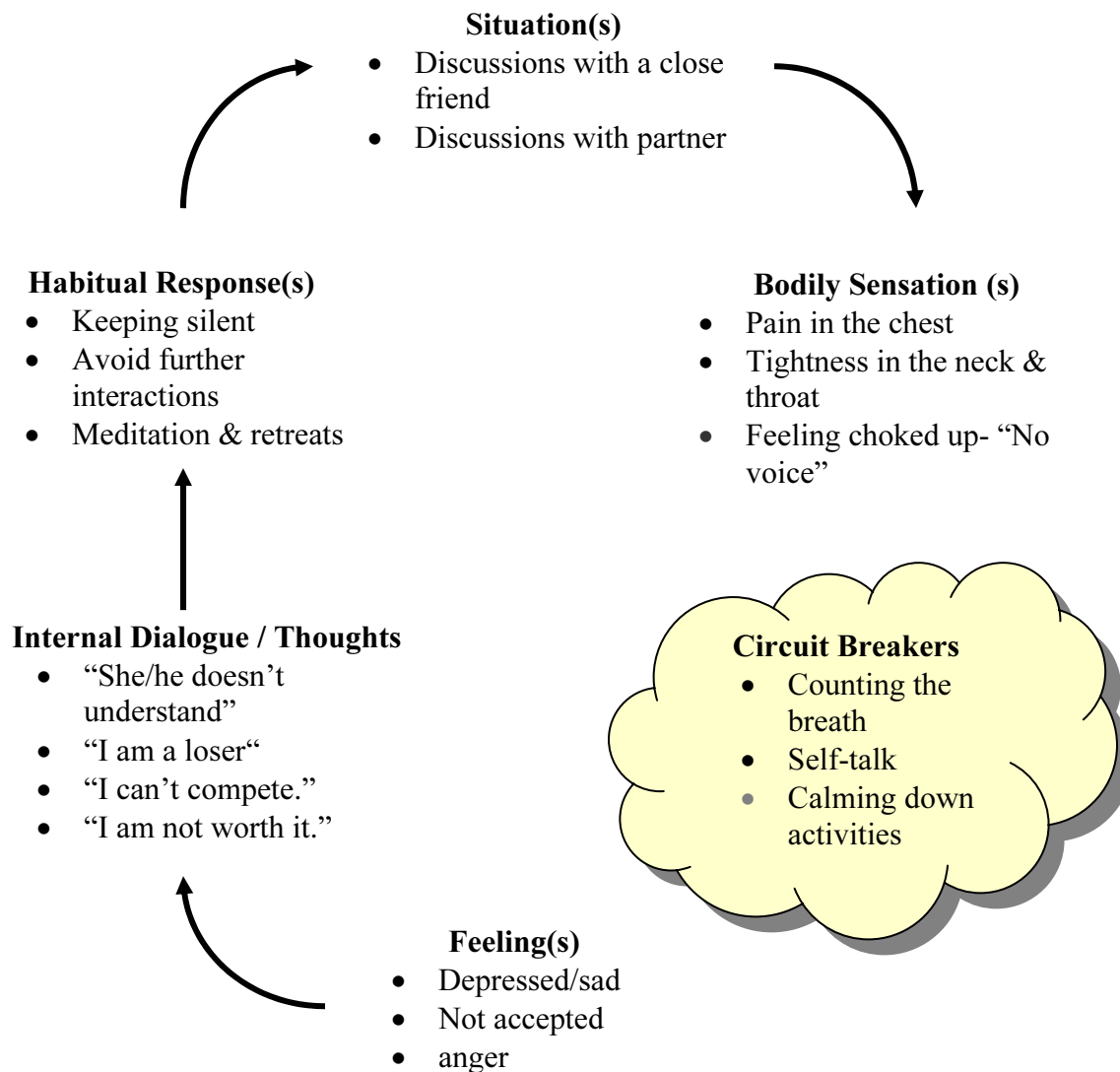


Figure 2: Zita-Breaking the circuit at the bodily sensations phase.

Secondly, by just being with, and not repressing or attempting to change any of these elements, clients are able to deconstruct how one thing leads to another and to disrupt the process at a phase prior to the cognitive stage. Many of my clients have attested to the efficacy of interrupting the process at the bodily sensation level. The most common explanation given is that, through mindfulness practice, clients experience the physiological sensations as a useful pointer to their moods, feelings and thoughts, and if they break off the circuit at this stage, there is less risk of them spiralling into more negativity.

Conclusion

In this paper, I have shown that bringing the mind home is a desired state, and the common goal of Buddhism and psychotherapy. This journey can be long and meandering, especially when the mind is filled up with preoccupations and distractions. Meditation, especially the practice of mindfulness, and various Buddhist teachings such as dependent origination, karma, letting be, and letting go show how the journey can be made more pleasant and simple if individuals develop skills to allow them to create space in their minds, instead of leaving their minds in space. These ideas and practices offer a way for people to experientially relate to the mind's business that in turn enables them to respond more appropriately.

While meditation and the Buddha's teachings are generally understood more in terms of gaining enlightenment, spiritual growth, and recently to health issues, it can be seen that they have the potential for enormous clinical applications. In my view, when used appropriately with various types of psychological dis-ease, the marriage between Buddhism and psychotherapy can be mutually beneficial. The comparison of Buddhist practices and ideas with those of cognitive and cognitive-behavioural therapies serves as a good illustration of the promise of this marriage.

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¹ All names and personal identifications of clients mentioned in this paper have been changed.

² See Bodhi (1994); Varela, F.J.; Thompson; E & Rosch, E (1993) for a comprehensive treatment and discussion of the twelve factors in the concept of dependent origination, pp.110-117.

³ Readers interested in the differences and similarities between the Buddhist and daseinsanalytical approaches, see Khong (2003a, 2003b)

Categories of Psychological Wounding, Neural Patterns, and Treatment Approaches

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Forms of Wounding

Clients come to therapy for all kinds of reasons, which we can divide into three general classifications: the medical, the psychological and the spiritual.

Medical issues brought to therapy include the psychological impact of diseases, aging, accidents, amputations, and so forth. Some psychological presentations -- depression, for example -- may in fact be a blood sugar or hormone imbalance, or a mineral deficiency. Therapy can address the consequences of such issues, but the underlying ailments require medical attention. No amount of Prozac or exploration of childhood will remedy the blues caused by hypoglycemia or estrogen loss.

Spiritual issues may include anxiety from a loss of faith, the psychosis that attends an overwhelming kundalini experience, or perhaps even an attitudinal entrenchment that derives from a past life experience. Again, the underlying problem is not inherently psychological.

In both situations, then, the central, non-psychological issues need to be addressed in their own arenas, and we can think of such troublesome presentations as only secondarily or derivatively psychological. For our purposes here, we will focus on directly psychological woundings.

Psychological Wounding

Psychological wounding itself can be classified in three ways: the Neurological; the Fragmentation of Consciousness; and what I call Derivative Experiential Content [DEC]. An outline of this model is presented in

figures 1 & 2. I will describe these in more detail in a moment, but for now, briefly: *Neurological* wounding refers to issues of self that are specifically lodged in the Autonomic Nervous System [trauma and attachment issues], and must be resolved neurologically [as opposed to developmentally]. *Fragmentation of Consciousness* is the entranced identifications of Self that we form to adapt to stuck experiential situations. And *Derivative Experiential Content* refers to all the attitudes, behaviors, habituated perceptions, posture, gestures, moods, etc. that are generated by our neurological and fragmentational wounding.

Of course, it is a conceptual conceit to divide psychological woundings this way. The Self is holographic, and such distinctions not only merge within the client's experience, but also synergize each other in causation. As practitioners, however, the ability to recognize, assess and treat the specific nature and origin of the kinds of wounding our clients suffer is essential to our working with them. Just as the trembling from Parkinson's Disease requires a different approach than the shakiness a client reports when confronting his boss, so neurological, fragmentational and derivative woundings each need to be addressed and, especially, resolved, according to their natures.

Neural Patterns

In point of fact, all psychological wounding has a neurological basis, owing to the structure of the brain and nervous system. Our very ability to experience ourselves, let alone our pain, is rooted in the functioning of our neuronal architecture. Before we describe the categories of wounding, it will provide a useful framework to review --

briefly and simplistically -- the physiological structure of how we experience: namely, through neural patterns.

In the wonderfully clear and poetic book *A General Theory of Love [GTL]*, by Thomas Lewis, M.D., Fari Amini, M.D., and Richard Lannon, M.D., the authors, referencing the work of psychologist Donald Hebb, describe in simple terms the way in which neurons in the brain form patterns that allow consistent experience. The following draws from that description [Lewis, Amini, and Lannon, p. 123-144].

We have billions of brain cells -- neurons- in concert with nerve cells throughout our bodies. When we receive input from the world around us, specific neurons fire, and send messages to other neurons to fire as well. Together, this collective activation results in our having a specific experience. For example [and speaking far more metaphorically than physiologically] if the sun is shining, specific neurons that recognize light and warmth, and which generate comfort, all fire together and give us the experience of "Hmmm, toasty warm sun!" The same would be true for the taste of chocolate, or the excitement at falling in love, or the fear of seeing a bear in the forest. A pattern of neurons fires, and we enjoy or suffer the consequential experience.

An essential aspect of such neural patterns is that they are "use-dependent." The more a neural sequence fires, the stronger the links between those neurons become, and the more likely they are to fire together again. It is like a channel being carved between them, so that when the river of neuronal energy flows, it floods into those particular pathways, and thereby generates the same experience once again. This development of pathways, links, and neural patterns allows for learning and recognition. Despite its different color or shape, you can recognize a new species of flower as a flower, because it has enough similar foundational elements to fire off the flower pattern your brain formed earlier. Such foundational elements are called *attractors*, since they attract new experiences into an established web of perception, feelings and ideas.

This system allows for learning and habit. You don't have to learn all over again how to ride a bicycle every time you jump on the seat, because the habit of how to ride is well grooved as a neural pattern in your brain and body.

This same system of attractors and habituation, however, also leads to the misinterpretation of new experience, and, ultimately, to the profession of psychotherapy. As noted neurological researcher Dr. Bruce Perry (1996) cites: "experience thus creates a processing template through which all new input is filtered. The more a neural network is activated, the more there will be use-dependent internalization of new information.

Thus, if a child was hurt consistently in some way by a person who was forceful and direct, or by someone who was distant and unavailable, or by someone who manipulated

her feelings for their own purposes, then that child will likely have developed a neural pattern of hurt, with attractors around forcefulness and directness, or availability, or betrayal. As an adult, when she encounters some new person who happens to be direct, or unavailable or needy, she may again experience that same hurt, or the fear of getting hurt, or the sadness of a lifetime of hurt, or the defensiveness she acquired to protect from that hurt.

The new experience gets absorbed into the old pattern, and the person reacts not to what is currently actually happening, but to what they learned years before in a resonant, but different situation -- with a different person and when they had different resources and options. The ability to perceive, to experience, to express and to relate in the moment becomes co-opted by previously entrenched habits.

Furthermore, as a pattern gets stronger, it takes less & less to trigger it, a process Perry (1996) calls "sensitization". In this way, he says, "the same neural activation can be elicited by decreasingly intense external stimuli . . . the result is that full-blown response patterns . . . can be elicited by apparently minor stressors."

These patterns of sensitization, Perry goes on to state, gradually become personality traits. In other words, old neural patterns begin to shape who we and others experience ourselves to be, and it takes very little to activate these behaviors. It is this submersion in limiting and painful neuronal habits that brings people to our offices.

The three kinds of psychological woundings named above each describe a specific category of neural patterning that was formed by the client in response to life situations. By recognizing the kind of neural pattern present in a particular client experience, we can customize our treatment options to address that pattern most directly and effectively.

Neurological Wounding

Neurological wounding includes trauma and attachment issues. As a distinct class of wounding, what is essential to recognize here is that these wounds are lodged primarily in the Autonomic Nervous System [ANS], the aspect of our physiology that operates below the level of conscious control. One can no more regulate one's traumatic activation than one can hold one's breath indefinitely; the biological imperative of survival takes over, and causes a physiological reaction to the perceived situation. Trauma and attachment issues therefore need to be addressed on the level of the ANS: the completion of the truncated defensive movements and the gradual easing of adrenal activation with trauma, and the primal limbic engagement between the client and a loving other to restore or create secure attachment and self-regulatory functions.

Of course, in the holography of the Self, the presence of trauma or insufficient attachment generate parallel neural patterns in the so-called voluntary nervous system as well. Not only on the animal/survival level, but also on the personality level we experience the impact of ANS wounding. So while at the foundation trauma and attachment are and need to be resolved autonomically, they also create and present fragmentational and derivative wounding. The formation of sub-identities, obsessive ideation, irritability in relationship, low self-esteem, fluctuating moods, and so on will also develop when one has trauma or attachment issues. While these may be addressed and ameliorated to whatever degree by other treatment approaches, the underlying neurological wounding can only be fully abetted by methods that attend to the actual location of the wounds in the ANS. Such methods as EMDR, Somatic Experiencing and Sensorimotor Psychotherapy work directly with these levels of wounding.

Fragmentation of Consciousness

The second kind of psychological wounding is the Fragmentation of Consciousness. This framework holds that to manage difficult or impossible situations, the self divides itself into substantial and consistent sub-selves, each a distinct state of consciousness and identity, resulting in a complex, confusing and painful sense of personal fragmentation. My own *Re-Creation of the Self [R-CS] Model of Human Systems* describes this wounding, and similar models are offered in the work of Virginia Satir's parts model; Hal and Sidra Stone's *Voice Dialogue*; Stephen Wolinski's map of *Trances People Live*; and Richard Schwartz's *Internal Family Systems*. For the purposes of this article, I will reference some of the elements of R-CS, as exemplary of this category.

R-CS holds that we have an innate, spiritually based blueprint and drive towards Selfhood called the Organic Self. While recognizing our basic connectedness to all other life, the Organic Self also and specifically has the purpose of expressing and maintaining the unique individual qualities of each of us. My Organic Self, if you will, has the task of manifesting the "Jon-ness" of the universe, while Paris Hilton's Organic Self has the job of being the "Paris-ness" of this world. It is our most basic and true sense of identity. In this state, we experience a feeling of being at home and completely aligned with ourselves. I consistently receive an enthusiastic, even awed, "Yes!" from clients in response to contacting this state as feeling "right" or true" or "completely solid" or "it's like finally coming home".

Noted therapist and author Diana Fosha (2002) describes a similar model with her notion of a "core state". She states, "[this led me] to articulate the affective marker for core state. I am calling it the *truth sense*. It is the sense that comes with . . . things being right."

As humans we have the same basic resources and needs, and yet as individuals our Organic Selves steer us towards being unique and separate people, while remaining in relationship with others. The Organic Self does this by pursuing experience. Moment by moment, the Self recognizes its desire for the next self-relevant event [an Organic Wish], and devotes its resources to attaining that experience. Some Organic wishes may be as simple as "I'm thirsty - I want to drink," and others may be as complex and sustained as the desire to become a doctor and the willingness to go to school for 137 years to accomplish this.

When we pursue our Wish in accordance with our unique nature, we are affirmed in the validity of being ourselves. Even if the experience includes painful aspects, if the overall sense of the experience is that "it is good to be me," the presence of the Organic Self as the central organizing aspect of Selfhood will be reinforced. So if, as a child, you loved your grandpa, and he died and you felt very sad, the sadness itself would not be a deterrence to being your Organic Self -- the grief would feel natural and appropriate. But if you were shamed about your feelings, or told to buck up and be brave, etc., then a question would arise about the validity of your innate nature.

As we know, this kind of challenge to a child's natural sense of things, when either repetitive or forceful enough, results in great wounding. While the feelings and beliefs and postures and so forth generated by these oppositional situations are quite obvious to us, and readily presented by the client in session, the actual original wounding here takes place on a more subtle level, the level of consciousness.

When irrevocably opposed, the Organic Self, which we can think of as an unstoppable force, encounters an equally immovable object [the limiting situation]. The child's instinct towards self-expression and validity is hopelessly and continuously opposed by a distant mother or a cruel father, by dominating siblings, or a lascivious uncle, by poverty or cultural norms, etc. The child's efforts toward self-relevant experience are stymied, and a painful impasse occurs, like pressing the accelerator with the brakes on.

Unable to successfully free herself from this pain by remaining true to her instinctive wholeness, the child resolves this bind by fragmenting her consciousness. Instead of maintaining a single identity as a whole self, the Organic Self puts itself into a series of trances, each trance, or self-state, representing and holding an aspect of the stuck situation. Specifically, for each stuck situation, we generate a Hurt Self, holding the experience of being somehow inadequate or shameful or fearful; a Spirit in Exile containing the wish for the experience, but not daring to pursue it; a Strategic Self steering the person away from pursuing further similar experiences to avoid the Hurt; and a Survivor self continuing to lobby for the person's right to be herself (Eisman, 1989).

Each of these self-states is a specific neural pattern, and in that pattern perceives and expresses only the explicit elements of that pattern. How we think, the way we hold our body, the mood we are in are all fixed within each specific trance state. Just as in a dream, in which the elements of the dream seem completely real -- until we wake up -- so the elements of the self-states seem entirely true to us when we are engaged in those specific trances. In the trance of our strategic need to please others, not only do we not question the veracity of this attitude, but we are incapable of questioning it -- this neural pattern, like all others, has no channel for a different perspective. It is only capable of generating the specific experiences wired into this pattern.

Because of this realness, we relate to these states not just as experiences, but as expressions of Self. We *identify* with them, and hold them as statements of our personal being. Our sense of "I" becomes indistinguishable from the fragmented states we are in, and we develop a fluid self orientation that consists of a variety of "i's" [lower case to denote their fragmented, immature quality].

Furthermore, because of the attractors in the pattern, events we encounter years after the self-state has formed pull us into the old pattern or trance, and we suddenly reframe the experience through the old neural lenses. If we needed to please our family to get by when we were five, then now, at forty-five, we find ourselves aggravatingly driven all the time to please our partner or our boss. Fragmentation has become, as Dr. Perry says, a personality trait. As psychologist and Hakomi Trainer Halko Weiss puts it, "each one of us has at her or his disposal a number of typical, separate states of being which self-activate automatically in specific situations. These states are regressive in principle, because they are based on earlier experiences and the forms of self-organization that arose from them." (Weiss, 2002).

This fragmentation of consciousness happens whenever that irrevocable impasse occurs, so most of us end up with numerous self-states lurking in our being -- an Inner Committee of selves instead of one integrated, well-bounded Organic Self. The Organic Self remains present and intact, and we typically operate from its expansive and inclusive framework. But then when some event activates an attractor -- boom! we shift, often without realizing it, into one of our self-state trances. Rather than remaining consistent in our sense of true identity, we end up having a collection of fragmented identities, and suffer the pain of such fragmentation.

These self-states are primarily limbic in location. Just as the neurological wounds are primarily lodged in the ANS, so these fragmented neural patterns are basically feeling states -- limbic entrancement that we experience at the core as a mood-framed "world" or "sense of things" leading to a mood based sense of identity, of *I am this*.

From these feeling states or senses of being, we also, of course (just as we do from our more reptile woundings) create parallel neural patterns, both limbic and cognitive, that elaborate the various experiential aspects of these states. We develop beliefs and thought patterns, we hold memories and images, we walk and talk or keep our mouths shut in state specific ways. The CEO who feels completely confident and authoritative in the office may dissolve into a sullen and vulnerable child at home with his wife and children, because a different *him* gets evoked by the family context. The behavior may be apparent; the fact that the man has shifted into an alternative state of consciousness -- a walking dream state perceived as real but in fact just a neural habit -- may not be recognized.

The resolution of fragmentation, therefore, requires not just attending to the content derived from the fragmentation -- the behavior and perceptions and inhibitions, et al -- but by addressing the fragmentation habit itself. This is typically done by having the client mindfully become aware of the feeling state they are in at any moment, and to learn to shift deliberately from the painful feeling state into a more preferred state. In overly simplistic terms, we help the client to recognize that he or she is located in a particular and limiting neural pattern; we direct them to recognize their felt relationship to being in this state [they like it or they don't]; and we help them to develop the ability to shift willfully into a different neural pattern.

In fact, the mere act of becoming mindful of the state one is in is already a shift in neural location, because to become aware of the content of the trance requires one to be outside of it, operating from a parallel location in the mind. Instead of identifying with the experience of the habitual pattern, one is now identifying with their ability to observe it. Dr. Weiss (2002) concurs: "When we enter a state of mindfulness . . . an internal observer arises who is not identified with the states/parts that the person immerses in. In such moments, they can notice their experience without being fully identified with it."

Because of the innate nature of the Organic Self, a preferred neural pattern and identity already exists in all of us. The client may need various experiences in the present to elaborate or fulfill specific needs or missing events from their childhood -- to be listened to, to be held, etc. -- but their ability to embody a positive and expansive state of Selfhood that feels solid and true for them is already and always present.

This inevitable presence of an innate, organized, intact and expansive element of Selfhood gradually revealed itself to me early in my career, and in fact initiated my curiosity at exploring the nature of the Self. I was astonished to notice that invariably, despite whatever degree of wounding a client presented, there still was present, and available if sought, an underlying wholeness and solid identity. People had been damaged, and things were missing in their worlds, but at the core they held an inviolable Self. Many of the

practitioners I meet report feeling a similar sense of underlying wholeness in their clients.

In a paper presented at Los Angeles Psychoanalytic Society and Institute, Diana Fosha (2202) tentatively suggests a similar notion: "My out-there proposal is that core state is a wired-in feature of the organism. . . .It has been there all along . . . the capacity to experience core state is as wired in as is the capacity to respond with anger or joy or fear or disgust."

I believe future research in the neurobiology of Self will eventually identify exactly how and where *physiologically* this innate Selfhood exists, perhaps transcending biology to delineate the way physiological and transpersonal elements interface. In the meantime, that the anecdotal evidence clearly shows that an Organic Self is already present and accessible within even the most traumatized client, affirms the notion that the art of therapy is not to "fix" our clients, but to evoke in them their own ability to self-regulate.

Of course, being use dependent, just shifting one's present state in the therapist's office does not eliminate the trance states and the habit of falling into them. This requires practice and repetition, which serves to enhance the links and attractors in the more Organic patterns, and to dissolve from disuse the links and attractors from the fragmented self-states. The therapist must "sheepdog" the client, tracking for excursions back to the fragmented self-states and lovingly guiding the client to find his way back to the Organic Self, until remaining in preferred states gets wired in deeply enough to become a new habit.

Derivative Experiential Content

As we have indicated, the third kind of psychological wounding, Derivative Experiential Content [DEC], includes the wide range of material that derives from either trauma and/or poor attachment, or from the fragmentation of consciousness. This derivative content is the material that we typically associate with client presentation: the verbal and emotional content of their worlds, their beliefs, behaviors and perceptions, and also, in our practice of somatic psychotherapy, the bodily events [tensions, impulses, gestures, etc.] that attend all these. We would also include various energetic, creative and spiritual experiences in this category.

All of these experiences are expressions of the ANS wounding and/or specific self-states that arise. As the ANS activation or collective neural pattern of a self-state is engaged, they generate all of the limbic and cortical elements that comprise that wounding. We then find ourselves thinking those typical thoughts, feelings those usual feelings, holding those habitual tensions that are both expressions of and markers for the more primal woundings we have.

It is therefore essential to realize that this material exists only as an expression of either autonomic activation or the arousal of trance states. It has no inherent existence, but erupts when a specific neural pattern is engaged. There is no reservoir of sadness, for example, in a melancholy person -- only the frequently repeated evocation of his sorrow. When the neural pattern that generates the sadness is not activated -- when the person is briefly enjoying himself at a party, say -- there is no sadness; it's not lurking somewhere within the depths of the person.

What there is, actually, is a *propensity* for any number of things to set off the melancholy attractor and so, once again -- maybe even for the 100th time that day -- to generate another wave of sighing. To the person, the frequency of this experience causes him to *reify* it as real -- to make it concrete in his mind, and to assume it as a fact. But it is not a fact; it is one of endless possible experiences that through frequent activation has developed an increased potential to arise. In a similar way, there is no inner child, no constant need to withdraw, no actual inevitable *should* that one feels obligated to obey, and so on...

This is often a difficult notion both for clients and therapists to accept. We believe in the material presence of our experiences, both because they do indeed feel real to us when we experience them, and because our sense of identity has become so embedded in them. This sense of realness is also heightened by the frequency with which they happen -- the weight of time and repetition cements our perception of their validity. We may therefore have little sense of who we would be if we weren't anxious, or didn't charm people, or let our shoulders relax. After a particularly deep session, one of my clients reported that she was shocked to find herself not being on alert all the time. While this felt wonderful, it was also disorienting -- she didn't really have a wired in sense of how to be herself if she wasn't watching out every minute to see if there was danger.

I like to refer to this notion as the Myth of Core Material. We hold it as real -- both as therapists and people -- that all these beliefs and attitudes and memories and all the thoughts and impulses and moods they create actually exist. But in fact, they are part of an elaborate and ingenious mythology we have devised to manage the complexity of our lives. This myth is exacerbated by the *tyranny of meaning*: because we embrace these experiences as real, we hold them as inherently meaningful, and this sense of meaning makes them seem even more valuable to us. In the end, however, to re-embody our wholeness, we must move out of the familiar if not always comfortable labyrinth of our myths, and inhabit the mansion of an integrated Self. Because DEC literally derives from the first two kinds of wounding, all treatment for such content ultimately requires either the resolution of autonomic activation, or the relocation of psychic energy from fragmented states into more preferred and Organic ones.

What distinguishes DEC methods is their use of the derivative generated neural material as an avenue towards resolution of client issues. ANS activation can only be resolved neurologically, but the *consequences* of that kind of wounding -- the thoughts and feelings and senses of identity -- can be ameliorated by exploring all the content associated with the ANS entrenchments. This exploration also allows the eventual resolution of fragmentation, by accessing the full felt sense of the presenting neural pattern, and following it to its core structure.

Hakomi is a brilliant example of this approach. We create a relationship with the client that engages the cooperation of the unconscious. In doing so, we are already impacting their neural structure, and awakening the Organic Wish in them that hopes for and can be regulated towards the greater expression of their organicity [held by the Organic Self].

We then engage with and direct clients both to immerse in and to study their present experience, so as to lead themselves back to the core organizing material of that experience. We call this process *accessing*, and all accessing, from simple inquiry to elaborate experiments like probes and taking over, follows this three step process: contact experience; immerse in experience; and study experience. (Eisman, 2005)

What this three step process is actually doing is engaging an expression of some important neural pattern [contacting]; allowing time and focus on the pattern, thereby activating its various associated links [immersion]; so that these associated elements of the pattern emerge; investigating the tension evokes the sadness connected to the tension, and then the sadness, when felt deeply enough, awakens a memory, and so on [studying] .

More specifically, this third step consists of three essential avenues: to inquire about *details* of an experience [e.g., *does that tension in your shoulder feel like it's pushing forward from within, or like it's being pulled ahead from the outside?*]; to search for the *meaning* of an experience [e.g., *what does that tension in your shoulder do for you?*]; and to encourage what is called *unfolding*.

Unfolding is the direct invitation to the neural network to let its associations emerge, and form the basis of efficient accessing. For example, instead of seeking details or meaning from that tense shoulder, we might invite it to let the next connected experience arise: *so let yourself feel that tension, and just notice what starts to happen after a while, or, just let anything at all that wants to come up, just come up*. In working this way, we are intervening directly to take advantage of the nature of neural patterns: by immersing ourselves in their present particular manifestation, we active the entire network.

Because these patterns are ultimately held in the limbic system, they respond better to directives [commands and suggestions] than to questions. Think of a dog, which is

basically a limbic system with legs. If you ask a pooch if it would like to fetch the ball, it looks at you quizzically. If you command it -- *Fetch the ball!* -- it leaps off in search of the bouncing little orb. In the same way, when we direct the client's unconscious to find something [*notice whatever feelings want to emerge . . .*] or to allow something [*just let whatever feelings are there start to emerge . . .*], then the unconscious cooperates and activates the next link in the neural pattern.

In Hakomi terms, when we have accessed the network to its core presence, we then stabilize the felt sense of a belief, and, in service to transformation, we offer a new experience that refutes the felt expectation and prediction of the old belief. In fact, what this missing experience does is shift the client from the old habitual pattern to a different neural circuit. Through mindfulness, this new event is able to avoid the old attractor, and to stand on its own as an option in contrast to the old habit. In other words, the same shift in neural location has taken place as with R-CS and other trance state relocations. However, it has been effected not by the immediate opportunity of just shifting states, but by awakening the limiting pattern fully, and then shifting. We might think of Hakomi as taking the long, precise route towards a new neural pattern, and of R-CS as leaping across the chasm of expected experience to land ultimately in the same place.

In addition to this ultimate shifting, Hakomi work also creates a direct opportunity to provide the Self with experiences it needed but never received. As we said before, the expansive neural patterns of the Organic Self are already intact and already present, but they may not be fully elaborated. We may need to experience something *else* that would fit in with and necessarily enhance this expansive but incomplete Self. Providing such actual missing experiences, not just as a means to shifting states but in service to the completion of developmental needs, is an equally essential function of our work.

All of this points towards a simple guideline: the clearer we can be about the exact nature and origins of client issues -- the more we understand where and how they arise -- the more efficient we will be in working with them. Just as a good mechanic has various tools for different situations -- wrenches for nuts and pliers for wires -- so we therapists do well to recognize the specific kinds of wounding we are faced with, and to have the clarity to address each wound according to its actual need and nature.

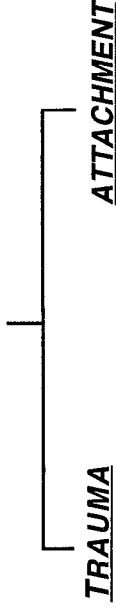
THERAPY PROCESS FOR EACH KIND OF WOUNDEDNESS

METHOD

NEUROLOGICAL

FRAGMENTED STATES OF CONSCIOUSNESS

DERIVATIVE EXPERIENTIAL CONTENT (DEC)



- archetypal movements
- hyperarousal
 - looping
 - tremors
 - color
 - breathing
 - anxiety / terror
- hypoarousal
 - dissociation
 - frozen affect / numbness
 - frozen motion
 - breathing
- resources present
- ANS shifts

- relational orientation
- relational; avoidance
- relational over investment
- relational fluctuation
- fixed gazing
- physical clinging

- self-states of consciousness: WHO
- quality of who is engaging; protective; demanding; longing; wounded; etc.
- degrees & locations of embodiment
- other elements of R-CS Selfhood Model
 - Aliveness
 - Realms
 - I - You - We
 - Imperatives
 - etc.
- present bodily experiences
- content, beliefs, attitudes, etc.
- emotions

Track
&
Contact

- resources
- truncated motor functions
[incomplete motor responses]

- study engagement
 - style
 - inner experiences

- resources & Organic self
- fragmented self-states
- degree of preference
- degree & location of embodiment

- present experiences in context of content
- organization of experience
- Core Material & beliefs

Access

- completed motor function
- new motor functions
- orientation towards resource

Resolution

- re-attach in the present

- shifting from fragmented states to O/S & Big I
- re-embodiment
- existential commitment to Selfhood

- engagement with Missing Experience
- creation of new beliefs
- integration of new beliefs & behaviors into everyday life

Hakomi Orientation

Hakomi is designed to work with DEC, but elements can be used with *content* of trauma & fragmentation

each kind of wounding allows use of specific stages of H process

- > *trauma: contact phase only ; specifically: do not access content during arousal* <
- > *fragmentation: contact; transformation + integration* <
- > *DEC: all stages applicable & required* <

omissions: access to perceived core material to provide missing experiences

commissions: access presenting experiences to perceived core material to provide reframe & missing experiences

R-CS Orientation

R-CS is designed to work with fragmented states, but elements can be used with trauma to shift out of vortex identification

uses & adapts Hakomi principles & techniques

each kind of wounding allows use of specific elements of R-CS:

- > *trauma: shifting to & building of resourced Self* <
- > *fragmentation: recognizing & shifting into preferred feeling states and Selfhood* <
- > *DEC: access present experience to clarify choicepoint for preference* <

omissions: use established Organic Self, Hakomi & mentoring to provide missing experiences

Woundedness & Treatment Approaches

TWO SOURCES OF WOUNDING

• MISSING EXPERIENCES: “sins” of omission:

- necessary events & interactions that did not happen
- cause failure of experiential context for living and lack of brain development; can be traumatic

• VIOLATIONS: “sins” of commission:

- events & interactions that were invasive, confusing and/ or damaging
- cause trauma, fragmentation of consciousness and create need for adaptive DEC

3 KINDS OF WOUNDEDNESS

NEUROLOGICAL

TRAUMA

- reptilian brain, limbic
- physiology based
- survival response to overwhelm
- 3 responses
 - fight
 - flee
 - freeze
- generates self-states & content
- loss of individual self identity
- symptoms: archetypal gestures; hyperarousal; hypoarousal; anxiety & terror; numbness; dissociation
- treatment: somatic releasing [Sensorimotor Psychotherapy, EMDR, etc.]

ATTACHMENT

- reptilian brain, limbic
- physiology based
- failure of infant to bond securely
- failure of infant to internalize self-regulation fully
- failure to form relational wiring
- 3 categories of attachment wound
 - insecure avoidant
 - insecure ambivalent
 - disorganized
- generates self-states & content
- symptoms: disconnected; overly self-reliant; dismissive; angry; clingy; inconsolable; pursuing, etc.
- treatment: reattachment through mindful relationship with secure other

FRAGMENTED STATES OF

CONSCIOUSNESS

- limbic system
- emotion based
- generate limbic & cognitive content
- accommodation response to stuckness
- feeling/trance states [self-states]
- perceive reality through specific orientations of states
- identity defined by state
- symptoms: changes in perspective & mood; conflicting positions
- treatment: shifting states [R-CS]

DERIVATIVE

EXPERIENTIAL CONTENT (DEC)

- limbic, cortical & motor
- habituated experiential context for self- states: thoughts, posture, beliefs, attitudes, etc.
- form operational sense of reality
- sense of identity defined by experiences
- symptoms: limiting thought patterns; habitual tensions & emotions; limiting beliefs;
- treatment: access experience to core material; create new core framework via providing missing

Neural Patterns

- each kind of woundedness is held by habitual neural patterns
- neural patterns form networks with other patterns, creating DEC
- associated links [attractors] cause new events to be translated according to the habitual responses of the woundings
 - e.g., intimidated person assumes new people he meets will be threats...
 - *Tyranny of Meaning*: we assign meaning to events based on old patterns & frameworks
 - *Myth of Core Material*: we come to believe in the actuality of these perspectives because of their constancy, when in fact they are just habituated patterns that don't express our true nature

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Energy Psychology and the Instant Phobia Cure: New Paradigm or the Old Razzle Dazzle?

David Feinstein, Ph.D.

Editor's note: David Feinstein is an old friend to many of us in Hakomi. See the article on Transference in the Here-and-Now Therapies he wrote in an earlier edition of the *Forum*. David has spent a career integrating numerous helpful methods and techniques into experiential healing. In this paper, which is a revised and expanded version of an article that originally appeared in the January 2005 edition the *Psychotherapy Networker*, he introduces us to the world of energy psychology. From a Hakomi perspective, these methods could be especially relevant in the integration and completion phases of a therapy session.

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When James Reston, a *New York Times* reporter accompanying Henry Kissinger on a visit to Communist China in July 1971 had an acute appendicitis attack, Chinese physicians performed an emergency operation to remove Reston's appendix. His postoperative abdominal pain was successfully treated with acupuncture, a routine procedure in many Chinese hospitals. The publicity surrounding Reston's treatment, including a front page article in the *Times*, is credited with opening Western minds to the practice of acupuncture. Today the American Academy of Medical Acupuncture has more than 1600 physician members, and the World Health Organization lists more than 50 conditions for which acupuncture is believed to be effective.

Since the early 1980s, Western mental health practitioners have been developing protocols for applying the principles of acupuncture to psychological issues, patterned initially on the work of California psychologist Roger Callahan and Australian psychiatrist John Diamond. Acupuncture points can be stimulated for therapeutic effect through the use of needles or heat, but less invasive procedures—such as tapping or massaging points on the surface of the skin—have also been found to produce therapeutic outcomes. This allows a broader range of practitioners to use the approach, and it allows clients to self-administer the methods back home, in conjunction with the therapy.

Because the stimulation of acupuncture points produces physical change by altering the body's electrical activity, the various mental health protocols that utilize acupuncture points (such as "Thought Field Therapy," "Emotional

Freedom Techniques," and "Energy Diagnostic and Treatment Methods") are collectively known as "energy psychology." Energy psychology protocols generally combine the stimulation of particular electromagnetically responsive areas on the surface of the skin with methods from Cognitive Behavior Therapy, including the use of imagery, self-statements, and subjective distress ratings.

Few treatment approaches have engendered more skepticism in the therapeutic community than those proffered by energy psychology. Claims of near-instant, lasting cures with recalcitrant problems using interventions that look patently absurd and seem inexplicable have triggered skepticism in virtually every clinician who first encounters them. At the same time, growing numbers of therapists representing a wide range of theoretical backgrounds have been trained in these methods (the Association for Comprehensive Energy Psychology, for instance, has more than 600 professional members; see www.energypsych.org) and have found that, however mysterious the mechanism of change, the approach can yield surprisingly powerful results with certain problems.

In fact, the mechanisms by which the basic procedure—tapping specific points on the skin while mentally activating a dysfunctional emotional response—may not be as incomprehensible as first appears. Energy psychology may work by producing neurological shifts in brain functioning in much the same way as neurofeedback training, a treatment that is increasingly being used for problems ranging from learning disabilities to anxiety disorders to depression to addictions. Unlike psychiatric medication,

which catalyzes changes through its effects on the brain's biochemistry, both energy psychology techniques and neurofeedback training have been shown to bring about changes in brain wave patterns, and these changes correspond with a reduction of symptoms (to see digitized EEG images taken before and after energy psychology treatments, visit http://www.innersource.net/energy_psych/epi_neuro_foundations.htm).

A difference between the two approaches is that neurofeedback relies on scientific instrumentation while energy psychology does not. Although this makes energy psychology more readily accessible, it perhaps makes neurofeedback training more palatable to the professional community. In addition, the explanations used in energy psychology for the reported treatment outcomes fall outside our familiar paradigms. They make no sense if we try to understand them in terms of conventional explanatory mechanisms, such as insight, cognitive restructuring, focused mental activities, reward and punishment, or the curative power of the therapeutic relationship. But if we examine the electrochemical shifts in the brain that are brought about by stimulating electrically inductive points on the skin, a coherent picture begins to emerge.

Research studies have shown that acupuncture points are more electrically responsive than other areas of the skin (which have 20 to 30 times the electrical resistance). Studies have also indicated that acupuncture points have a higher concentration of receptors sensitive to mechanical stimulation. In energy psychology, a subset of acupuncture points is stimulated, usually by tapping them while mentally activating a dysfunctional emotional response. Tapping specific acupuncture points appears to send signals to the brain which are similar to those produced by the more traditional use of needles. Various studies have demonstrated that the stimulation of selected acupuncture points modulates the activities of the limbic system and other brain structures that are involved in the experiences of fear and pain.

The most promising hypothesis regarding the neurological mechanism by which energy psychology achieves its effects, I feel, has been proposed by Joaquín Andrade, a physician who works with anxiety and other psychiatric disorders, and who has also utilized acupuncture in his practice for more than 30 years. Andrade traces the consequences of activating a disturbing memory while sending electrical impulses to responsive areas of the limbic system through acupoint stimulation. As Joseph LeDoux's research program at the Center for Neural Science at NYU has demonstrated, any time a fearful memory is brought to mind, the neural connections between the fearful image and the emotional response may be increased or decreased. The memory becomes labile when reactivated, and thus susceptible to being neurologically consolidated in a new way—its emotional power either reinforced or dissipated in

the process. In energy psychology treatments, it may be that the established ability of acupuncture to deactivate areas of the brain which are involved in the experiences of fear and pain apparently takes hold during this moment of "neural plasticity."

Putting the Methods to a Public Test

I learned of energy psychology while on sabbatical from a 30-year practice in clinical psychology. I was on an extended teaching tour, assisting my wife, Donna Eden, whose book on energy medicine had put her into the public spotlight. A few of her students were psychotherapists who already utilized energy psychology. Since I was both a psychologist and involved with energy medicine, they assumed I would be well-versed in energy psychology, which is a subspecialty of energy medicine in the sense that psychiatry is a subspecialty of medicine. I was not. In fact, the first time I saw the approach used—curing a severe height phobia within the space of twenty minutes—I could hardly believe my eyes, and felt skeptical that it was actually this odd method that produced this stunning result. Nor, at this point in my career was I particularly eager to take on a whole new way of working. Nonetheless, as I continued to witness the surprising results following the use of these techniques, I wanted to be able to produce the kinds of results I was seeing. I enrolled in an intensive training and certification program, hoping to master the approach. Since the procedures themselves are actually quite mechanical, if you start with a solid clinical background, they are surprisingly easy to learn.

I was still on the extended teaching tour by the time I had completed the practice requirements and was qualified to introduce the approach to clients, so I began to do my own demonstrations during the workshops. By this time, I personally knew dozens of respectable and highly trained therapists who were applying these methods in their own practices. Even so—as a licensed psychologist who was still unable to persuasively explain *why* the techniques worked—I was more than a little uneasy to find myself doing an approximation of the kind of razzle-dazzle medicine show that had struck so many professionals (myself included) as not much more credible than Barnum and Bailey spectacles. But nothing succeeds like success, and the demonstrations I gave of these methods—quite typical of the experiences of the growing numbers of practitioners who use them—seemed to amaze my audiences, much as I had been amazed when I first saw them. The following reports describe the very first three sessions I conducted in these public demonstrations. I choose them not because they are particularly unusual or extraordinary within the practice of energy psychology, but rather because they illustrate some of the most important common elements of the approach.

Acrophobia

For my very first presentation, I asked for a volunteer who had an irrational fear. The methods can be applied to a wide range of diagnoses, but phobia treatments lend themselves particularly well to demonstrations because the results can be immediately tested. Nancy, a nurse with a lifelong fear of heights, volunteered. During a brief, personal interview, she reported having been uneasy about heights throughout her childhood, but intensely phobic of high places ever since an incident that occurred when a group from her high school toured Europe one summer. While in Dover, Nancy had gathered the courage to move close to the edge and look over the famous White Cliffs. At that moment, the teacher supervising the group came up behind her and "playfully" pushed her forward. While he obviously grabbed her before she could fall, his stunt triggered a very severe height phobia which had plagued her for almost twenty years.

The fourth floor meeting room of the hotel where we were working happened to have a deck area and a balcony overlooking the ocean. With a video camera recording the session and a group of fellow students watching, I had Nancy walk toward the balcony. She became tentative at about eight feet from the edge, and then at about five feet, she seemed to hit an invisible wall. She could not bring herself to take the next step. The video shows that she began to tremble and perspire. She reported fighting a sense of being pulled forward as she approached the edge of the balcony. Thirty minutes later, the video shows her calmly walking up to the railing, leaning over, and with a mix of shock, triumph, and disbelief, saying about her longstanding terror of heights, "It's gone!!!" Four days later, we arranged a test on a 17th floor penthouse balcony. On the tape, she appears euphoric as she reports that her primary experience of being at the balcony's edge is enjoyment of the view.

What happened in those thirty minutes? First I led Nancy through a quick, general "energy balancing." This routine, which resembles a combination of yoga and acupressure, is designed to establish a neurological receptiveness for the more focused techniques that are to follow. Then I asked Nancy to give a 0 to 10 rating on the amount of distress she felt when she thought about being near the edge of the balcony. It was a 10. I interviewed her to identify any internal conflicts she might have about overcoming her phobia, and I also utilized an "energy test" to examine this question in a different way. Derived from the field of applied kinesiology, energy tests (also known as muscle tests) are designed to assess energy flow through established pathways (which acupuncturists call meridians) by gauging the relative strength in the muscle associated with that pathway. When the client is attuned to an internal conflict about the treatment, the energy flow often becomes disturbed, weakening the muscle and allowing the energy disruption to be detected when pressure is placed on the muscle.

Treatment does not usually progress well until such conflicts are resolved. To Nancy's embarrassment, it soon became apparent that at one level she did not want to get over the phobia because if she did, she would no longer have grounds to harbor the resentment she had been holding toward her high school teacher ever since the incident. The treatment used in energy psychology for such conflicts is deceptively simple. A statement that addresses both sides of the conflict is stated (e.g., "Even though I don't want to get over this resentment, I choose to know that I can now be free of it") while massaging particular points on the body that are believed to release blocked energies. This seems to resolve the conflict, at least to the extent that it no longer interferes with treatment progress.

We then began with the first part of a basic energy psychology protocol. While stating the triggering phrase, "fear of heights," at each acupuncture point, Nancy tapped ten pre-selected points, each for a few seconds. This sequence took less than a minute and was followed by a brief series of activities—such as eye movements, humming, and counting—which are designed to activate and balance the right and left brain hemispheres simultaneously. This was followed by another round of tapping with Nancy continuing to mentally activate the problem by stating the triggering phrase. These three sequences constitute the protocol. Following it, Nancy was again asked to rate her distress when thinking about being near the edge of the balcony. It was now down to a 6. The protocol was repeated. Now her distress level when thinking about being near the edge of the balcony was down to a 2. After one more round, it was down to 0.

At this point, a procedure that helps to anchor the gains was used. Nancy was to visualize herself going to the edge of the balcony and experiencing no fear, while at the same time using a similar tapping protocol. After she was able in her imagination to experience the desired equanimity when facing a height, she was invited to step out onto the balcony again. This time, she walked right up to the railing with no apparent difficulty. On two-year follow-up, Nancy reported that her fear of heights had not returned. In fact, she described a difficult experience of flying in a small plane that went through severe turbulence. Other passengers were crying and vomiting, she told me in an e-mail: "Before our work together, this would have been intolerable. But I stayed calm and centered."

A Fear of Snakes in South Africa

The second time I publicly demonstrated an energy psychology approach was at one of my own workshops. I was teaching a six-day residential class in South Africa. Many of the participants were leaders in their communities who had come to learn about the unconscious beliefs and motivations that shape a person's life and impact a community. At the close of the first evening, one of the

David Feinstein

participants confided to the group that she was terrified of snakes and was afraid to walk through the grassy area which separated the meeting room from her cabin, about 100 feet away. Several participants offered to escort her. Sensing that she could rapidly be helped with this phobia, I thought this might lend itself to a compelling introduction of energy psychology to the class. I arranged—with her tense but trusting permission—for a guide at the game reserve where the workshop was being held to bring a snake into the class at 10 a.m. the next morning.

I set up the chairs so that the snake and the handler were 20 feet away from her, but within her range of vision. I asked her what it was like to have a snake in the room. She replied, "I am okay as long as I don't look at it, but I have to tell you, I left my body two minutes ago." She was dissociating. Within less than half an hour, using virtually the same methods I used with Nancy, she was able to imagine being close to a snake without feeling fear. I asked her if she would like to walk over to the snake, still positioned across the room. As she approached it, she appeared confident. The confidence soon grew into enthusiasm as she began to comment on the snake's beauty. She asked the handler if she could touch it. Haltingly but triumphantly, she did. She reported that she was fully present in her body. A couple of days later, she joined the group on a nature walk. As the group returned, someone asked her if being out in the bush had been difficult, given her fear of snakes. A surprised look came over her face. She had never thought about snakes once during the entire walk. Her lifelong fear had evaporated, and when I made a follow-up inquiry some six months later, it had not returned.

Claustrophobia

My third experience with a public demonstration of energy psychology was with a 37-year-old woman who had suffered a stroke seven years earlier and developed a debilitating phobia shortly after her stroke. She had been placed in an MRI machine, became fearful, began to panic, and then complete terror took over. She had been claustrophobic ever since, to the point that she could not sleep with the lights out or even under a blanket, could not drive through a tunnel, and could not get into an elevator. Besides being enormously inconvenient, this was confidence-shattering as she worked to regain her speech. Within 20 minutes, using the same protocol described in the above two examples, her anxiety when thinking about being given an MRI went from 10+, on a scale of 0 to 10, down to 0. The best way I could think of to test her was to have her go back into her room at the resort and get into the closet. During the break, she went into the closet and her partner then turned out the lights. She stayed there five minutes with no anxiety. When she returned to report what happened to the group, she said the only problem was that she found it "boring." The rest of the group was amazed. That evening she slept with the lights out and under the

covers for the first time in seven years. Her partner was elated.

Six weeks after this single session, the following e-mail arrived: "You are not going to believe this! The test of all claustrophobia tests happened to me. I got stuck in an elevator by myself for nearly an hour. In the past I would have gone nuts and clawed the door off, but I was calm and sat down on the floor and waited patiently for the repair men to arrive. . . . It was an amazing confirmation that I am no longer claustrophobic!!!!!! Thank you. Thank you."

Is It Really That Simple?

So, is it really that simple? Yes and no. If these three cases are representative, as I believe them to be, they indicate that with an uncomplicated phobia, a relatively mechanical approach that does not rely on insight can rapidly and permanently overcome the phobia. Clinical experience further suggests that the core protocol will still work with more complex phobias, but greater therapeutic finesse is required. For instance, if a client presents with a fear of driving which developed following a minor automobile accident, and the basic protocol is not reducing the fear, the therapist looks for other experiences that might be psychologically linked. If the person was, for instance, injured in a skiing accident as a child, and unresolved trauma connected to that experience has been activated by the more recent event, the skiing accident would become a focus of the treatment. When the contributing experiences are based on parental or other interpersonal difficulties, the approach can quickly become quite elaborate. Most practitioners of energy psychology, in fact, integrate the field's methods with the approaches they are already using.

What about issues other than phobias? Between 1988 and 2002, a team of 36 therapists from 11 allied treatment centers in Uruguay and Argentina tracked over 29,000 psychiatric patients who were being treated with a protocol that used acupoint stimulation (http://www.innersource.net/energy_psych/epi_research.htm). Besides an estimated 70 percent overall improvement rate and various informal sub-studies suggesting that the energy psychology treatments yielded markedly stronger outcomes than conventional treatments with a range of disorders, systematic interviews with the therapists identified the conditions for which energy psychology treatments seemed more effective or less effective.

Overall these clinicians indicated that energy psychology interventions were most effective with anxiety disorders, reactive depression, and many of the emotional difficulties of everyday life—from unwarranted fears and anger to excessive feelings of guilt, shame, grief, jealousy, or rejection. They did not appear to be as effective with disorders that were more biologically entrenched, such as endogenous depression, bipolar disorders, personality

disorders, delirium, and dementia. For anxiety disorders, the therapists' uniform impression was that no other treatment modality at their disposal (including Cognitive Behavior Therapy combined with medication as needed) was as rapid, potent, and lasting.

I do not mean to suggest that scientific investigation has established the efficacy of an energy approach. While early returns such as the South America study are encouraging, the research is still very preliminary. Nonetheless, energy approaches have no known side-effects to, appear to relieve the suffering brought about by a number of psychological conditions with unusual speed and power, and the field continues to gain proponents among a wide spectrum of clinicians.

It is hard, in fact, to maintain unwavering skepticism in the face of concrete results in one's own practice, case after case after case. We live in a time of endemic anxiety, and energy psychology offers tools that are certainly unique and possibly unparalleled in their effectiveness—particularly for relieving the suffering of relatively "normal" people with nonetheless real and painful symptoms. Because the methods can be immediately self-applied in situations that evoke inappropriate emotional responses, they are often experienced by the client as being enormously empowering. Because experienced clinicians can learn the methods with relatively little additional study or risk, it seems an obvious step in staying at the cutting edge for your clients to at least give them a try.

Beyond Phobias

Here is how the same techniques can play out in a more complex clinical situation. I treated a 45-year-old woman who had been moderately depressed for six months and reported having become immobilized in her job. Intake interview revealed that shortly before the onset of her depression, she had been promoted from a contained role, which she had done well for many years, to a job that required substantial interchange and often debate with colleagues. When her decisions were self-directed, she did fine. But when factoring in the opinions of others, she became confused, frozen, and antagonistic.

The interview uncovered that the job shift had activated unresolved issues from an abortion she'd had when 23, following a clandestine affair with the minister of her church. She had actually been thrilled to learn of the pregnancy, but two powerful elders in the church campaigned for the abortion. After being pressured for a month, she reluctantly agreed. She never forgave herself. Now when someone with authority tried to persuade her to change her opinion, her emotional reaction was strong, inappropriate, and mysterious to her—until she examined its historical roots.

While such an insight can be a clinical breakthrough, it is usually not in itself sufficient to bring about significant change in a deeply embedded emotional pattern. Compare the steps you might take using CBT with the following. The treatment from this point utilized the *same* basic "tapping" protocol seen with the phobia cases, but applied it to this insight. Specifically, the following issues were focused upon, one at a time: her agony immediately following the abortion, her sense of betrayal toward the minister, her anger at the elders who persuaded her to have the abortion, her anger at herself for having been swayed, her grief for the lost child, her distrust of anyone who tried to influence her, her loss of confidence and effectiveness in her work, and her difficulties fielding the opinions of her colleagues. Over the course of five sessions, each of the above issues went from a distress rating of "7" or above down to "0" just as rapidly and decisively as the three phobias were "neutralized" in the earlier examples. For each issue she was able, after 8 to 30 minutes of applying the tapping protocol, to bring the situation to mind vividly with no sense of bodily distress.

Along the way, her ability to collaborate with colleagues improved dramatically, she began to thrive in her new position, and her depression lifted. Equivalent cases by dozens of credible therapists are reported in the literature or on practitioner websites, and that sampling reflects a much larger pool of clinical experience.

Any method that apparently shifts the somatic underpinnings of unresolved trauma and dysfunctional emotional patterns, rapidly and non-invasively, is certainly a significant development worthy of consideration. Because the methods of energy psychology can be immediately self-applied in situations that evoke inappropriate emotional responses, they are often experienced by the client as being very empowering. Because experienced clinicians can learn the methods with relatively little additional study or risk, it seems an obvious step in staying at the cutting edge for your clients to at least give them a try.

Because the methods can be immediately self-applied in situations that evoke inappropriate emotional responses, they are often experienced by the client as being enormously empowering. Because experienced clinicians can learn the methods with relatively little additional study or risk, it seems an obvious step in staying at the cutting edge for your clients to at least give them a try.

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David Feinstein

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Vehicle of Life

Thomas Pope, MFT

Editor's Note: *Thomas Pope, M.A., MFT* is the co-founder and director of the Lomi Psychotherapy Clinic in Santa Rosa, California, a highly significant and innovative community mental health center that serves people from all income levels, while providing service and training that includes somatic modalities. He also maintains a private practice. His work in general includes meditation practices and therapy processes that use the bodily experience as a vehicle for awareness and transformation. In this article, first printed in the *Lomi Forum* in the Fall of 1999, Thomas offers us an example of mindful, body-inclusive work dealing with personal, cultural, and intergenerational issues.

By the end of our lives, these bodies of ours have been the vehicles of many travels, many miles of experience. They are, in a sense, recorders of our history, having formed in response to the variety of joys and horrors we encounter. By honing our skills of listening to our cellular experience, these histories are available for our knowing. The history of our lineage, both the personal and that of our species, and all of life is awaiting discovery. Steady, bare-attention is the key to unraveling the constraints of our conditioning, the key to stopping the hatreds and injustices passed from generation to generation.

I am often asked, "What feelings do we embody that come from our past, from times even before we are born?" Murray Bowen says there is a multi-generation transmission of emotional life, the history, beliefs, rules and roles in families. Do we carry emotional forms that are our personal history? How are those family histories passed from one generation to the next? How do these bodies of ours form histories, and the global view that goes with history and generations of history? How do we pass on these forms? Without certain forms of scientific evidence many dismiss such notions as fantasies. Those of us who work with people know how these shapes of the past stay alive in our beings, in our bodies.

Colette came into therapy because of a dysfunctional relationship. She chose me because she knew that work with the body experience would be key in finding herself, finding her way out of the relationship dysfunction, and necessary in discovering the reasons she finds herself in such situations. Colette is an African American woman in her forties. She is bright, attractive; and she arrived very shaky.

We focused on boundaries. We focused on paying attention to her body so she could find her center, to see how she loses her sense of self and her boundaries. As we began developing mindfulness and a tolerance for sensation, her fragility became more obvious, more pronounced. We were breaking many rules. Lifetimes of rules.

In our cells lives the imprint of our history. Not only is the story of our life alive in our cells, but also the strategy for survival in our personal evolution, the history of our parents, our ancestors, and all of the creatures from which we have all descended. These ancient memories are alive as remnants in our archetypal and personal body, housed in our cells. We are capable of drawing on the intelligence of these evolutionary bodies, energies, and consciousnesses with the development of mindfulness, the ability to pay attention to and be with our experience. With concentration we can open to the full spectrum of our being and of the history of our life, our family's life, our species' life, and all of life. We find the conditioned images, rules, and emotions that guide and control us, sometimes to our detriment. Wars are waged based on such conditioning.

Colette was especially shaky one day. After focusing on her experience she knew she had to end the romantic relationship with her lover. She was tending to her needs and such care was against the rules. There were many words. The emotions were overwhelming, choking her. Anxiety was rampant.

I directed her attention to her body. I inquired about the fear alive in her experience. I had her breath into the tightness in her chest and throat. She wanted to leave; she wanted to explain to me the danger of staying present. I coaxed her to remain with the actual experience instead of talking about it. She looked like a caged animal. We tried to make space for her in the room, and in her body. She couldn't say no to this man. She was terrified.

I knew that we were approaching the limits of her capacity to tolerate her experience. Colette was frightened and tears flooded her cheeks, streaming onto her lap. This was a woman with no rights. We were pushing her limits. If we were engaging her rational mind, she would have said of course she had the right to end a relationship. But we were not engaging that mind. We were in the territory of her conditioning. We were in the territory of her early learning where she learned that she couldn't stand up for herself, where she had to consent to a man older and more powerful, where she had been violated and learned silence,

Thomas Pope

acquiescence as a way of surviving. And we were in a greater territory too.

"Breathe into the tightness. Stay present. Stay with the no."
"I can't. I'm afraid."
"Keep breathing."
"I can't do this."
"Why not?" I asked.
"Because."
"Because why?"

The fear was palpable. Her body trembled. The silence in the room was deafening. I wanted to soothe her, and tell her she could leave this material. But I knew that to take her away from this moment would be abandoning, would be damaging.

She tried to speak. The words wouldn't come, as if stuck in her throat. She kept trying to get them out. She tried to explain, but the words wouldn't come.

And suddenly, without effort the words sailed out with force, with vehemence. "Because I'm just a nigger girl, looking for a good master." She exclaimed.

I was shocked at the words. The room felt hot and freezing at the same time. I recognized the truth in the emotion.

She repeated the phrase. "I'm just a nigger girl, looking for a good master."

She sobbed, looking away from me.

Tears rolled down my face. The pain of the statement penetrated my shell. I could hear the pain of her life and the limitations of this conditioned truth. I recognized that this statement summed up the reasons for her dysfunction. She looked small, almost cowering on the sofa. She was retreating from me, almost begging me in her cries to treat her well.

The tears continued rolling down my face. I felt great empathy for Colette. I felt her grief. I felt the shame of being a white man, of being a southern man by birth, of being a descendant of slave-owners, whose land I visited and coveted as a child. I felt the burden of this ancestral action alive in my body. I fought to stay present, to not leave into shame.

I could see that I was losing Colette. She was lost in the pain, moving out of contact. The pain of the statement was overwhelming. I knew I needed to get her attention. Tears still rolled down my cheeks.

"Look at me," I said.
She couldn't.
"Look," I coaxed.

Timidly, Colette looked up from her crouched position.

She saw my face; she saw my tears and looked away.

There was a pause.

"What was it like to look at me?" I asked.

"It is hard," she said.

Another pause.

"Look again." She looked, and again turned away.

"It is hard, because it means it's true."

The truth was that she lived her life without any rights, as if a slave, looking for someone who would treat her well. The truth of that statement reverberated around the room. And it was alive in her body. It was the same truth passed down from her mother, and from countless other African American women since slavery who learned that to have rights explicitly meant risking death. Colette was experiencing the collective belief, based on centuries of experience. She lived, on some level, as if this saying were true. And in the room that day, we let that truth speak so as to break the power of its spell. To cleanse its hold on Colette and her body. Her life. So she can know her rights, can say no to anyone treating her with harm. So she can say yes to what feels good, to boundaries, to joy and love.

The ancestral stance learned and passed on was alive in this woman. Although tremendously painful, she needed to own its truth to be able to release its hold. Of course these learnings, these conditionings are always a shadow in our beings. We have formed around them. But by facing them, feeling the power of their hold, we begin to see where they've originated and begin to re-form in our beings around other truths, and more humane emotional rights.

Later Colette said that the above session was the turning point for her. The experience of the truth of that statement, as well as our connection, produced a shift in her being. Seeing my tears confirmed that what she said was how she lived. And seeing this pain was an inspiration that maybe there is another way. Maybe there are some beliefs that can be seen for what they are and the power they've had. And then in present time we can learn in our bodies, in our beings, that we have the right to be alive, that we have the right to speak our truth, and that we have the right to be whole in relationship.

Release from our conditioning is the path to our essential selves, the path to life and love, and to the ability to embrace life in a fully connected way. In this way we stop carrying what we're not, and we experience all that we are.

Bringing Mindfulness to Despair

Lorena Monda, DOM, LPCC, CHT

Editor's note: Lorena Monda, DOM, LPCC is a trainer for the Hakomi Institute. She has been a psychotherapist since 1977, and a Doctor of Oriental Medicine since 1984. In addition, Lorena is a member of Zen master Thich Nhat Hanh's Order of Interbeing, and a qigong teacher for the International Sheng Zhen Society. She is the author of *The Practice of Wholeness: Spiritual Transformation in Everyday Life*, and co-editor of *I Have Arrived, I am Home: Celebrating 20 Years of Plum Village Life*. Her article here, highlighting the wisdom of dealing with despair in a mindful, compassionate way, is excerpted from *The Practice of Wholeness*.

Introduction

One of the most difficult points in the process of transformation is the place where clients feel stuck. They feel they aren't going anywhere, that nothing is happening. In my experience, all people who have made core transformations in their lives come to a place like this. How one handles feeling stuck has an effect upon the outcome. Sometimes feeling stuck can arouse our curiosity. We want to know what is going on, how we got here, and what we can do about it. Other times, we experience depression, frustration, and despair—times I call true stuckness, because we don't yet have the automatic responses with which to offer ourselves compassion and curiosity.

If we cultivate the habit of approaching stuckness with mindfulness, compassion, and curiosity, we can learn what it has to teach us. We find that sometimes we are stuck because we need to accept where we are, to stop a while and integrate. Or we are stuck because we are fighting with ourselves and the particular unfolding of our process. Or there is some part of us that needs our attention before we can go on. Or we simply don't have a resource we need in order to change.

When a client complains of feeling stuck, I pay close attention because, frustrating as it can be, being stuck indicates great potential for transformation. I have come to liken this point in the process to "going through the eye of the needle." It is a difficult place because clients often feel that change is impossible. They feel like giving up, and must reckon with hopelessness and despair. Therapists can easily become entangled in their clients' despair, often directing them away from it, rather than helping them explore and understand it.

My experience with bringing mindfulness to the exploration of despair has shown me that if we can teach our clients to recognize and acknowledge this place, learn what is trying to happen, call in resources, and hang in there—they make it through the eye of the needle, and are released into the more expanded space that landmarks true transformation.

The Wall Exercise: Bringing Mindfulness to Despair

Fear of despair is a strong obstacle to the transformation process. Most people don't like feeling despair. They don't like thinking about it or telling other people about it. Feeling despair makes one feel "crazy," "weak," and "out of control." Therapists often share these attitudes with their clients.

Yet nearly every person I have worked with has found themselves having to deal with despair in some way. Until we make despair conscious—help our clients begin to know when they are in it, understand how it affects them, and what beliefs go with it—they have little opportunity to recognize it, become aware of the role that it plays in their lives, and learn what resources to bring to it.

I do an exercise in my groups that helps participants recognize what this kind of stuckness looks like, and to understand the automatic, unconscious ways in which they handle it. I call this exercise "The Wall." Often clients come to this exercise with a great deal of dread, because little encouragement exists in our culture for making despair explicit, learning from it, or letting others see it and help with it. (This exercise can be easily modified for one-to-one therapy sessions where the therapist is person B.)

Participants work in pairs. One person (Person A) places him or herself, literally, up against a wall. The Wall represents something immovable, something which feels like it is never going to change or which, in reality, *is* never going to change—actual limitation. For example, The Wall could represent a parent who will never give their approval, a physical disability, someone who has died or gone away, an event that cannot be undone, a limiting life circumstance, a habit, an addiction, or a personal trait that one dislikes. Person A feels the presence of The Wall, begins to sense what The Wall is for him or her, and listens for messages from The Wall. Person A tells these messages to Person B. Person B takes the role of The Wall, and expresses these messages over and over to Person A.

Lorena Monda

This exercise allows Person A to explore his or her relationship to this immovable limitation. How does he feel about it? What does she do with it? What messages does he get from it? Where did these messages come from? How do these messages make her feel?

Here are some of the messages people in my groups have experienced in this exercise:

*It's no use.
Why bother trying?
You'll never get rid of me, no matter how hard you try.
You're bad (stupid, lazy, not enough, ugly, useless, etc.).
No one will ever love you.
It will never change.
It will never work.
You'll never get what you want.
You can't trust anyone.
No one understands.
No one cares.
You can't trust yourself.
Life is a drag.
The world is an awful (unsafe, dangerous, horrible, lonely, violent) place.
It's not worth it.
People leave you.
You're all alone.
You're trapped.*

Here are some of the things people report they do at The Wall:

*Work harder.
Push.
Fight.
Center myself.
Strategize.
Get frustrated (angry, sad, afraid).
Give up.
Get curious.
Plan.
Persuade.
Blame myself.
Blame other people.
Want to die.
Seduce.
Deny.
Collapse.
Ignore it.
Get apathetic.
Rage.
Distract myself.
Isolate myself.
Make it bigger.
Minimize the impact.
Pretend it doesn't bother me.
Pray.
Let it take over my life.
Wait.
Ask for help.*

When we do this exercise, we come face to face with how we deal with limitations. We learn whether the limitations are real or created, but, most importantly, we learn the mental constructs we have fabricated around these limitations. We also see what responses to limitation we have in our repertoire--which ones are automatic, missing, or need to be cultivated.

When they do this exercise, many clients learn that The Wall is really made up of admonitions and lessons from childhood; it has little to do with present reality. Others learn that The Wall involves missing resources — information they didn't receive, or lack of support at crucial times in their lives. Still others learn that The Wall represents the real limitation life brings us (death, sickness, physical limits, loss), and the mental constructs we create around these real events.

Client Experiences at The Wall

Susan

For Susan, The Wall involved messages she got as a child about not being good enough. Unconsciously competitive, she was always comparing herself to other people. The Wall represented this fact: There was always someone better than her. When Susan explored what she did with this idea, she learned that she harbored resentment for being constantly compared to her older siblings, a resentment that stopped her from trying very hard at anything. At The Wall, she was filled with frustration and anger, hearing messages about how she would never amount to anything. As she worked, she saw fleeting glimpses of the things in her life she would like to pursue. Because these conflicted with the messages, she felt an attitude of “why bother?” and a sense of hopelessness, which caused her to collapse into a state of dull apathy. Susan came to understand how The Wall manifested in her life: in lethargy, sitting around all day watching television shows she did not enjoy, not trying hard at work, letting other people take credit for her ideas.

Daniel

Daniel noticed he was fine, as long as he faced The Wall. While facing The Wall, Daniel felt the need to push, to never let anything stand in his way. He was angry at the idea that The Wall was relentless, that it was limitation, that it could possibly never change. He was mad at me for suggesting that some things are not changeable—that sometimes the only thing we can change is our relationship to these things. The message he got from The Wall was that he wasn't trying hard enough, that he just needed to work harder.

Daniel reported this as his basic orientation to life. All problems could be solved with hard work, nothing was insurmountable, and he was willing to fight to prove he was right. Indeed, Daniel was adventuresome, daring, and quite successful in his work. He liked to mountain climb,

skydive, and play competitive sports. He was successful at everything except his intimate relationships—one place where his aggressive, “can do” attitude did not work. He was recently divorced after the death of his baby son, because he could not deal with his wife’s grief. He was angry at her inability to “get on with her life.”

When Daniel was not squared-off with The Wall in a confident, confrontational stance, a different scenario unfolded. Experimenting with putting The Wall behind or next to him, he became anxious and afraid. The Wall felt like a shadow that was always with him, one he could never get rid of, no matter how hard he tried. The messages he heard had to do with people: how he could never trust anyone, how he would always be disappointed, that no matter how successful he was, he would never really have love—people would always hurt and leave him. He felt the sadness in this attitude and the reality of it in his life. Daniel was surprised to find these feelings lurking so close to the surface (it was not how he consciously viewed himself), and he began to explore where the experiences and messages behind them had come from. He was able to see that his despairing attitude about relationships had limited the connections he had in his life—and had even limited what he thought was possible for him in relationships.

Ross

For Ross, the Wall was his drug habit. He saw what was beyond The Wall—the things he longed for in his life—and he saw that his drug use prevented him from having these things. He had tried many times to quit doing drugs and drinking, but his resolve never lasted. He gave up as soon as a buddy came by with an interesting offer, and ended up feeling depressed and weak because he had given in. As Ross worked, he approached The Wall with fierce determination—literally trying to push himself through. I asked Ross to let The Wall be his will to do drugs, and when I asked him how strong his will to do drugs was, he surprised himself by answering “very strong.” I let him show me how hard he would have to push to overcome that will; he pushed himself into exhaustion and had to lean against The Wall for support. “See,” he told me, “I’m just not strong enough.”

I told Ross his will to do drugs was a part of him, and marveled at how wonderful it would be to have such a strong will working with him instead of against him. If he could somehow befriend The Wall and use it as an ally, he’d have that strength on his side to get what he wanted in life. Ross pondered this idea and, as he was leaning against The Wall, he began to feel it as support and stability. He realized some of his drug use was a rebellion against stability—which had been extremely rigid and authoritarian in his family. He found it ironic that this rebellion was the most stable thing in his life. He acknowledged his mistrust of support, which he never felt to be for him, but an experience of what other people wanted from him. Drugs were the way he fiercely held on to his individuality—his sense of self—at the expense of building stability in his life. Ross went away from the exercise acknowledging his strength, and considering how he could find allies who supported his true self and could help him deepen his life goals.

Summary

Despair comes in many forms and arises from many sources. We apply it, unconsciously, to our attitudes about ourselves, other people, and the world. When we take the time to become conscious of how despair manifests in our lives—in our bodies, our thoughts, our feelings, our spirituality—we come to recognize it, and bring to it compassion, resources, and healing. In the process of transformation, despair becomes available to us so that we may come to a deeper understanding of ourselves, and offer ourselves the opportunity to deeply heal. As we lose our fear of despair, our compassion for ourselves and others increases. Understanding and transforming our personal despair gives us the resources to help others deal with this powerful, challenging, and potentially transformative aspect of human experience

the healing power of poetry

Leisha Douglas, Ph.D.

Editor's note: Leisha Douglas Ph.D. has counseled adults, adolescents and couples for over 25 years. She is a certified Hakomi Therapist and Teacher, Transactional Analyst, and Yoga teacher. She has offices in Manhattan and Katonah, N.Y., and also works internationally in the French West Indies, and as a staff member of Cap Jaluca's Mind/Body Program in Anguilla, British West Indies. She has a lifelong interest in writing poetry and fiction. Her poems have been anthologized and published in journals, most recently in the e-zine, *The Ginbender Poetry Review*. She co-directs the Katonah Poetry Series along with poet Billy Collins. In this offering, she takes a dialogical approach with two friends to exploring the issue of poetry and healing. Contact regarding this article may addressed to Leisha at Tel: (914) 232-4397 or e-mail Leilil@aol.com

Introduction

Throughout my years as a working poet and full time psychotherapist, those aspects of poetry which are transformational and therapeutic have intrigued me. There are the epiphanies in reading poetry both when one's inner world is contacted and brought into the foreground of consciousness, and what transpires in the process of writing poetry.

As co-director of the Katonah Poetry Series (a 37-year old reading series) along with my fellow director, former U.S. Poet Laureate, Billy Collins, I've certainly been approached by regular attendees who affirm that the readings have helped them keep going in times of crisis and/or significantly improved the quality of their lives. However, I have not directly engaged in intentionally combining poetry with a group experience for the purposes of personal growth and healing. Biblio/poetry therapy or what is sometimes called 'psychopoetics' is currently considered one of the narrative therapies and has it's own organization, The National Association for Poetry Therapy with is own journal, *The Journal of Poetry Therapy*.

I wanted to approach poetry not as a potential form of expressive art therapy, but to gain some insight into its' inherent order and potency for as Hazrat Inayat Khan said, "poetry came before language for it was the poetic spirit that made language."

Therefore, in good Hakomi fashion, I followed my curiosity and arranged to dialogue with two poets, Rita Gabis and Frances Richey on the subject of poetry and healing. Both women are published poets who have interwoven their intrapersonal writing journey with interpersonal work in group settings.

Rita Gabis is a poet, prose writer and the author of *The Wild Field* (Alice James Books). She is a recent recipient of grants from the New York Foundation for the Arts, and the

Peter Reed Foundation. She is currently completing two books, and is a contributing writer to the forthcoming *The Portable MFA* to be published by Writer's Digest Books in 2006.

Frances Richey 's first collection, *The Burning Point*, won the Ninth Annual White Pine Press Poetry Prize for 2004, and was recently nominated for a Pushcart Prize. In partnership with Just Buffalo Literary Center, Fran recently founded the Love across Distance writing program for families and friends of deployed soldiers and is also an assistant editor for the *Bellevue Review*, a literary journal started by Bellevue Hospital. She is also a yoga teacher and former hospice worker.

Dialogue

Leisha: One of the things I was thinking about was the difference between reading poetry and writing it, and healing. What are your thoughts on that because they are different acts?

Rita: I think that fear manifests itself differently when you're just reading poems, and when you're just writing. For instance, people who are reading poems that sometimes contains material that has something to do with something they don't like in their own lives will often simply skip over it or simply say "I don't get this poem." That's one thing that happens as a reader.

One of the really healing things about writing poetry is that it gives the writer a chance to transform in a hands-on, active way and to really grapple with the imagination as a vehicle, fear, and also possibility.

The same thing can happen in some way, the sense of possibility, as a reader. You can read a poem as some of my students do, feel enlivened, and also feel that they have been given a gift. They read something that has shown them a

Leisha Douglas

way in their writing or in their own life. However, writing is specific activity. It stretches a muscle in a way that reading doesn't.

Fran: This book, *Opening Up: The Healing Power of Expressing Emotions* by James Pennebaker Ph.D, might be of interest because it is all about writing and expressing emotions. This is all about writing and healing. It is not specifically about writing poetry. They actually did blood tests (on immune system response and writing) at the University of Texas for two groups. They had a control group and group that was writing into trauma. When you're writing poetry, you're not writing poetry, you're writing and you either lift the poem out or at some point, you find your music. At least that's how I work.

When I was up in Buffalo, I used this book when I was talking to doctors and nurses at a trauma center. I will say, from a yogic prospective, the whole thing was about poetry and healing. It was not about writing a good poem or craftsmanship. It was about listening to some poetry . . . Yehuda Amichai . . . the rhythm and honesty of how he expresses himself . . . Pablo Neruda. There was a lot of crying in the classes at the high school. At the trauma center, almost all the nurses were crying when they were reading their work.

It's because they were writing from a place of such deep emotion. There was safety that no one else was ever going to see it. Maybe it was going to be a poem or not. When those kinds of emotions are being brought up, there's a release happening, especially if they don't leave in a shambles. If they leave smiling and relaxed, you know their immune system has likely been boosted at least for a little while.

In the Texan studies, people came in and wrote for four consecutive days for 20 minutes. Blood was taken before the program started and then, one group wrote about traumatic experiences, what they felt, what they thought, the whole thing. The other group was asked to write descriptions of dorm room, their best friend, something like that. Then, they took blood after the four days, then again 6 months later.

What they found was that the people who wrote into something that was difficult said that they felt terrible through the writing process and even a little after the writing, but their immune systems shot up. Six months later, whatever tests they did, the immunity was still functioning at a high level.

Since this was a college campus, they could also track visits to the infirmary. The people who wrote into their trauma had fewer visits. Writing into your truth, whether it is poetry or not, can have beneficial physiological effects just like yoga and meditation. It is quantifiable.

I don't forget though how many great poets have killed themselves.

Leisha: That's an interesting point you bring up. So many poets have been self-destructive, alcoholic or suicidal!

Rita: I think that whole notion to me is abhorrent. The reason is this, that whole idea that the destructive Hemingway-like fiction writer drinking himself to death is really more about how threatened we are in our culture by creativity, imagination and all it is connected to. In some other cultures, art is appropriated by everybody and artists are not ghettoized the way they are here.

If you think about suicide or alcoholism, those things happen to everybody. For example, the statistics on dentists indicate they are one of the highest risk groups.

I think it's just that when a creative person has some of those problems or succumbs to some kind of depression or mental illness that causes suicide, that somehow becomes a lightening rod for the "see I told you," that somehow has become internalized within the culture. I think there is no more likelihood that a creative artist is going to be self destructive than any other person.

In fact, what you're saying in terms of those studies, and this has been my experience teaching students who have been in many different places of their lives, I think being involved in a creative endeavor has actually saved more people, or made life more possible than been a trip wire for a certain type of predisposition.

Leisha: It's always puzzled me when people have commented on depression and creativity benefiting each other. I have heard this said frequently.

Rita: That makes no sense to me. The only sense it makes is the idea that what we give language to often loses its power over us. This can be perhaps liberating for someone who is stuck in their life.

To go back to what we were talking about before. Why would poetry be healing? I think if we look at development . . . at the child who acquires speech, think of how that enlarges the world of the child, connects s/he to another in a different way. I think there is something replicated in writing poetry. We almost repeat a deep important type of transition which is intrinsically healing and transformative. It opens one, similar to those moments when you're a kid and you learn a new word, your consciousness opens, and you can take more of the world in. I think this same experience occurs when you write poetry.

Leisha: I also wonder about poetry as a healing modality vis a vis other forms of writing. Historically, poetry preceded fiction and nonfiction genres. I think it has

Leisha Douglas

something to do with the auditory and oral aspects, music and how that sounds to us inside.

Fran: Certainly there are poems or lines that one carries deep inside. I heard these lines from T. S. Eliot and I really heard them.

I said to my soul be still and wait without hope. For hope would be hope for the wrong thing. And wait without love, for love would be love for the wrong thing. There is yet faith but the faith and the love and the hope are all in the waiting so the darkness shall be the light and the stillness, the dancing.

That is a part of a poem from *Four Quartets*, I have carried inside me like a song. I was in a meditation circle where one of my students had lost a son. The one thing that she has been able to do in addition to meditation is write poetry, and we were talking about it, and I said those lines to her. She went and bought the book and now she's carrying the poem. These are songs that resonant. It is what is in the rhythms and the words.

When I read *Four Quartets* all the way through, I always cry because there is such depth of sadness, his sorrow which is greater than the man himself.

Leisha: I am curious because you two have been working with poetry and healing with folks. How do you set the stage for somebody to go through that process?

Rita: One of the things that comes to my mind are the workshops that I did called "Bearing Witness" after 9/11. That was a particular case when I worked with two therapists developing the model of the workshop--what would be useful and what would be helpful for people. In that case, the people, who came to the workshops, and there were a series of them, really wanted to put language to their experience.

One of things we haven't touched on is the group dynamic. It is one thing to work one-on-one. The group can be so healing and helpful.

What I saw with the participants after 9/11 was enormous relief having an audience that was not going to probe or analyze in a therapeutic way, although there were staff available for therapy if they wanted to during or after the workshop if they felt overwhelmed. To be free that way . . . to just give voice in language and to have it be received was so important.

Fran: I found the same thing at the workshops I did in Buffalo, the circle we had for military families. There was a woman who came whose 19 yr. old son had just left the week before. There was safety in the fact that we were all in it together . . . safety that I didn't have to say the part about politics . . . safety that everything that was said was going to stay in that room by mutual agreement.

I used a poem by Amichai entitled *My Son Has Been Drafted* to open the session. It gave people permission to write right to their feelings about that subject or not.

Everyone around the table that day was quite emotional when they were reading, which told me that they were writing about things that were very close to their hearts. I think that creating that safe environment, which I know Rita does because I've been in many of her workshops, I've learned from her and from the yoga world, that it is really important for people to feel that they are safe, they are not going to be judged, that what they say is not going to go outside the room, and that they are with others who share their experience.

In those workshops, I said I knew a bit about poetry and was there to guide, and that my son had just left for Iraq. One woman asked to read a few of her son's letters and the group agreed. We all gave each other as much time as each person seemed to need.

We only had time limits because the Red Cross threw us out! Although boundaries are necessary, people need to be given enough time when they're writing about things like this, and giving voice to subjects that are so terrifying to them to be heard and not be cut off.

Leisha: When I do Hakomi Therapy, a few of my primary considerations for each client are safety and how much time they need. I try to be somewhat flexible, knowing that everyone's process and pace differs.

You're saying some things that I think a good therapist does, creating that sense of safety for the client and being a companion in his/her process rather than the authority.

Fran: Yes, it is different from focusing on poetry as a craft when the greatest help to me is to hear what isn't working and other instructive feedback.

A circle like that is not about improving the work. It is about giving the safety and the freedom to express things that seem to be inexpressible, and that no one would understand, and then have a room full of people responding with their tears or that silence which has a particular quality.

Leisha: What you're mentioning here is the difference between poetry as an expression, and poetry as an art form.

Fran: Yes. When we talk of poetry and healing, and here I have to speak as a student and as a poet who struggles with her work, I don't know how healing it is to return to a poem that when I wrote it, something magical happened. I have had that experience where I am working on something and it's almost like the prana which happens . . . something with a life force rises up and images come that didn't even happen.

Leisha Douglas

I remember once looking up when I was working on a poem called *Wake* years ago. I was sitting at my desk and looking up through water at the moon. So the whole poem went from the funeral home to water crashing through walls which certainly did not happen. The poem seemed to be writing itself. Of course, if I look at the poem today, it is not a very good poem, but in that moment for me, it was a life changing moment that I will never forget.

Working on it now I can't say is healing . . . it's satisfying but I can't say it is healing . . . it's interesting to me to think about what I was shutting out at that moment . . . what was really going on, but I don't know if that is healing.

Rita: I think it is. One of things I've been talking about with one of the groups I work with is the idea of commitment in revision when you're revising a poem. What is it to commit to see the thing through?

I think for women, this is especially difficult because it's committing not only to bringing a poem to its' fruition, but also making the imaginative leap, building the bridge between your work and the larger world.

There's something about that which is enormously healing and empowering, all those words we can use, but I think, in a funny way, writing, revising, fulfilling a piece of work is really owning who you are on some essential level.

When I see people who I work with who are in a place where they are throwing stuff away, they're discarding, not revising, and can't go back to work, it is about disowning a part of themselves. There is an amazing thing that happens if an artist can push through that and get to the other side.

Fran: This is such a gift to be able to talk about this in this circle.

When you get to a point in a poem that you've maybe been avoiding for years and you get there, that's one thing.

The part that I wonder about is the craft, when you start getting to the line breaks for instance, there has to be a commitment to make the poem shine. I feel a real joy with even a poem that is savage, but getting there, and that kind of revision, I wonder.

Rita: I could use you as an example, having watched you develop, grow, and really begin to feel and claim your own authority as a poet. I think of you reading at the National Arts Club when your book came out. The friend I brought with me commented on the certainty of your delivery, and how strong you stood in yourself as you read.

I've been able to watch you turn into this self who is a dedicated, committed artist. That doesn't happen without

working in a nuts and bolts kind of way. You're living proof!

Fran: I remember reading the poem you chose for that reading. I felt like I was naked up there. I think it is healing though, not only to write something like that which is way beyond talking about in a group, but then to read it. It's something about the being heard.

That's true in one-on-one sessions with you, Rita . . . your respect, your caring. There is something about the group and metaphorically being able to take all your clothes off, sometimes in the most savage and brutal way, which is frightening yet healing.

Rita: What you're talking about, Fran, it really differs from writing the most explicit shameful thing I can write then finding somewhere to read it.

It is really about honoring the sensory particulars of one's life and being willing to give language to them in a fearless way and creating a world in the poem. That can feel just like you're describing. It is really about your attachment to the details of your life. That is what is really cool about writing. You start to see and feel in this full way what the symbols of your life mean to you and I don't mean abstract symbols. I mean those particular details of your life as your symbol.

Leisha: I like the way you said that. It is what I would call developing the mindful witness which I try to help clients develop for themselves. In poetry, you're taking it one step further because of the particularizing of the details in the poems.

Rita: One more thing I want to say. Yeats said that he thought poetic rhythms had a hypnotic effect on both the poet and the reader. Galway Kinnell used to talk about the rhythms in utero for the baby. I think there's something about the rhythms of poetry for both writer and reader that really recall those earliest sounds and rhythms, and that is another reason it is healing to engage in the act of reading and writing poetry.

Leisha: Bless the iambic pentameter. What were we saying when we decided to write free verse? Of course, that was predicated on the length of the breath.

Rita: It still has music in it. For me, there's poetry everywhere.

Often I am walking up or down the subway stairs and someone says one phrase that echoes inside me over and over. Sometimes, it's not an iambic pentameter, but an off rhythm like an irregular heart beat that stays with one. Like the title of one your new poems, Leisha, *What Then?* There's something about that . . . it's like a hiccup. I find it

Leisha Douglas

really appealing. I like the way my body carries that movement.

Leisha: You're bringing up something that I think is very important which is that part of the transformational power of poetry in terms of healing is that it becomes visceral as well as verbal. We take what is cognitive and verbal, and then there's this whole embodiment that takes place.

Rita: Yes, that's particularly true when one memorizes a poem like you did with the Brenda Hillman poem *Keeping Watch*.

Fran: I just want go back one moment. We all know personally there's a strong relationship between poetry and healing, but I don't think it hurts to have some level of credibility through testing and tracking immune system responses like in the book recommended.

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Writing the Body: Poetry Therapy's Resonance with Body-Centered Practice

Frederick C. Bryan, MA, CPT

Editor's note: In his "Writing the Body" Bryan offers a general introduction into Poetry Therapy from the perspective of one who has been practicing it in dialogue with Hakomi Therapy for a good while.

Frederick C. Bryan, MA, CPT holds MAs in both English and Counseling Psychology. He is a Certified Poetry Therapist through the National Association for Poetry Therapy, and has trained extensively in Hakomi Body-Centered Psychotherapy, and Internal Family Systems Therapies. Currently living in Austin, TX, Frederick teaches writing courses, offers workshops of various kinds, and conducts a Life-Coaching practice.

Mention Poetry Therapy to nearly anyone and they'll likely ask, "Poetry Therapy? What's that?" A succinct description of this discipline appears on The National Association for Poetry Therapy (NAPT) website: "Promoting growth and healing through language, symbol and story" (www.poetrytherapy.org).

Language, symbol, and story serve as fundamental means by which we make sense of our experiences and our world. These symbol systems help contain and frame our beliefs and understandings. Poetry Therapy is one of at least six creative arts therapies founded on the premise that experiences and expressions of creativity, when fostered with practiced therapeutic intent, can serve as direct access routes to deep lasting change and development in persons, families, and communities. Awakening to the creative spirit can help one awaken to greater possibilities in life.

Watzlawick (1978), Siegel (1999), and Lewis et al (2000) each make convincing arguments that communication to the non-dominant hemisphere of the brain serves as a necessary prerequisite to successfully helping people alter their perceptions of what is possible in their lives and world.

Worldviews, these same theorists argue, comprise the central guiding features regulating distorted and inappropriate behaviors. Poetry Therapy, and the creative arts therapies generally, share with body-centered and meditation-based modalities a non-dual, balanced, holistic approach to change where world-views are made conscious, investigated, and reconsidered. Creative exploration encourages greater client awareness of choices affecting the individual's experience of being in the world by bringing attention to the present moment and evoking deep reflective curiosity about immediate and visceral experience. Expression through creative and reflective language strengthens clients' connections between being and breath

while articulating movement – whether psychological, physical, or spiritual – through space and time.

The creative arts and body-centered therapies each hold metaphor as central while fostering explorations of multiple realms of energy and their dynamic interplay. Both seek archeological discovery of the roots of personal experience while encouraging and fashioning space for a re-experiencing such that new and expanded interpretations and understandings can unfold. Both orientations encourage subtle shifts through intense attention, small changes, "a-ha" discoveries, and the development of recovered or previously undervalued resources. Finally, both have had a long and mighty struggle in their efforts to be noticed, recognized, and appropriately valued by mainstream psychological communities.

Morrison (1987) points out that Poetry Therapy, along with the other arts therapies, has often been dismissed as simply adjunctive to "real" therapy. At the same time, he notes, the discipline has suffered attacks from the artistic and literary communities for "appropriating" humanitarian impulses for therapeutic purposes. However, an expanding clinical and popular literature nears critical mass as more and more persons experience how strategically introduced literature, or the engagement in intentional reflective writing can serve therapeutic purposes and facilitate developmental goals.

Words have, of course, played a significant role in healing throughout history, from the ritual chants and songs of indigenous peoples worldwide to the philosophical and medical musings and ruminations of the Egyptian, Greek, Roman, Asiatic, Mid-eastern, and Western European peoples. But Poetry Therapy as a modern discipline has had a slow flowering.

Curiously, the long-standing and close relationship between literature and therapy began with Freud. Deeply informed by his literary studies, Freud derived a great deal of his psychological understanding from exposure to a wide variety of authors, but most especially from the works of Shakespeare. Literary scion Harold Bloom (1994) has even made the case, only partially tongue in cheek, that Freud actually learned psychoanalysis from the bard. This raises the question whether psychoanalysis didn't, in some ways, grow directly from poetry. But despite his debt to literature, Freud never recommended much in the way of creative activity for his clients. That project remained for Jung, Adler, Reich, and other of Freud's students and followers to realize.

Mazza (1999) points to early books and articles suggesting the therapeutic value of poetry. These include writings by Schauffler (1925, 1931), Prescott (1922), and Blanton (1960). Schloss (1976) recounts that the name poetry therapy came from a lawyer-pharmacist-poet by the name of Eli Grier. Convinced that poetry could help emotionally disturbed persons, Grier volunteered to read poetry with and to clients at the Creedmoor State Hospital in New York. Here, he met Dr. Jack Leedy, the man most responsible for creating poetry therapy as a clinical discipline. The two began a poetry therapy group. They also advocated wherever they could for increased awareness of poetry as a healing tool.

Since then, the field has grown to include an international association and networking organization, a set of certification standards and practices, several scholarly books (Hynes and Hynes-Berry 1986; Mazza, 1999; Leedy, 1985; Lerner, 1978, 1994), an increasingly respected journal, an annual conference, and several training organizations. There are even a handful of university programs that include the discipline as a focus area. Membership in the national organization now includes professionals from diverse psychological, educational, literary, health, and ministerial backgrounds, gathered under the unifying umbrella of their mutual love and respect for the healing potential of reflective and expressive language.

Critics might argue that poetry therapy appears to lack theoretical under-girding or that it doesn't rest on any specific theories of personality. But the implied underlying philosophical structures informing the discipline prove quite harmonious, for the most part, with the humanistic orientation. These principles include a high regard for the client's autonomy, the assumption that the client has access, ultimately, to some kind of transpersonal connection, and a belief in the ability of the individual to self-correct if given a beneficial and encouraging environment.

These assumptions, according to Gorelick (1989), have sometimes resulted in a labeling of arts therapies as exclusive to "the experiential-humanistic school," a notion that Gorelick vigorously challenges. "Poetry," he asserts, "addresses the whole person. So do all the psychotherapies,

but each with a special emphasis. Therefore, poetry can be used by therapists belonging to any of the schools," a point well proven by the wide range of disciplines and orientations represented by NAPT's membership.

Four major goals of Poetry Therapy, as listed by Hynes and Hynes-Berry (1986), include the following. First, improvement is sought in "the capacity [of the individual] to respond by [introducing] stimulating and enriching mental images and concepts and by helping the feelings about these images to surface." Second, poetry therapy helps increase the self-understanding and valuing of an individual's personhood. Third, such exposure can encourage improvement of "reality orientation," and fourth, group work with writing and literature helps increase participant's "awareness of interpersonal relationships."

Rojcewicz (1999) expands the list of goals to thirteen, including in his version the ventilation of powerful feelings and enhancement of self-esteem and general functioning. These lists exemplify general goals found in many standard therapies, suggesting that Poetry Therapy can, as a discipline, achieve the same outcomes as other modalities.

Poetry Therapy includes many aspects beyond the introduction of literature. According to Mazza (1999) "the purview of poetry therapy includes bibliotherapy, narrative psychology, metaphor, storytelling, and journal writing." This last is a practice that many therapists and life-guides have long encouraged for their clients. The keeping of personal journals has witnessed an astounding growth in popularity since Ira Progoff first developed his Intensive Journal Workshops in the late 60s and early 70s (Progoff 1975, 1992). Progoff introduced many of the now pervasive journal tools. His close relationships to C. G. Jung and D. T. Suzuki influenced his integration of spiritual and meditative aspects into his journal workshops. Interestingly, Progoff's journal developments parallel the growth of poetry therapy as a discipline. These years also saw an explosive interest in Milton Erickson's methods, another influential language-based methodology. His work gave rise to various schools of hypnotherapy, as well as Neuro-Linguistic Programming (Bandler and Grinder).

Hard research about the therapeutic value of writing did not begin to coalesce until the mid-to-late 80s. James Pennebaker, currently of the University of Texas, almost single-handedly created the growing field of psychological research on the physiological health benefits of certain writing protocols. His book *Writing to heal: A guided journal for recovering from trauma and emotional upheaval* (2004) makes an excellent resource for clinician and client alike, being highly readable, informative, and practical all in one. His focused and guided journal exercises can greatly further the movement, and deepen the integration of an individual's developmental and therapeutic journey.

One may well ask how Poetry Therapy works. How does one integrate poetry within the therapeutic milieu? One key to effectiveness lies in the selection of literature. Poems and lyric prose choices must be guided by a number of criteria, including an understanding of the participant's capacities, such as their levels of communication and social skills, as well as their levels of understanding and comprehension. Careful reflection on the client's treatment regiment and goals, as well as their presenting conditions, is also critically important.

The purpose of Poetry Therapy is to foster any of the positive goals referenced above (Hynes/Berry 1986; Rojcewicz 1999). In order to effect this, the client needs to experience a resonance with the poem. Stainbrook (1994, 1978) reminds us that "when poetry is introduced [to an individual or a group], the information of the poem is going to influence the reality of the participants' experience." If the participant feels the poem, there will be an effect. How to insure that the effect is ultimately positive, or at least neutral, is where training, experience, and finesse come in. Poem selection is critical in the process. Mazza (1999) states that "poetry/literature selection is one of the most difficult challenges faced by clinicians."

Another crucial key in the practice of Poetry Therapy is avoiding critique or interpretation of clients' responses to the literature or to any client writing. As in Hakomi, assuming an expert position in regards to another's experience effectively dis-empowers that person. Poetry Therapists poignantly understand this intrusion as a form of violence. A vast number of people have "writing wounds" and other kinds of inner scars from their early educational experiences. In the same way, many people have been shamed, intentionally or not, by family and friends for their creative efforts. Thus, in order to encourage a unique inner voice, the client must be the resident expert about his or her interpretation of experience. Lerner (1987) reminds us that "in poetry therapy the focus is on the person not the poem." But because those who are drawn to the discipline have a profound regard and deep love for language, this single issue often proves a major challenge for the trainee to fully comprehend and embody in practice. Many have joined this paradigm shift with profound personal breakthroughs.

Some key elements to look for when planning to introduce poetry or excerpted lyric prose in a therapy session are exemplified by many of Mary Oliver's poems. First, pieces must be accessible to the client. Weighty language or arcane allusions beyond the immediate grasp of the listener or reader can cause confusion and lose the element of surprise, wonder, awe, etc. that is a desirable result of a poem's fresh assault on the senses. For the same reasons, selections should be short. Longer poems require too much thinking, too much application to affect any surprising emotional impact. Avoid those poems that might cause the client to search for initial understanding. Oliver's poems often offer very immediate and visceral engagements with

experience. In this way they serve much like good "probes" or experiments in awareness in Hakomi.

Next, selections ought to contain some positive message or up-turning quality. So much of poetry peers into the dark corners of human experience. In making selections for clients, considerable care should be exercised to insure that the piece will move the client towards a place of reflection, but from a position that invites possibility. Finally, therapeutic poems are based on the needs of the client, not on the therapist's love or sense of magic about a poem. Too often we project our own responses onto others. To be truly effective, a selection must ring true for the client at some place in them they normally don't have access to, but yet waits as a window to fuller experience of life. Plus, too much personal investment in the poem on the part of the clinician places an unnecessary burden of responsibility on the client.

One simple but potentially profound technique that invites writing in a session is called sentence stems. It involves introducing the beginning of a sentence which the client then completes. Examples include: "If you knew me...."; "What matters most is..."; "Happiness is..."; "Fear is..."; "My greatest strength is..."; and so on. This technique, noted in Mazza (1999) and Adams (1990) can serve a variety of therapeutic purposes; as an assessment tool, either initially or as a way to take the pulse on recent work done, or as the opening of a session.

Another useful tool noted by Adams (1990, 1999) is the "5-minute writing sprint," a device that involves writing as fast as one can on a chosen topic for exactly five minutes. The intention is to simply get the juices flowing, to move beyond the conscious mind, where the inner censors and critics dwell. The 5-minute sprint can serve as a tension reducer, an ice-breaker for groups, and a fine tool for gaining a quick sense of perspective on what's important, what's going on inside, and so on. It can also serve for gathering raw material to start other writing. Lists, clusters, collaborative or community journals and poems, alphapoems, dialogs, and captured moments are a few of the many other evocative techniques available.

Mazza (1999) introduces a systemic element through "family collaborative poems," wherein each member is "invited to contribute one or more lines to a family poem on a topic relating to the theme or mood of the session." He offers this example:

I'm most happy at home	[clinician]
When my feelings are respected	[14-year-old daughter]
When my family listens to me	[17-year-old son]
When we do things together	[40-year-old father]
When we are together	[39-year-old mother].

Poetry Therapists, and I believe arts therapists in general, work to empower their clients through awakening in them the creative spirit, gently encouraging that channel through

which the still small voice of inner knowing speaks. This creative spirit can be conceived as the spring from which our life force flows. Many people in our modern world have a difficult time contacting this place within. Few mainstream institutions of the culture emphasize or honor this search and exploration of Self-knowledge. Invariably, each of us discovers – by so many means and usually beginning at a young age – that the world can be very harsh in the demands it makes upon us. In these discoveries too often the creative parts or aspects are lost, buried, surrendered, or hidden as a perceived necessity of survival.

The process by which an individual first discovers or eventually rediscovers his or her inner knowing – the knowing that stands apart, uninfluenced by any outside forces – can prove an exquisitely fragile endeavor. This is not to say that the creative spirit is fragile. The housing may be very fragile indeed, but the spark itself proves remarkably resilient, nearly incapable of extinction. For most of us who live in the world, there are periods or phases of disconnect from our inner knowing, our deepest individual truths. To reawaken the connection, whether as individuals or as a culture, we must be gentle with ourselves. Those who offer guidance to individuals on this path – this path to acknowledgement, appreciation, and listening to this inner knowing – must cultivate considerable sensitivity, caring, patience and flexibility.

There is clearly no fixed pattern or ready form into which persons neatly fit. We recognize and accept the uniqueness of structure in snowflakes. Yet, as a people and as a culture, we never cease to categorize ourselves in limiting ways. This is a left-brain function, an analytical process. The Poetry Therapist, much as the body-centered clinician, practices putting this impulse to analysis aside. He or she encourages uniqueness and individuality through the writing and speaking, making space for it to strengthen and grow. Clients can thus gradually discover their answers, while at the same time broadening their experience, through the doorway and mirror of image, rhythm, metaphor, and song.

In the introduction to their collection of articles on group therapy for trauma survivors, Klein and Schermer (2000) speak to the importance of creative play. They note that trauma acts as a "violation of the transitional space," often resulting in reduced "capacity for play and metaphor with in ... [that] region of the life space halfway between reality and fantasy, a space for spontaneity and creativity." They argue that the therapeutic task, especially as regards this population, involves "preserving what is left of the space and creating conditions through which spontaneous thought and aliveness may be restored." This is done through various means, but ultimately involves referencing the source experiences. "All psychotherapy revolves around the patient's 'narrative,' the telling of his or her story." They go on to say that:

Telling this story, and having it witnessed, constitutes a social process and a reparative ritual. It validates (and where necessary, corrects) the internal perceptions of the patient, helps him or her to feel less alone..., makes sense and meaning out of what happened, creates a feeling of at least minimal social justice via other's acknowledgment of the trauma, and restores cohesion and autonomy of the self. Furthermore, it initiates a mourning process that can help the victim to begin to let go of the trauma and focus on building a new life.

Poetry Therapy, along with other arts, body-centered, and meditative therapies, provides the forum for individuals to share their experience(s) in ways that are both safe and appropriately balanced in terms of hemispheric activity. For this reason alone, any of these therapies can serve as perfect complements to each other and to other modalities.

In *Integral Psychology*, Ken Wilber (2000) also comments on the process of re-experiencing past formative moments.

Every therapeutic school . . . attempts, in its own way, to allow consciousness to encounter (or reencounter) facets of experience that were previously alienated, malformed, distorted, or ignored. This is curative for a basic reason: *by experiencing these facets fully*, consciousness can genuinely acknowledge these elements and thereby let go of them: see them as an object, and thus differentiate from them, de-embed from them, *transcend them*--and then integrate them into a more encompassing, compassionate embrace" (Wilbur 2000).

Our work involves helping clients move the isolated incident(s) of trauma into the greater context of the life story. It is as though we facilitate an uploading of feeling states locked in the body, trapped by an endless loop of signals from the amygdala, through the hypothalamus and into the neocortex. We are facilitating movement from trapped feeling to full visceral embodied experience, and thence to a place where abstract reflection from a broadened perspective becomes possible.

An open-minded practitioner of any approach would likely delight in the rich clinical material that the careful, respectful, and strategic introduction of poetry or lyrical prose can evoke in a therapy session. With time, experience, and training, most practitioners of any orientation can learn to set aside their therapeutic agendas, as well as any previous training leaning toward criticism or skepticism, long enough to witness the transformations that often result from truly open, free, creative reflective writing.

Recently, I gave a talk to a group of body psychology students. At one point I mentioned my interest in Poetry Therapy and authoritatively announced my conviction that poetry has a clear body piece. Several of the students could not restrain their chortles along the lines of "Duh!" In that moment they understood more immediately than I how no

Frederick C. Bryan

separation can exist. Of course, there can be no poetry without the body. More difficult to grasp, perhaps, but something I hold as equally true, is that there can be no body without poetry. Our lives are creations we continually imagine into existence, and then reflect upon as they change, grow, and pass into the ethers of memory.

Recommended Resources

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Patience and Letting Go: the Roots of Compassionate Healing

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Editor's note: Carol Ladas-Gaskin, MA, LMP, RC is a Certified Therapist, Teacher and Trainer in Hakomi and Ron Kurtz Trainings. She is a passionate teacher who shares with participants in ways meant to promote a sense of vitality, understanding and interconnectedness. In addition to her clinical counseling and teaching, she is an award winning poet who uses a lot of poetry in her work, as in this essay that highlights the importance of patience in mindful, body-centered therapy that respects the dynamics of attachment issues. Carol has been licensed in the State of Washington as a registered counselor and a massage therapist. She has had an ongoing counseling practice in the Seattle area for 15 years. A founding member of the Hakomi Educational Network and a clinical member of the U.S. Association of Body Centered Psychotherapists, she teaches ongoing Hakomi workshops in the Seattle area as part of the Seattle Hakomi Educational Network; see www.seattlehakomi.net. Carol has practiced and studied mindfulness with Jack Kornfield, Julie Wester, Ron Kurtz, and Donna Martin, as well as many others for over 40 years. She has been a certified consultant/workshop instructor in the Progoff Intensive Journal, a mindfulness based journal practice for 20 years. She developed and has taught Life Skills classes at the Brenneke School of Massage for over 10 years, and is the author of *Instant Stress Relief* published by Andrews McMeel.

*"We're traveling with tremendous speed
toward a star in the Milky Way.
A great repose is on the earth.
My heart's a little fast.
Otherwise everything's fine."
--Bertolt Brecht*

I recently finished reading *Lonely Hearts of the Cosmos* by Dennis Overbye, a history of the scientific quest for the secret of the universe. I drew a huge breath, only then realizing I had somehow, throughout my reading, been holding my breath in suspense. The dedication and unswerving devotion to the task of discovering and mapping the stars, the universes, down to the smallest particles are awesome to me. However, it is the insights born of new conceptions of the Universe that have begun to alter some of the foundations of my inner life. I have discovered some practices to live by that help me live my life more calmly and consciously. One of these is patience which I view as not merely a virtue but rather as essential in living a joyful, contented life. If we take to "heart" the most current information about the magnitude, age and vast scope of the universe(s), we cannot help but see our place in space and time with patient eyes.

I sit here, even in this current moment, and remind myself to be patient, to notice the inner voices that say, "Hurry, if you don't find the right words and write as fast as you can, you will never finish it." I calm this part down, ask this part that is in a hurry to have faith in me, to give me some space and time to create, to let this unfold in its own way and its own

time. It listens. I have its attention. I return to the work at hand.

The original theme for this article was an exploration of attachment and the ability to let go, themes which at first glance might seem worlds apart. I refer to the research and literature on attachment most easily found and readable in *A General Theory of Love* by Thomas Lewis, and *Developing Mind* by Daniel Siegel, as well of volumes of research by Alan Shore. In my work as a counselor, my life as a parent, grandparent, partner and friend, I continually see the painful consequences of lack of attunement or secure attachment in individual's early lives. I see perceptions that have developed over time forming deep, unexplored convictions about personal limitations, negative judgments about self and others and a lack of vision, direction and meaning that clearly originate in part if not altogether in early inadequate attachment with family and caregivers.

Attachment, an inborn system of the brain, evolves in ways that influence and organize motivation, emotion and memory with respect to significant caregivers. This inner system motivates an infant to seek closeness with primary caregivers and establish communication with them. This creates a relationship that helps the immature brain to use

the mature functions of the parent's brain in order to organize its own processes. Secure attachment (attunement) consists of patient, emotionally sensitive responses to a child's signals that serve to acknowledge and amplify positive states, and create a safe haven for the child as he/she experiences uncomfortable emotions. These early experiences form a foundation for emotional regulation, social relatedness, memory and cognitive coherence.

This style of parenting particularly focuses on providing sensitive attunement to the child's needs for nourishment, safety, connection, or spaciousness, and the timing of those needs. For an infant this includes being nursed in a timely way, being seen with loving eyes, being carried close to the body and touched in gentle, loving ways. The caretaker through patience and "limbic resonance" also tracks the child's cues and intuitively her inner life and movements and needs sensitively, so as to regulate as much as possible the inherent chaos of life. The child optimally is respected, listened to, met and responded to. It feels connected and not alone. As the child matures she also needs structured experiences that are appropriate to her need for stimulation.

These qualities and abilities of limbic connection, if sustained over time, build a sense of safety, trust and meaning that extend throughout the life of the child, naturally building a sense of confidence and resiliency. As a person matures, this expresses itself naturally in deep relationships, the ability to let go to peak experiences, an abundance of creative energy, and openness to learning and adventures that can be integrated and shared with others. According to volumes of research, when this secure state is not present for an infant, various forms and levels of dysfunction arise.

This research and information regarding attachment is of great importance for those in the healing profession, therapists, counselors and body workers as well as parents, not only because we do and will encounter the painful consequences of the lack of attunement in others, but also because we are a potential avenue for re-attunement to occur if we can make available appropriate attunement and limbic resonance with the client. Because of the nature of the brain and neurons, research now indicates that there is continual revision of neural connections throughout life. "Experience shapes the developing structure of the brain," says Daniel Siegel in his *Parenting from the Inside out* (p.33).

This information has begun to be shared in the healing community, especially among therapists. Daily we can see the effects of the various forms of non-optimal attachment. It is obvious that the ability to attune to an infant is not new; after all it is an inborn trait in mammals as we see in, *Why Do Dogs Smile and Chimpanzees Cry*, a remarkable documentary on wild life, brain research, and emotions in mammals. The loving gaze of a mother toward her child is natural, deep and profound. As Thomas Lewis says in *A General Theory of Love* (p. 156), "A child looks to his

mother as a piano tuner looks to the sound of pure C. In his book *Sailing the Wine Dark Sea* Thomas Cahill quotes (p. 180) the Chinese philosopher Mencius who proclaimed that "... all babies who are smiled at and hugged will know how to love. Spread these virtues through the world, nothing else need be done."

However, our current life style, personal experiences of early inadequate parenting, painful relationships throughout life, and the fragmented quality of our daily existence do not lead to a spaciousness and peaceful quality of mind that can provide that "sound of pure C." Conscious choices and conscious practices are now required in concert with a deep longing for meaning and connection if we are to shift the society positively toward emotional and cognitive intelligence, the maturing and healing of our culture and the planet.

In the books *Growing Up Again*, by Clarke and Dawson, *Parenting from the Inside Out*, by Daniel Siegel and *Everyday Blessings* by Jon and Myla Kabat Zinn, and *Internal Family Systems* by Richard Schwartz we are reminded of the deep work of parenting children, parenting ourselves. We can learn to be attentive and compassionate toward those wounded aspects of our own childhood and those of others. This often requires the help of a healing professional, but once we are on the path of compassionate, curious inquiry, the way becomes clearer. We can see a larger picture; we can hold a powerful intention that our "small work" can heal the future generations, what Northwest poet, David Whyte calls, "the dark river" that has been passed down to us. It is up to us, the current generation, to heal that dark river.

There are some simple conscious practices that can lead us to toward healing. Mindfulness - non-judging awareness of the present moment - is a good beginning. "You can't do what you want until you know what you *are* doing," said Moshe Feldenkrais. With the help of mindfulness, we can step out of the trance. We can begin to notice the early signs of impatience: the energy of the body, holding the breath, constrictions, impatience with the other, impatience with that driver, the computer, the stop signal, impatience with the lack of wisdom in a child or parent, impatience with myself, with the current leaders of the world, with the human race.

As one of my teachers Ron Kurtz, founder of Hakomi and author of *Body Centered Psychotherapy: The Hakomi Method* says, "May God keep us from hurrying." The frantic pace of our culture and our minds is one of the major obstacles to healing. When we actually notice the painfulness and tension of hurrying, we can pause: at the grocery counter, while listening to a child's story, before speaking, and watch for the present moment experience of others without trying to fix them. If we do not slow down, we can't see ourselves or another; we can't see the child in front of us or the child within us.

Patience is a muscle that improves with practice. It creates the space that helps us to face, acknowledge and communicate our feelings, honorable messengers that they are, to ourselves and to others, to discover their hidden wisdom. Its origin is in the word *pati* (LL) "capable of suffering." Prefix compounds of *pati* include "compassion, to suffer *with*." How fitting, since it would seem that we need patience in order to experience compassion, in order to be loving and present with our feelings. As Geneen Roth, author and workshop leader says, "Awareness is keeping yourself company as if you were a good friend."

In David Brazier's book, *The Feeling Buddha*, he introduces the state of "nirodha" the third of the Four Noble Truths in Buddhism meaning "banking the fire." This is the practice of creating an internal container for the fire of our experiences so that we can safely cook our difficult, painful experiences and emotions. This way we avoid creating a forest fire of overwhelming feelings and refrain from dousing the flames, the energy of our lives, altogether. By creating a safe, spacious presence we can listen carefully to the deeper voice of the emotions and discover what they want for us. It seems that patience is one of the essential stones for banking this valuable fire of our emotions.

As Pablo Neruda says in *The Sea and the Bells*

If each day falls
Inside each night
There exists a well
Where clarity is enfolded

We need to sit on the rim
Of the well of darkness
And fish for fallen light
with patience

To find this quality of mindfulness Neruda speaks of, we often need to connect first with the breath - breath from the center of the body. That deeper breath both calms us and helps us to be in the present, not the past and its grievances. By paying attention to the simple inhaling and exhaling of the breath, the movement of the belly, *that ultimate taking hold and letting go*, we return to equilibrium. We return to the intimacy of the body, the sensations of being alive in the present, not in the remembered (even unconsciously remembered) past, not in the imagined future.

We can come then to a question, what do I bring to this moment that is creating my own suffering? What painful moment, what past suffering is remembered here? Where has some protective or wounded part of my mind taken me? I can choose to face this moment head on, to be present, patient and compassionate with this part of me and share my breath with it, letting my body let go to gravity -- another way to be at peace with this moment.

Sometimes we hold on so tightly, we lose the prize -- the "present." As Jack Kornfield says in his talks on Insight Meditation, "The sign from the gambling houses in Vegas say, 'You have to be present to win.'" If we look carefully we can see how much we lose in that moment of holding on to the past, to our endless expectations of ourselves, or another, our assumptions, the future, fixing others, fixing other's feelings, old projects, another's approval, "our longing for the perfect."

In his poem "Listening to the Koln Concert" Robert Bly says,

*When men and women come together
How much they have to abandon! Wrens
make their nests of fancy threads
and string ends, animals
abandon all their money each year
What is it that men and women leave?
Harder than wren's doing, they have
To abandon their longing for the perfect.*

*The inner nest not made by instinct
Will never be quite round
And each has to enter the nest
Made by the other imperfect bird.*

These practices of letting go, mindfulness and breathing lead to a spaciousness and quality of patience that allows us to perceive not only our own minds, but the minds of others, to notice and resonate with their emotional state while maintaining a sense of ourselves. This ability to be with another, termed "mindsight" by Daniel Siegel in his recent book *Parenting from the Inside Out*, conveys to the other person they have been "seen" and that they are safe, respected and not alone.

In the practice of Hakomi body centered psychotherapy we begin by developing a mindful and loving presence, a conscious practice of discovering what delights us or inspires us about being in the presence of the other person. We can then easily express attunement with gentle, loving eye contact, a calm voice, acknowledgment, and safe appropriate touch if that is needed and welcomed. The other person is always in charge of the spaciousness that they require to feel safe. We let go of our agenda for them, knowing they have a deeper knowing of their own that they can contact when they are mindful. We can teach a client how to be mindful, to look inside without judging. This kind of contingent collaborative communication creates a strong sense of coherence and connection, allowing insights and integration to arise within the person in their own timing. Within this state of relationship, dynamic shifts in old patterns, habits, convictions and attitudes can occur. Because the essential emotional connection is present in the form of safety, nourishment, respect and spaciousness, new healthier neural pathways can form in the brain and the nervous system.

This practice of “mindsight,” involves awareness of the subtle moment to moment gestures, facial expressions and body postures that serve as helpful indicators of emotional states. Hakomi training is focused on this kind of attunement through awareness and verbal acknowledgment of the present moment experience of another. This patient attentiveness helps the client and the therapist stay in the present moment -- where healing occurs -- and allows awareness of unconscious limiting convictions and attitudes to arise.

We can then offer gentle verbal or non-verbal experiments designed to provide nourishment, comfort, and ease. These experiments assist in uncovering and relieving these old patterns and habits of mind that limit our ability to experience nourishment, self acceptance and a sense of personal freedom. In this kind of attuned relationship, there is ample space and time for compassionate self study, allowing insights to unfold on their own. Patience is essential as we stay present with another while they work through their own dilemmas and find their own way. We so often want to fix them when we just need to be present. We are free to let go to the innate human growth toward wholeness.

The dedication to patient self reflection involves a willingness to see and discard outmoded ways of thinking: the need to be perfect, prejudices about others, convictions about the nature of life. This practice continually provides an avenue for integration and self growth allowing space for new healthier patterns to emerge and new perspectives to form.

As Leonard Cohen sings in *Anthem*:

Ring the bells that still can ring.
Forget your perfect offering.
There is a crack in everything.
That's how the light gets in.

In Hakomi we find healing and freedom by patiently and compassionately discovering our own true nature and timing, especially by being mindful of what evokes our impatience, those wonderful cracks that allow in the light.

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A Journey towards Awakening.

Ray Cicetti, L.C.S.W.

Editor's Note: In this essay, Ray Cicetti shares with us part of his pilgrimage as a psychotherapist: from an awareness that his life and training lacked a certain dimension, to discovering the life enhancing power of Zen, and to the integration of meditation and therapy he found in the Self-Relations Psychotherapy of Stephen Gilligan, a near cousin of Hakomi. The essay reminds Hakomi practitioners of our roots in the utilization techniques of Milton Erickson, the importance of holding a mindful, compassionate, curious container that sees the larger self beyond the symptoms, and values the organic wisdom of persons even in relation to their stuckness. The original version of this paper was published in *The Source is Walking in Two Worlds: The Relational Self in Theory, Practice, and Community* edited by Stephen Gilligan and Dvorah Simon, and published by Zeig, Tucker, and Theisen (3614 N. 24th St., Phoenix, AZ 85016). It is used by permission of both author and publisher. Ray Cicetti, L.C.S.W. is a psychotherapist in private practice, and a Zen teacher in the White Plum lineage. His practice and zendo is located in Morristown N.J where he practices a mind/body oriented psychotherapy including Hakomi and Self-Relations. He can be reached at: rwc606@optonline.net

*If you look for the truth outside yourself, it gets farther and farther away.
Today walking alone I meet him everywhere I step.
He is the same as me, yet I am not him.
Only if you understand it in this way will you merge with the way things are.
---Tung-Shan, (The Enlightened Heart, 1989, p. 37)*

Noticing Something Not Right

After a number of years working as a psychotherapist with families and couples at a local mental health clinic, I became increasingly aware that something was not right with the way I was working. I began questioning myself and doubting what I was doing in sessions. I felt a lack of personal authenticity and purpose, and an inability connecting with and understanding who my clients were beyond their symptoms. I remember one supervisor always asking me, "other than their presenting issue, who are they"? I had to admit I did not know.

As I looked more closely at my therapeutic style of relationship, my world began to collapse. My beliefs about how to work therapeutically, deciding on a course of treatment based on diagnosis, keeping an objective distance and having a pocketful of interventions for each problem was falling apart. The image I presented in sessions was unraveling before my eyes. Who I was inside and how I related as a therapist were disconnected. I began to ask an important question: "who am I?"

I felt split rather than whole, overly intellectual and wooden in how I presented myself. My feelings were different from my words, presentation and language. I became keenly aware that the sessions felt empty and boring. I had to change something. The sense that I was missing something important gnawed at me, and so I turned my attention to the

increasingly popular esoteric teachings coming from the East.

I became interested in the writings of Chogyam Trungpa (*The Myth of Freedom*) Alan Watts (*Psychotherapy East and West*), D.T Suzuki, and Zen master Shunryu Suzuki (*Zen Mind, Beginners Mind*). I found myself drawn to their teachings, which spoke of the possibility of working with people toward inner realization of their basic goodness beyond their ills and complaints. I realized that the place to begin was to look at myself to see where I was cut off from that basic goodness.

In his book, *Shambala, The Sacred Path of the Warrior*, Chogyam Trungpa wrote, "when we speak of basic goodness, we are not talking about having allegiance to good and rejecting bad. Basic goodness is good because it is unconditional, or fundamental" (Trungpa, 1976, p 20).

From these teachings and others on meditation practice and psychotherapy I learned that the experience of falling apart was an essential part of change, growth and taking an unbiased look to discover that sense of unconditional goodness I was reading about. All these teachings spoke of heading towards rather than away from the empty feelings inside, and treating them with compassion. Like the importance of sand in forming the oyster pearl, the "grit" or symptoms in our life can show us where we are cut off from

life, from basic goodness, so that we don't ignore it but rather, tend to it.

Seeing Things as They Are

This possibility of experiencing basic goodness, not as a concept but as a direct experience, led me to the practice of Zen meditation. Zen practice for me became about experiencing life fully and directly rather than through ideas or concepts. Instead of being consumed with fear that these changes meant a loss of meaning in my life, and therefore suppressing them, I realized that the anxiety of losing my way was both the end of something and the beginning of an expanded understanding of myself.

In this matter I was particularly drawn to the notion of *satori*, described by D.T Suzuki as "seeing into one's Self-nature" (Suzuki, 1969, p.27). Suzuki goes on to say that *satori* means seeing beyond or through our personal boundaries and self-descriptions, and that the self is empty. Self or self-image is a construction or empty apparatus and is not in itself a particular thing. And self, being no particular thing, means that Self is everything.

This seeing into one's Self-nature is the recognition of seeing ourselves as holding multiple realities or truths. Zen teachings point to the possibility of being free from the suffering that comes from attachment to a particular point of view and learned way of perceiving ourselves. They teach, as well, that we are afraid of losing this idea of self; therefore we hold back from immersing ourselves fully into life that is beyond the constructed "I". "The world is not some entity apart from us; the world is where we function. Everything we encounter is our life." (Uchiyama, 1983, p.43).

Zen points to a direct realization that we have always been connected to life, and that it is only our self-constructed ideas and concepts that create the boundaries that keep us from experiencing it. We are, in a sense, shape-shifters, changing and transforming as life experiences move through us. And we will not be able to hold onto one specific state of mind or way of being in the face of life's challenges. In other words, what we define as normality is a fragile state, always ready to break into something new.

D. T Suzuki writes in *The Zen Doctrine of No-Mind*: "The whole system of Zen discipline may be said to be nothing but a series of attempts to set us absolutely free from all forms of bondage" (Suzuki, 1969, p.27). Zen points us to the very ground of being, a direct connection to life beyond our notions of reality, self-image and personality. The study of Zen prompts us to realize for ourselves our habitual tendency to create divisions and dichotomize life. If we can get beyond the intellectual constructs that organize our reality by separating and dividing, we can experience this

connection with what is around us and discover our underlying basic unity and goodness.

The first time I experienced this kind of connection was on a three-day meditation retreat in rural New York State. Every morning I would go out into a nearby field, walking the paths, feeling a wonderful connection to my own body. One day as I was out walking at dawn in between meditation sessions, I watched the sun come up, showering the summer fields with light. Every bit of grass and leaf was illuminated and clear. The sky was orange and still and the sound of a mockingbird pierced the air. I felt at that moment, in that field, and in each breath that morning, that I was a part of life beyond all my self references and points of view. My body was alive with feeling and all the chatter in my head died down.

I was astounded by the fact that incredible life was all around me, and that it had always been that way. I just hadn't paid attention to it. I experienced an experiential shift, of breaking through beyond my own self-image and ideas, past my thinking mind to something much deeper, open, and vast. I was still present, but my sense of self, the construction of ideas named "me" was altered somehow. I felt relaxed and incredibly alive in that field, and the aliveness extended through me, out into everything that was around me. I was not alone; I could feel and see everything as part of me. I was all right just as I was.

I began studying Zen with a teacher not far from my home. He asked me why I wanted to go more into Zen meditation. I told him I wanted to get rid of my ego, for it was in the way of my feeling a connection with life. He smiled and said my ego was not the problem. The problem was that I stopped there. He went on to say that I was much more than my ego, and that Zen was a wonderful practice to bring me into my body and into the world.

Zen meditation also offered the possibility of dropping the notion of self without being lost. In other words, I discovered a practice where I could create a space to re-discover myself. That self, as my teacher stated, was much more than just self-image and conceptual understanding; it was "a container that holds all life experience" (private interview).

I realized that I had been living and defining myself mostly out of only one source of awareness, that of my intellect and ego. Meditation and the practice of mindfulness taught me how to drop down into my body and listen to what was being felt, or as my teacher said, to see that I hold all life experience, much like the feeling of body connection that day in the field.

Mindfulness is a practice of being with prior to action. It helped me be more present in my body and to find my own center of experience. It felt like the door to a more direct connection to life. It was a physical relationship to body

intelligence other than only my cognitive mind, and it spoke to the empty, disconnected feeling I experienced in my therapy sessions.

I continued a practice of meditation, observing what sensations and feelings occurred. As a result I began to feel more physically present. Meditation provided me a kind of holding environment in which to be in touch with awareness that was more than intellectual or verbal. In meditation I came into contact with parts of myself I did not know existed, or that I had not wanted to acknowledge. What I was learning felt important, and seemed like the beginning of the answer to that emptiness I had been feeling in my work as a therapist.

I began to search for psychotherapies that would allow me to apply this kind of mind/body awareness into my therapeutic work to assist others. At the same time, I began to question the epistemological position I had previously learned in graduate school through training in cognitive/behavioral models which taught that treatment is about discovering causal conditions and problems, and that symptoms stem from childhood issues or social conditions.

I also questioned what I had been taught about the relationship between the therapist and the client, e.g., that the therapist should maintain a distant and objective stance and that clients are to be treated primarily from a diagnostic and pathological point of view, with the therapist relating to them as an authority that holds the proper view of what is "normal."

Everything I was learning and discovering about the underlying unity and relationship of all things began to transform my perspective. I became more curious about approaches that were more interested in the development of human potential and self-actualization. I read and became interested in the work of Fritz Perls (*Gestalt Therapy Verbatim*, 1969), and J.L. Moreno, (*Psychodrama*, 1974). I was excited to find in them therapeutic ideas teaching that we construct or are authors of our own reality. They also taught the importance of healing by working experientially rather than the psychodynamically-based interpretation and analysis that focuses on the past.

But however valuable and effective these approaches were to me, they did not address an important concept that I had learned through my experience in that field at the meditation retreat, and that I wanted to bring into my psychotherapy practice: how we can hold multiple truths rather than a single position or absolute truth. This concept had important implications for psychotherapy: as we move through life, our experience of who we are evolves and is multifaceted. We have many different aspects and identities about us. Symptoms develop due to isolating a particular truth or viewing ourselves in a fixed role or self image, or as Zen teacher Kosho Uchiyama writes, "The actuality of the world that we live in and experience is not merely a

conglomeration of ideas or abstraction" (Uchiyama, 1983, p26). I was finding out that the world conceived of in my head was not the only reality. But a question remained, how could I bring these insights into my psychotherapy practice?

Opening a Larger Frame

In 1996 I attended a workshop on Ericksonian hypnosis given by Stephen Gilligan. Surprisingly, his talk was not primarily about the technique of hypnosis, but the heart of Milton Erickson's work that he described as recognizing each person as unique and multifaceted. In that vein each individual needed a therapeutic theory that fit them. He said that to get to connect with the distinct, authentic self in each client we had to create a space of non-judgmental, open-ended attention, holding an attitude of not knowing instead of being quick to categorize and diagnose. In this way, we as therapists could resonate to and touch the inner, distinct parts of clients. He said that Erickson was always looking for that undiscovered distinct core of clients, so essential to their healing, rather than getting caught up in their stories.

He spoke of doing this by bringing our attention into the body, doing deep non-judgmental listening, looking at what our body or symptoms were telling us rather than trying to reason it out logically. He spoke of listening with the "third ear." And it was clear that for me, that third ear was in my own body. Paying attention and listening to the body/mind in this way was an effective way of making conscious for myself therapeutic information and intuitive guidance that were unconscious, and not available unless I brought my attention to them.

"He's talking about mindfulness meditation practice, this is applied Zen," I shouted to myself. Here I was at a hypnosis seminar, listening to a method to apply the principles of meditation to my therapeutic work! This is what I was looking for! We all worked with each other that day practicing how to relate to our stated problems and symptoms by listening with open attention to that distinct presence in us without judging or repressing. We paid attention in a meditation-like fashion, at how to look at experience as not just a conglomeration of our own notions and concepts, but with an intuitive presence. I was thrilled. Some time later I found out that Stephen was calling his work Self-Relations Psychotherapy, and decided I wanted to explore this road in deepening my work.

I knew that meditation allowed me to observe my deepest experience, and touch an inner core or part of myself that is both unique and connected to life in a loving and non-critical way. But meditation is basically a solitary experience. Now I could add the Self-Relations approach to extend this method into the therapeutic relationships. In my relationship with clients, as in meditation, I could be like a container that could hold and acknowledge *every experience* without dissociation or suppression of it. Self-Relations

Ray Cicetti

provided a therapeutic language and rigorous method of applying the esoteric philosophy of Zen practice into my life and work as a therapist.

In his book *The Courage to Love*, Stephen Gilligan (1997, xviii) writes,

A major goal of a poetic approach is to reconnect language with felt experience and to liberate meaning from fixed assumptions. This is the goal of self-relations work. The interest is in examining practices that cultivate the relational self, one that holds differences and creates harmonies. The hope is that it will encourage a heart-based discipline rather than the disappointment of a dogma-based approach.

For me this central operating principle in Self-Relations was unique and exciting. It was an essential element that seemed lacking or not as clearly applied in other therapeutic approaches I had explored.

I began to look at how problems related to clients' fixed assumptions and beliefs in my therapy sessions. According to the Self-Relations approach, like the philosophy of Zen, life will present itself or move through us, in endless ways, including illness, pain, trauma or fear. If we are alive, these parts of life will visit us. Self-Relations teaches us to utilize the problem or symptom. The symptom, in addition to causing discomfort, is like a calling or a flare to return or to reconnect to our core self. And our core self is not a singular identity but a variety of presences. Much like the pain of giving birth, some new aspect or identity we are out of touch with may be unfolding or needing to resurface in our life. An important part of any healing is recognizing, opening and validating what the symptom is pointing us to rather than turning away from it.

"Mary," was getting a divorce after 20 years of marriage. Her presenting problem was severe anxiety which began after being informed that her husband was having an affair. She felt isolated and numb. Among other issues, we looked at the role and singular belief she held about herself as mostly mother and caregiver in her marriage. She believed that once married this was her role, and to be loved and accepted she had to turn away from what she called "frivolous" parts of her. We discussed what value these other parts of her were in her life, like the playful lover and dancer she had once been. The responsibility of mother and caregiver were so singularly stitched into the way she saw herself she believed she had to push down other wonderful parts of herself. As a result of our discussions, she began to acknowledge rather than banish her feelings, and reclaimed aspects of herself that had been numbed.

Making It Mine

While looking at all aspects of my clients, enjoying and getting good results from the work I was doing, I was

keenly aware that I needed to look more clearly at my own core self in relationship. How connected was I with my own core issues? How would I work when my own wounds were touched in sessions? What aspects of this authentic self was I not feeling or neglecting to address?

These questions were of great importance if I was to have an authentic connection with those I worked with. I began to meditate on the idea of what Zen scholar and teacher Dogen Zenji in his treatise *Shobo-genzo* called Big Mind, or Magnanimous Mind (Uchiyama, 1983, p.18). Big Mind or Magnanimous Mind is stable mind with a firm foundation to receive whatever arises, a mind that holds both sides of an issue or dichotomy as valuable and empty because both sides are expressions of the underlying transience and unity of life.

Cultivating this attitude in my meditation, I began to view everything from the perspective of an endless ocean that contains all my feelings without discrimination. As best I could in sessions, I watched and acknowledged my thoughts, whether violent or peaceful, come and go without critique. I could see that there was an energy or pattern of a stubborn, angry young man in me as well as a compassionate adult. I came in contact with parts of myself I did not know were there.

But however much I learned about the emptiness of the self and surrendering to life as it is in meditation, I needed help to see where I was holding back, or clinging to some particular idea about myself and afraid to let go.

Riding the Razor's Edge

I had read Stephen Gilligan's book, *The Courage to Love*, and decided to attend one of his four-day training sessions. These workshops are intensive and very experiential. I was nervous and excited. Although it was my first time there and I knew very little about Self Relations work, I was asked to take part by working with a woman in the role of therapist. The woman who was the client wanted to explore her explosive relationship with her daughter Lisa.

In the role-play, with Gilligan in the consulting role, mother and daughter began to immediately yell and scream at each other. I as the therapist was ignored and shut out from their angry, intense dance. I became anxious and tense and could not get a word in to even ask a question. All kinds of self criticism and judgements were going through my mind, when Gilligan leaned over to me and said "relax, drop into your body, and breathe."

I had not noticed how tight and constricted my body had become. I watched silently as their arguing went on in front of me. I felt angry and confused and knew I had to find some way to intervene. I weakly attempted to validate the daughter so she would listen to me. But her mother interrupted. I asked the mother

Ray Cicetti

about the history between them and her daughter screamed in protest. Confused and scratching my head Stephen turned to me again. "You've got to break into this relationship, get out of your head, words won't do it, be creative, and listen to your body."

I stood up, took a deep breath and began walking between them. Listening to what was rising from the wisdom in my belly I began to walk between and around them, first slowly and then more quickly. From the side Stephen commented, "it's not working, so see what else your body tells you."

Calming myself, relaxing, and listening to what energy was moving in me, I began to sing! I sang a song of possible reconciliation to both mother and daughter, spontaneously making the words up as I went along. And for the first time they hesitated arguing.

While watching Stephen and the other participants in the room laughing with appreciative surprise at my efforts, I learned something important that day about how to break through my own fears into the creative flow of life energy and wisdom. In the next few months I began to feel and work with a tremendous freedom and spontaneity. I paid attention to what I called my belly wisdom. I improvised more in therapy sessions and felt less self conscious in my life.

I could see that I usually related with a part of myself that was anxious and wanted to help others, hoping to prop up my own insecurity. Yet at the same time through my meditation and work in therapeutic training, I saw that I was most present and connected when "I" got out of the way and just let myself be. Then, I believed, I could touch the core or essential self of who I worked with. I wanted to deepen this ability in my work and life more.

Holding the Felt Connection

I began to re-organize my way of relating to clients by first trying to listen intuitively to what was going on in my body. I practiced slow breathing at the beginning of sessions, centered myself like I would in meditation, and without analysis extended out my energy and full attention to whomever I was working with. I focused on being curious about clients, watching their physical and emotional presentations. Remembering the intelligence of the body, I paid attention to not just what their story was but to their breathing and body stance. I kept in mind that what I was seeing was not all they were.

Most important was continuing to stay in touch with my core self and then to extend out, validate, and accept people as they were with direct attention.

A few months later, I was working with a very depressed client named Tom who one day said to me: "I do not want to go on living, I want to die." My mind jumped to every intervention I could think of. I

was very afraid. I turned pale and felt anxious. My breathing stopped. How could I stop him? What was my responsibility? Had I missed the proper diagnosis, and why did I not see this coming?

I noticed I had left my connection with him. My attention was on my own anxiety. I breathed deeply into my belly for a few moments, which helped me to relax my body and find my own center. I observed the fear; I felt my body tighten in reaction to my self-judgement of not being a good enough therapist and then, remembering Stephen's encouraging words at the training session, I relaxed.

Calming my fear and bringing relaxed attention to my body, I looked and reconnected with him. I thought about all the losses my client suffered and the pain he had gone through that brought him to this moment. "As things are for you now," I said, "I can understand your feeling of wanting to die."

He nodded and said "yes." Months later as he improved he let me know how important and supportive those words were to him. "I felt like you saw me," he said. This seeing was based first on recognizing my own fear and insecurity, my own disturbance. I could see that as I had calmed and validated this for myself, I could stay in contact with his pain, rather than move into a theoretical discussion about it due to my discomfort.

As I continued to work with other clients, I reminded myself in sessions that people are more than the self-image they presented and, just like me, have an inner core, a cornucopia of possibilities and gifts in addition to what they present. While respecting the pain and persona I saw in front of me I knew that, as my Zen teacher had said, the problem was stopping at the ego idea rather than "being a container holding all possibilities." I wanted the therapeutic encounter to be the holding, healing space, like the field, where all possibilities and inner truths could be acknowledged and recovered.

When a break in this field of connection occurs within us or in the therapeutic conversation, there is a split between cognitive thinking, on the one hand, and emotional feelings and expressions in the body, on the other. We end up relating to our own ideas or having an internal monologue about the person in front of us. We are thinking *about* the client rather than seeing what they are telling us directly. We become passive listeners trying to figure them out instead of extending our attention out to them, trying to feel in our body/mind what their pain and longings are underneath their persona. As John Daido Looi, Abbot of Zen Mountain Monastery, said once in a public talk about the disconnection of mind and body, "we look but we don't see, we touch but we don't feel, we listen but we don't hear, we are present but we are not there"

Several years ago I was working with a young woman who was sexually abused. She was not able to express verbally any emotion regarding the abuse. I was sure

the core feeling was anger and I told her this. She sat quietly without saying a word, bringing her palms to her eyes, head down. Sure of the correctness of my evaluation I told her again with no response "you are very angry". Something was off.

Taking a step back I realized there was a break between my thoughts and feelings and the connection between us. I breathed down into my belly, re-centered myself, and realized I was the one that was angry about what happened to her. Looking at her more clearly, I saw her posture. Her shoulders slumped, her hands still cupping her eyes. I asked if she was feeling shame. She immediately nodded her head and began to sob. I had not seen what she had been showing me all the time, but could not yet put into words.

Our relationship to our natural state, or as Zen would say, our true nature beyond our ordinary ego state, is of vital importance to being alive and free. But I have discovered that realization of this natural state is easier than actualizing it, living it out fully in my life and work. During meditation retreats and for a short time afterwards, I would feel free and realize my innate connection with all things, but that did not mean instant transformation in all relationships. I realized that to experience an authentic connection to myself and then others means paying attention, working to keep my heart open, and be willing to come back to myself over and over again.

Summary

The term I use now to reflect what I have been seeking all along as a person and therapist is what Chogyam Trungpa called *authentic presence*, (Trungpa, 1978, p.131). Authentic presence means being an honest and decent person but beyond that, "one that is aware and connected to the realization of primordial space and egolessness. Inner authentic presence comes from exchanging yourself with others, from being able to regard other people as yourself, generously and without fixation". We are more than our symptom or storyline. We are I learned, the very universe itself. It is only our thoughts that create divisions and boundaries.

Zen meditation practice was the vehicle to my realization of the dynamic emptiness of all things, the vast, oneness of life manifest in endless ways. It opened a door to living my life with a great sense of joy and gratitude. I could see I was so much more than my self-image and ideas. While being incredibly valuable however, it was deficient in rooting out my blocked or unconscious psychological issues that kept me stuck. I could meditate all day, rest in pure being, and know the emptiness and joy of self, but it still left me with the question of how to function in a healthier way with my old insecurities and anger.

As a psychotherapist I saw immense value in sharing these possibilities, and working at core levels with clients that meditation alone could not reach. The Self-Relations model was a bridge between my spiritual insights and the integration of them in healing my own emotional turmoil and those of clients. Self-Relations principles and practices were essential to me by offering a way to apply the teachings of Zen, that we are one in an *absolute* sense while acknowledging the fact of our differentiation as well.

We all have hidden and neglected conflicts and traumas that prevent us from seeing who we are beyond our fixed identity. Self-Relations points to effective ways to resolve conflicts by seeing that we hold many roles, truths, and positions in our life. My work as I see it now is being a midwife to clients; a guide or sponsor, energetically creating a healing space for them to give birth to their capabilities, keeping in mind they are more than their self-image, presentation and problems. As we learn to accept what prevents us from knowing ourselves at our deepest being, we are then able to move a bit closer to authentic presence, reconnecting to our resources and that "unbiased basic goodness" that is at our core.

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The Organicity of Life

Anonymous Wounded Healer

Editor's note: As therapists we reflect and report on what we think is going on with people as they deal with life and change. Our perceptions might or might not be congruent with what our clients describe. There are not enough client reports in the literature to compare notes satisfactorily. In the present article we have the extraordinary gift of a courageous first-hand account of a traumatic event, and the ensuing ups and downs of the healing process. It offers the additional perspective of the trauma happening to one while working in a counseling context, and being challenged about continuing in the field or not. For another first-hand client account from the Hakomi literature see "Dancing in Neverland: Hakomi Therapy from a Client's Perspective" by Megan Dall, *Hakomi Forum* Issue 11, p. 37 ff.

"I, the writer of the organicity of life, am a graduate of a Hakomi training. In my past years of healing from a brutal sexual assault, I found a lack of healing stories written by survivors who were also in the helping professions, stories that reflected my particular situation. My own psychological knowledge and that of my friends, many of whom were psychotherapists themselves, certainly helped me tremendously in my healing. The assault and my experience as a client also challenged everything I learned about change and the therapeutic relationship. This is my first article reflecting on, and sharing the story of this particular life crisis."

Beginning Questions

Some people say if you can ask good questions, you are already half way to getting good answers. By questions, I am referring to the 6W and 1H that every student learns in school. The why, who, where, when, which, what and how.

After a life-threatening brutal sexual assault by a stranger in a work-related context, anything related to human services was triggering for me. I was not able to do anything related to human services, a sector that I had been working in for decades since college graduation. I had never had any work experience besides counseling!

I was overwhelmed by questions: Which hospital emergency room provided the best trauma care? Without unnecessarily exposing my personal tragedy, who could I turn to in my personal and professional relationships for support? If I decided not to be a psychotherapist, what else could I do for an income? How long would it take me to come back to clinical work? Could I ever come back to the field? Or, was I too damaged to be a psychotherapist?

I was in the process of moving at the time of the assault. What level of rent could I afford? What would be my level of income? How long would I be in this acute crisis stage? I was planning to apply for doctoral studies. After the attack, I could not concentrate for more than 10 minutes, let alone studying in an intensive program. My whole life came to an abrupt deadened end.

Suddenly, I remembered that when I was a college academic counselor, I taught students the power of using questions. Instead of being overwhelmed by details in reading comprehension, students learned to articulate

questions based on the topic of the article. The skillful asking of questions helped direct students to what to look for in a test. I taught students to trust the power of questions. If the questions were clearly intended and well phrased, they could be doorways that opened them to the right path. Asking core questions orient the direction of the learning path. They anchor students' wandering minds in the vast ocean of anxiety and stimulation.

However, I did not know the etiquette of asking questions. What do I mean by etiquette? For example, I knew I did not want to concentrate on "why" questions. I learned from clients that bad things did happen to good people. Besides, I could have been killed, but my life was spared despite the brutality of the attacker. So, I consciously put the question of "why did it happen" in a bracket. I did not want to open this bracket until I was more grounded.

Was there other etiquette I should attend to? If I asked a big question, how could I translate big themes into day-to-day bite-size questions that I could actually work with?

With the love of friends and the grace of Life, these years of healing have been filled with numerous bite-sized questions and responses. These were years of asking and receiving, questioning and hearing responses, initiative and receptivity. Questions, like the finger of a Zen guru, pointed me to the moon, to the next step on this path of healing. These questions progressed as my life unfolded and gave rebirth; thus revealing the organicity of Life.

Asking Big Questions, Translating them into Workable Bite-Size Questions

Anonymous Wounded Healer

The first few weeks after the assault were merely "dead woman walking". Dry bones were fumbling around, not because she had the spirit to live, but only because her life was spared murder.

I lived on my own in a metropolitan city. I drove around to see the Police, to look for a place to live, and to meet friends and cry on their shoulders. I could barely insure that I was driving safely. One day, a friend took me to a fishing port by the ocean, as she knew I loved the soothing ocean breeze. She wanted to take me to a new seafood restaurant, called Seaman Restaurant. The name immediately triggered me, and I struggled to decide if I should tell my friend that I could not tolerate its name.

When the nurse was doing the rape examination kit, she reported, without my request or any "pre-warning," that I was much bruised "there". There was semen inside. Since I did not ask her to tell me, I was shocked by her comment, and immediately felt ashamed. I did not have the ability to tell her the impact of her unsolicited comment. I did not know that I was re-traumatized, and I did not discuss this in psychotherapy. I coped by staying away from anything smelling fishy.

The name of this restaurant triggered the memory of the attack and my encounter with the nurse. I felt so bad about my PTSD symptoms. I felt ashamed of myself that I, with clinical training, could not avoid being limited by PTSD symptoms. I was angry that my nice evening (that was, my life) was again interrupted by the trauma. My friend, on the other hand, did not mind going somewhere else to eat!

"What should I do with my life now that everything is destroyed and affected by the trauma?" I roared in rage. This time, instead of keeping my tears inside, I decided to formally put this question to the Universe. I also asked this question to every friend who came to console me. A professor in pastoral care responded by mentioning the word "life-giving-ness". I did not know what it meant, but I loved this word. I causally mentioned this word to more friends. Everybody thought it was a good one.

Life-giving-ness actually meant a lot to me. During the attack, when I knew that I could not escape, could possibly be murdered, and that my body could be pierced into unrecognizable pieces, I prepared myself for the possibility of death. And, that the death could be brutal. There might not even be a memorial service or viewing of my body, as my body might not be found. I needed to be prepared for death at minimum.

As soon as I recognized this, surprisingly, a question appeared. "What would be important to me in this bardo moment between life and death?" Believe it or not, as soon as I owned the question as my own, another message came. It said, "as much as it was this

attacker's crime to attack me, for the sake of my own karma, I did not want to die in bitterness."

"How to minimize bitterness, especially rage and suffering from a rape?" I asked. As soon as I put out this question, memories came. I remembered a teacher who once told me that she imagined being surrounded by a circle of friends when she was dealing with a painful divorce. Furthermore, I remembered how patients with terminal illness, with whom I had worked at a hospital, did their life review.

I thought about friends who loved me unconditionally and I imagined them surrounding me in a circle. I called upon their love to shield me from the brutality that was yet to come. After I said goodbye to every being I had met on earth, and let go of the wish that my body would be found intact, I suddenly had a surge of courage to fight for my survival. I want to survive, no matter what the cost I would have to pay! Even if plastic surgery would be needed.

And I did survive. Although I was traumatized and felt confused in the emergency room, I still managed to keep my humor. When the emergency room nurse was working on the rape kit, I proclaimed my victory to my girlfriend accompanying me, that despite brutality, plastic surgery was not needed! My girlfriend was able to stay attuned to my humor even in the midst of listening to me recount stories of torture to the Police.

I would never have imagined that resisting bitterness would make it possible for me to survive, to transit to a state of resilience, and to maintain my wits as well as I did for negotiating with the attacker.

I did not know that when I was able to grasp an important life theme, and let it become a question, it would have the power to bring forth more questions for the next step. This was my first lesson on life-giving-ness. Where did I go from here?

Humor: A Never Failing Friend

Humor was good on its own. I always reminded myself to ask: How can I include humor here? The importance of letting humor be a part of every circumstance was reinforced by a joke my psychotherapist told me. I asked her how she took care of herself as a trauma specialist. She said: Humor and good colleagues.

Someone shared a dream with her. The dream was that one day individuals who were attackers would have their organs of violation disappear when they woke up in the morning. They did not know why and they all went to the emergency room. But everyone in the emergency room knew the reason. In my case, my attacker was a man. As she was talking to me, my

Anonymous Wounded Healer

therapist stood up and pretended to be an attacker, losing his penis, looking embarrassed and confused in an emergency room. She must have been an actress in her previous life. After weeks of crying-and-Kleenex-only sessions, I broke into laughter.

I understood more clearly how she could do trauma work day-in-and-day-out. She had a great sense of humor. Through her humor, I learned that she took a stand against social injustice, and connected herself with those violated in sexual victimization. On her business card, she clearly described herself as working from a feminist perspective. As she owned her ethical stand, I knew that my personal tragedy was related to injustice against the powerless. Through her, my personal one-on-one healing sessions were linked to the bigger world of justice-making. The personal was the political. Likewise, it mattered to the bigger Consciousness if I persisted in my own healing, though in ways I did not yet know.

A week after the attack, my minister asked if I wanted to have a circle for healing. I agreed. She encouraged me to take charge. She gave me the freedom to not follow any set Church liturgies. She helped me put my ideas together into an evening liturgy. Then, an idea came. Instead of sending e-mails to invite friends, I decided to create an invitation card. On my invitation card, I drew God standing by a fax machine with facsimile coming in non-stop. God said, "I have received so many e-mails and faxes from the earth for her healing!"

Humor is good, even in the worst of times.

The Art of Bite-Sizing and Planting Big Ideas

It was good to plant mustard seeds for the eventual growth of big ideas. Planting seeds around being able to receive support from women and men made clear my intended direction for healing. However, it was important for me to tailor-make the process into bite-size pieces so that I would not be overwhelmed.

After I told my minister the girlfriends I was going to invite for my healing circle, she noticed that they were all women. She skillfully asked if it would be okay to invite her husband, whom I already knew, to be there. It could contribute to healing in the long-term if we had a circle representing men and women, she explained. With her suggestion, I invited a few other friends, including a Latino woman. I wanted this healing circle to symbolize my future ability to re-connect with men as well as Latinos. The attacker was of Latino descent.

Some people call this step-by-step proximity to the person or object associated with the original traumatic experience, a behavioral approach to healing. I

emphasize the spiritual aspect of it, as I call upon my soul and let her know I am determined to invite cooperation from my entire self. I am inviting my integrity into my healing. I trust, as my soul knows, that I am bigger than the trauma. My Latino girlfriend embodied my determination. Her lovely presence affirmed me in ways beyond her knowing. My minister taught me that it was okay for me to think big for my long-term well-being, hence defying the stereotypical notion of "once 'damaged', forever 'damaged'."

The Power of Psycho-Education

Weeks after the attack, someone gave me Peter Levine's book *Awakening the Tiger*. I read about trauma and healing vortexes. I did not fully understand the book but it gave me a sense of hope. I put the knowledge in my consciousness "clipboard" where I keep information in the back of my mind.

I also read a lot about PTSD. When I learned that nightmares were inevitably common, I felt helpless. I felt trapped, because my professional knowledge could not help me skip these symptoms. I felt confined, because I had no choice but to accept a Self who was not me. I felt lonely, because being a counselor all my life, I had not walked before in the under world because of an unimaginable crisis like this one.

As much as I knew that nightmares were common, because of my self-reliant character, I could not accept it as inevitable. A few nightmares un-related to trauma could be rough for anyone, not to mention flashbacks and nightmares triggering the assault for survivors! The intuitive part of me also felt activated. Being pushed into it unexpectedly like Persephone told me that I was crossing over into the underworld. There was no doubting that I had to develop night vision, an ability to see the soothing Light in the darkest moment. Like Persephone, I would return to the upper world when I had learned the wisdom of the under world. I would be able to walk in both worlds. Nevertheless, it was difficult for me to share the various dimensions of my experience with others.

One night I was haunted by nightmares again. I dreamt about being trapped on the 20th floor in an apartment building. For unknown reasons, the main door of my apartment was broken. All my neighbors on the same floor kept their doors shut. It was imminent that the attacker would find me. I woke up sweating. "How long will I be trapped and attacked by nightmares every night?" As soon as I screamed out for help from the Universe, an idea came. I decided to fight back. I told myself that as I went back to sleep, my dream would continue. And **I WANTED** a healing ending. **I demanded** my memory of Levine's concepts to help me. Period! End of discussion with the Universe.

Anonymous Wounded Healer

I went back to sleep. And I re-wrote the ending:

I looked around in my apartment. Memories of cops and robbers television episodes came to mind. An idea appeared. I would go out of the windows and slide down the water pipes on the building walls. I closed the windows and left misleading clues for the attacker to look for me within the apartment. When I landed on the ground floor, I alerted the property management office and we closed all the building entrances. We phoned the Police. They came and arrested the attacker in my apartment.

This was the second ending of my dream. Since this rewrite my nightmares came to an end. I went for my worst fear in the dream, a territory that would frighten many, and I gave myself a winning solution. I believed that the attacker would not be courageous enough to risk his life like I was, going outside of the unit and sliding down the pipelines. Jumping out of the box to confront my worst fear, I found a solution.

Knowledge is power. I love reading research reports on trauma healing. I can benefit only so much from a one-hour psychotherapy session. When I read a research report, I would read about the various types of coping by survivors ---what worked, what didn't, and the possible reasons. Bibliotherapy expands my perspective, adding invaluable resources to my tool-box in a time-efficient manner.

Owning My Power to Choose My Intention

Toward the last days of his life, Moses, in the Hebrew Scriptures, challenged his people to choose life. I used to work in a hospice. I learned from patients that even when someone was in the last days of one's life, one's intention and attitude towards life and death could impact the quality of one's remaining life.

My intention has been for healing and life-giving-ness, the meaning of which has changed over the years.

A few weeks after the attack, life-giving-ness meant finding something I enjoyed doing everyday, and to select an item from those moments for my album. After I finished writing my graduation paper, I was in a transition to a more normal life, needing to look for full-time employment. I wanted to conserve emotional energy for my healing. I chose to stay away from psychotherapy, and found alternative work in case management.

Though these decisions turned out to be wise, I felt like a loser. Doing case management was not my goal when I went to graduate school! I thought it would take me only a year to recover from the major PTSD symptoms. It did not. I had no goal in life, since my

goal before the assault was to apply for a doctoral program.

So, I turned to spending time with people and events that inspired my curiosity and interest. This was not a conscious "decision", as I did not have other satisfying options to choose. Because of stress from work, and my despair about the future, I was very aware of the temptation to use drugs. Reality Therapy's principle of "positive addiction" helped me. Life was so stressful that I had to create positive addictions. Abstinence or the absence of something to fill the void would not work. So, I turned to yoga, nature, movies, flower essences, and I hung out with people who were alternative bodywork practitioners.

At one point, I moved to another town for a new job, and I had to look for a new psychotherapist. I wrote down a list of factors related to the therapist and the professional relationship that for me would feel life-giving. Believe it or not, the list turned out to have over 20 questions! After I interviewed seven therapists, I wondered if I was crazy to have this long list. When I met the eighth therapist, who had training in the Hakomi method, I immediately had a good impression. I dropped my agenda of questions after asking only a few. I started to talk to her naturally. It turned out to be a good match, and we worked together for a few years. As I look back, my list of questions described core qualities under girding certain values and ways of being.

Through this therapist, I became interested in Hakomi, and I finally took the training. My original purpose for taking the training was for self-healing. The training group gave me a healing community, which was lacking in individual counseling. The group was an experiential example of learning to become a wounded healer. Although I am fairly cognitive in my normal way of functioning, and I had read about the concept of the wounded healer, I needed to feel and touch into it when it came to healing my traumatic past.

With years of persistence, creativity, loving support and synchronicity from the Universe, one day I felt that I could drop my hypervigilance. It was a clear experiential sensation like shedding a layer of my clothes. A chapter was closed. My mind also began to make sense of the healing path I had been taking.

I feel that one way to describe my healing path is a dynamic circle between anxiety/agitation/hypervigilance versus curiosity/liveliness.

The attack and the first stage of healing were dominated by terror and vigilance. Liveliness might exist, but only in hope, in my friends' eyes when they told me that they trusted Life, and they believed healing was possible for me.

Anonymous Wounded Healer

Now, liveliness, curiosity, and creativity had come back to the front stage of my life. All these enable me to have a more possibilities-oriented attitude toward life. The trauma, PTSD symptoms and despair are present with me as before, but have withdrawn to the backstage.

Everyday and every experience were individual dots on this circle. The circle is dynamic. When I first started reading about trauma healing, I was looking for words to describe people who had been through trauma. Words like "victims" and "survivors" were helpful, emphasizing resilience. Both are related to the traumatic event. I was also looking for descriptions that could depict the sense of self when life was no longer merely surviving, but thriving creatively beyond the confines of the traumatic incident. This dynamic circle is fluid, offering space for one's tendency to develop organically. It offers a practical concept for everyday decision.

Trusting My Gut

At the time of the assault, I had just started writing my senior thesis for an academic program. After the attack, I could not concentrate more than five minutes, let alone working on the paper. The only topic I could read for more than 10 minutes was survivors' autobiographies of healing. I had no choice but to switch my topic to trauma healing. It was risky. I might not graduate if the subject turned out to be too close to home to write.

I did it anyway. I came across a book written by a woman who survived a stranger's assault. The author said part of her healing was supported by being able to sit on the lap of her psychotherapist, who was gay. She was able to re-learn experientially the sense of safety, a birthright that was taken away by the assault. My heart was stirred. I understood. I needed safe, therapeutic, non-sexual, body contact for my healing to feel more complete. However, professional ethics would not allow most psychotherapists to have physical contact with clients. So, I kept this healing method in my memory "clipboard".

Two years later, the idea of somatic healing re-surfaced. I looked for movement therapists and massage therapists. Both disciplines addressed different dimensions of somatic healing. I contacted every person recommended to me. One of them, unexpectedly, had some training in energetic bodywork. Through her, I learned that my body was seeking gentle and slow movement with a strong sense of energetic presence. I wanted bodywork that brought compassion, hope, wholeness, and lightness of life to the massage table. I was not looking for physiological-muscular, deep tissue manipulation. "No pain no gain" was not my choice at that stage.

A year later, I finally found a bodywork practitioner who gave me a strong sense of energetic presence. She had no training in any mainstream method of massage. She was exceptionally grounded with clear communication articulating the intention and the process of each stroke she offered. My body was very sensitive to other people's intention, and the quality of their physical contact with me. Following the pace of my breath, her strokes would be very slow and simple. Every move felt so predictable that my system truly relaxed.

She welcomed my tears. She was well informed in psychology, but she clearly stated that she was not a psychotherapist. I appreciated her a lot. My relationship with her felt clean. No strings attached. With her compassionate presence, I learned that I could ground in my own body again. I learned that my body could let go of its guard to the extent that I could listen to the point of stillness in me, and between her and me. In moments of simplicity, my gratitude permeated my being. I could dwell in silence and safety, and pause at the end of each breath. From this practitioner, I learned that healing was also about sharing the essence of embodied being --one body-soul at a time. I began a long search for somatic healers by listening to ideas from that book which was awakened by body-knowledge.

It Takes a Village for a Child to Grow. It Takes a Community for a Survivor to Heal

Within a few days after I came home from the emergency room, I began to recover from the drowsiness of the morning after pills. Reality began to hit me. I had to approach friends and professors for support.

A few friends asked me what they could do for me. I said, "Send me a card so that I can picture you and your support, especially in the middle of the night when I am sleepless and can not phone anyone."

I put these encouragement cards in a photo album. I began to keep records of my daily events. "If I can keep records for each day, then these daily records can accumulate into months and years." The album witnessed my persistence to live everyday well. It reminded me not to give up, when giving up was the easier route.

It was true that when life circumstances were so difficult that even living one day was a big challenge, it was depressing to know that healing would take years. It was impossible to trust that I could be on this path of healing, and there would be light at the end of the tunnel.

Anonymous Wounded Healer

Shortly after the attack I was asked to go to the Police to do a sketch. Because I would need to remember his face, I was shaking. A friend asked me what I would need in order to go. I chose to invite four friends. They all had a great sense of humor. They all came with me and accompanied me for hours in the police station.

At that time, I did not know why I needed a support team, except that I very much enjoyed marching down the hallway in the police station with my "team" laughing and telling jokes. My friends did not ask me why I needed them. Years later I realized the reason. They represented different parts of me. My paralegal friend defended my rights and she negotiated diplomatically with the Police. My friend from my ethnic background represented my cultural self. My professional friend understood my challenge in accepting the move to becoming a wounded healer. My minister represented my yearning for self-empowerment and healing, and God's preference for the oppressed. Though I was so devastated by the attack, my soul wanted to fly higher than everything it brought. My soul knew that my spirit was pushed into exile, but she would return.

An End: A Reflection

Randall Keller defines the organicity of life as the actualizing tendency, a dynamic optimizing thrust of being. It is life positive, self-directing, self healing energy and intelligence at work within the client.

I recognize this inner force now as my best companion. I did not know her before the assault. Most of the time, I was just dragging my life like a dead person walking. This seed of my self-actualizing tendency bloomed when I had lots of support from friends. One of my friends wanted to help me financially to pay for psychotherapy. She wanted to help me take charge and be proactive.

While I appreciated her gift a lot, I also offered to help her with gardening. She agreed. Those days of trimming bushes and raking leaves quietly in her garden were so healing. It allowed my mind to take a break from working hard on healing, or on school work. Whatever was happening or not happening in my life, I was watering plants, racking leaves, dusting a meditation room. I was resting and working in the garden throughout the change of seasons, the organicity of life.

Fire Building

Leisha Douglas, Ph.D

Fire Building

A tepee of kindling
over twists of newsprint
framed by a couple of dry logs.
One twist lit to warm the flue
before setting the match.
Gasps of yellow before
the flames whisper and spread.

I have built so many fires
to search their pockets of light
for meaning and solace
as if I could rise
from dead wood and paper
and only one match
to create heat and light
then float away
into the forgiving night.

Glossary of Hakomi Therapy Terms

Cedar Barstow And Greg Johanson

Introductory Note: The main teaching manual of the Hakomi Institute which explains the structure and process of the work is Hakomi Therapy by Ron Kurtz available through the institute in Boulder.

The following glossary is provided as a convenience to the Forum reader who might not be familiar with all the terms used in the articles.

ACCESSING: The process of turning a person's awareness inward toward present experience in a mindful or witnessing state of consciousness.

BARRIERS: Beliefs which block the normal organic process of attaining sensitivity and satisfaction. Insight barriers block clarity about what is needed. Response barriers block effective action to attain what is needed. Nourishment barriers block the experience of satisfaction when something is attained. Completion barriers block the relaxation which functions to savor the need attained, release tensions, and to give further clarity about what other need the organism is now ready to reorient around. (See chart on page 24).

CHARACTER: A chronic disposition in people, influenced by metabolic, psycho-social, and structural factors, to both experience and express themselves in a rigid way unaware of or unable to make use of a wider range of choices.

CHARACTER STRATEGY: The patterns, habits, approaches to the world a person has developed to achieve pleasure and satisfaction, given the nature of their particular core organizing beliefs about the world.

CHARACTER PROCESS: Any one of a number of characterological ways of being in the world that have been delineated in Hakomi and general psychological literature as having identifiable, predictable components. (See 'character' above). Referred to in Hakomi literature by both descriptive and classic terms: Sensitive/Analytic—Schizoid, Dependent/Endearing—Oral, Self-reliant—Compensated Oral, Tough/Generous=Psychopath I, Charming/ Seductive=Psychopath II, Burdened/Enduring—Masochist, Industrious/Overfocused=Phallic, Expressive/Clinging—Hysteric.'

THE CHILD: A state of consciousness in which a person is aware of their current adult status and at the same time is experiencing the memories, feelings, thought modes, and speech patterns of childhood.

CONTACT: The first stage of the general therapeutic process in which the therapist is in touch with the immediate experience of the client and able to communicate it to the client in a way they affirm. T: "A little sad, huh?" C: "Yah."

CORE BELIEFS: The level of consciousness, normally influenced by early childhood beliefs and decisions, that organizes and mobilizes experience and response before experience and response happen; the program that is running the computer: the level of creative imagination or filtering that makes reality available to consciousness.

DEEPENING: The process of helping a person stay with present experience in a mindful or witnessing state of consciousness long enough for it to lead to information about core organizing beliefs; how reality is being structured or limited.

HIERARCHY OF EXPERIENCE: A common shift in the course of the deepening process is from thoughts and ideas, to sensations and tensions, to feelings and emotions, to memories and images, to meanings and beliefs.

JUMPING OUT OF THE SYSTEM (JOOTS): Going from being in some automatic form of habitual behavior, to noticing the pattern, to the freedom to step outside the normal reactions.

MAGICAL STRANGER: The therapist as a compassionate adult who appears as if by magic when the client is experiencing a traumatic childhood memory, to support the child through the painful and confusing event.

THE METHOD: Refers to Hakomi Therapy as a specific form of psychotherapy with accompanying notions about character, therapeutic approaches, techniques, etc.

MIND-BODY HOLISM: One of the Principles which maintains that mind and body interact and influence each other. Beliefs originating in the cortex influence posture, body structure, gesture, facial expression, emotions, etc. through the voluntary musculature, hormone system, etc. Feedback from chronic bodily mobilizations confirm and reinforce belief systems. HT constantly explores the mind-body interface.

MINDFULNESS: A witnessing state of consciousness characterized by awareness turned inward toward live present experience with an exploratory, open focus that allows one to observe the reality of inner processes without being automatically mobilized by them. Also, a principle of the work that maintains the value of being able to step out of the habits and routines that normally control consciousness and observe the reality and organization of experience without being caught up in it, so that choices and change become possibilities.

NON- VIOLENCE: One of the principles of the work that respects the wisdom of living organic systems to know what is needful for themselves. A way of working that favors going with the flow, accepting what is, paying attention to the way things "want" to go, supporting rather than confronting defenses, and providing a safe setting in which clients will feel free to explore what is most urgent from their own perspective.

ORDINARY CONSCIOUSNESS: Normal, everyday, outwardly oriented, goal directed, narrowly focused awareness ruled by habits and routines in space and time.

ORGANICITY: One of the principles: the perception that organic systems have a "mind" of their own and have the capacity to be self-directing and self-correcting when all the parts are communicating within the whole. Hakomi Therapy assumes and nurtures these capacities as central to the healing process.

ORGANIZATION OF EXPERIENCE: The creative way in which the mind or imagination filters, structures, or transforms the givens of reality to control conscious and unconscious experience and expression in the individual.

THE PRINCIPLES: The basic, foundational assumptions of Hakomi Therapy concerning living systems in general and therapy in particular, taken from contemporary philosophy of science and ancient religious traditions. They are mindfulness, non-violence, organicity, mind-body holism, and unity.

PROBE: A Hakomi technique in which a verbal and/or non-verbal experiment is undertaken with the client invited to witness in mindfulness whatever spontaneous responses they become aware of. The usual form for a probe is, "What do you experience when I say . . ." or "What do you become aware of when I do

THE PROCESS: Refers to the general stages Hakomi Therapy sessions normally progress through - making contact, accessing, processing, transforming around new beliefs, integrating and completing.

RIDING THE RAPIDS: A state of consciousness characterized by the loss of mindfulness, uncontrollable emotional release, spontaneous movements and tensions, waves of memory and feeling, and the use of tension and posture to control the flow of feeling.

SENSITIVITY CYCLE: Stages in the continuing flow of increasingly efficient functioning. Clarity leads to the possibility of effective action which sets up the possibility of organismic satisfaction which may lead to relaxation of tensions mobilized around the original need and the chance for greater clarity about what the next need may be that the system is ready to orient around.

TAKING OVER: A Hakomi technique in which the therapist takes over or does something as precisely as possible (that the client is already doing for themselves). Taking over can be physical (taking over the holding in of shoulders), verbal (taking over a voice a client hears inside themselves, "Don't let others get close"), active (taking over the holding back of an angry punch), or passive (taking over a reaching movement with the arms). The technique is normally an experiment done while inviting mindfulness in the client except during riding the rapids when it is simply used to support spontaneous behavior.

TRACKING: The therapist paying close attention to spontaneous or habitual physical signs and changes that may reflect present feeling or meaning in the client at each stage of the process.

UNITY: The most inclusive of all the principles that maintains everything exists within a complex web of interdependent relationships with everything else and that there is a force in life often called "negentropy" which strives to bring about greater wholeness and harmony from component parts and disorganization.

THE WITNESS: That part of mindful consciousness that can simply stand back and observe inner experience without being caught up in it.

About the Hakomi Method of Therapy and Ron Kurtz, the Founder and Director

On the method . .

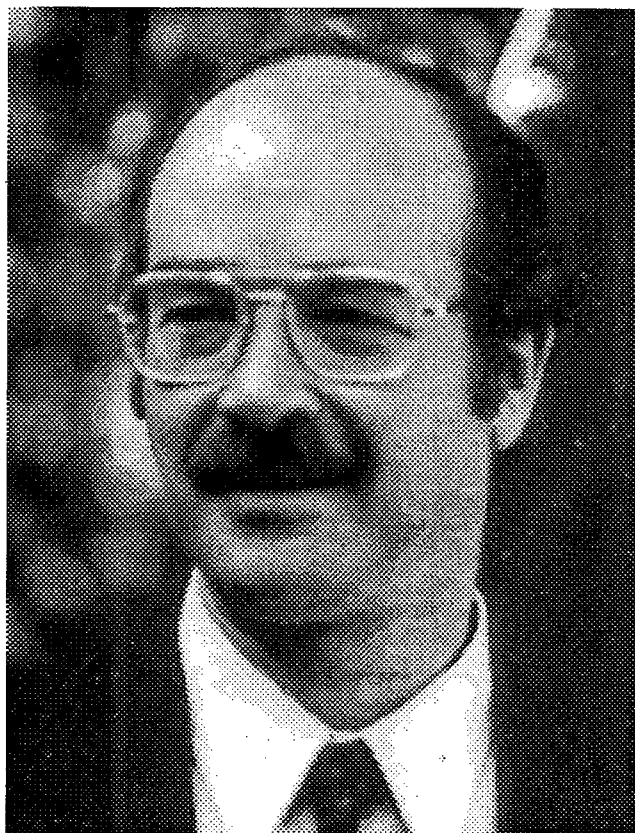
Hakomi founder, Ron Kurtz, influenced by the techniques of the body-centered therapies (Gestalt, Bioenergetics, Feldenkrais, etc.) by the intellectual breakthroughs of modern systems theory, and by the timeless spiritual principles of Taoism and Buddhism, has created a synthesis that has a special relevance for the 1980's.

What has evolved in the course of these trainings and in the practice of Hakomi for more than a decade is an approach to psychotherapy that can effectively heal the wounded spirit of an epoch.

Like the art of Aikido, Hakomi offers no resistance, but gently follows the flow of the client's energy to the completion of its momentum. More of a dance than a contest, this cooperative exploration of the client's core belief structures is conducted in an environment of safety and acceptance. The aim for the therapist is to help the client arrive at a state of mindfulness in which the two of them can explore those formative, often self-limiting beliefs, which are locked in the body, and to begin experimenting with more creative options.

What are we trying to get at when we do core psychotherapy? We are trying to get at beliefs, images, memories, decisions about who we are and what kind of world we're part of - pieces of the long ago that established patterns of perception, behavior and systemic experience and still control what can be experienced, felt, thought and expressed, to this day.

—Ron Kurtz



Ron Kurtz, born 1934 in Brooklyn, NY., is a nationally acclaimed psychotherapist whose work is having an increasingly profound effect on both traditional and non-traditional modes of experiential therapy. After working in computer electronics as a writer and a teacher, Kurtz returned to school at Indiana University to study psychology. He later taught psychology there and at San Francisco State College. He was at one time the resident body-mind therapist at Esalen Institute, was in private practice for eight years and has lectured and led workshops through the US. and abroad. He is the co-author of *THE BODY REVEALS*, an illustrated guide to the psychology of the body.

In the years since Esalen he has developed the Hakomi Method of Body-Mind Therapy, created workshops, trainings, and authored a manual for teaching this method, *HAKOMI THERAPY*. He is the Founder of the Hakomi Institute.

Hakomi Institute

The Hakomi Institute central administrative office is located in Boulder, Colorado. Workshops and Trainings are offered throughout the world. Branch offices are active in Ashland, Oregon (home of Ron Kurtz), San Francisco CA, Chicago IL, Boulder CO, Asheville NC, Atlanta GA, Houston and Austin TX, London England, Dublin Ireland, Australia and New Zealand, Heidelberg, Germany (the location of the central office in Europe).

The core staff, a diverse group of highly skilled and fully certified professionals with extensive experiences in Hakomi theory and application, are dedicated to furthering its growth and evolution. This core staff is available to facilitate Hakomi Method Workshops and Therapist Trainings.

Experiential Courses

Through small group and partner exercises, participants have the opportunity to feel the Hakomi method in action. Explore in a gentle, non-intrusive way how we have organized our experience, and how early, unconscious decisions have shaped our lives. Classes are oriented toward personal development and may vary in both format and focus.

Extensive Training*

For those who wish to pursue in depth the practice of the Hakomi method, usually for the purpose of a career or life's work. Trainings leading toward Certification as a Hakomi Therapist are offered in several locations each year. Hakomi Integrative Somatics, developed by Pat Ogden is a separate certification training designed focusing especially on working with trauma and the body.

For more detailed information, please write us at the Hakomi Institute, Box 1873, Boulder, CO 80306; or call us at (303) 499-6699, email us at: Hakomihq@aol.com; or find us on our web site at: www.hakomi.com.

(*Academic credit often available)

More About The Hakomi Institute

A way of life:

- *A path for people committed to the development of human consciousness.*
- *A continuing growth in mindfulness that can heal the healer.*
- *An understanding of human experience that reconciles East with West, ancient with modern.*

A method of therapy:

- *A way of healing whose time has come.*
- *A highly focused, but slow and gentle approach that respects the client's integrity and inner wisdom.*
- *A disciplined, professional technique that lovingly accepts and utilizes client resistance.*

A training:

- *A strategy both holistic and scientific.*
- *A process carefully designed to prepare high quality, skilled, caring therapists.*
- *An insightful means for those willing to work on the cutting edge of psychotherapy.*

BODY-CENTERED PSYCHOTHERAPY

The Hakomi Method

by Ron Kurtz

Hakomi is a Hopi Indian word which means "How do you stand in relation to these many realms?" A more modern translation is, "Who are you?" Hakomi was developed by Ron Kurtz, co-author of *The Body Reveals*. Some of the origins of Hakomi stem from Buddhism and Taoism, especially concepts like gentleness, compassion, mindfulness and going with the grain. Other influences come from general systems theory, which incorporates the idea of respect for the wisdom of each individual as a living organic system that spontaneously organizes matter and energy and selects from the environment what it needs in a way that maintains its goals, programs and identity. Hakomi also draws from modern body-centered psychotherapies such as Reichian work, Bioenergetics, Gestalt, Psychomotor, Feldenkrais, Structural Bodywork, Ericksonian Hypnosis, Focusing and Neurolinguistic Programming. Hakomi is really a synthesis of philosophies, techniques, and approaches that has its own unique artistry, form and organic process.

Other Hakomi Related Books

Body-Centered Coaching, Marlena Field
self published by Body Mind Spirit, 2005
To order: www.BodyMindSpiritCoaching.com

Experiential Psychotherapy with Couples – a Guide for the Creative Pragmatist,
Rob Fisher,
Zeig/Tucker/Theisen, 2002.
To order www.members.aol.com/contactone/experientialpsychotherapy.htm
or e mail Rob at contactone@aol.com

Grace Unfolding, Greg Johanson and Ron Kurtz
Bell Tower, 1991

Handbook of Body Psychotherapy, Gustl Marlock and Halko Weiss
Handbuch der Körperpsychotherapie, 2005, English translation, 2006

Right Use of Power: The Heart of Ethics, Cedar Barstow,
Many Realms Publishing, 2005
To order: www.RightUseofPower.com

Seeing Your Life Through New Eyes, Paul Brenner and Donna Martin,
Council Oaks, 2004 (first published by Beyond Words, 2000)

The Practice of Wholeness: Spiritual Transformation in Everyday Life,
Lorena Monda,
Golden Flower Publications, 2000
To Order: Golden Flower Publications, PO Box 781, Placitas, NM 87043;
or www.amazon.com