Five Recent Essays

Ron Kurtz

Editor's Note: In this contribution Hakomi Founder Ron Kurtz offers some of his latest reflections on the method in dialogue with a number of other creative thinkers.

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ABSTRACT: Hakomi Therapy founder Ron Kurtz offers a five part sequence of reflections on the method in dialogue with the concepts of unassimilated experiences, spacious silence, Porges' social engagement system and loving presence, Sterling's concept of allostasis, and being at one with the therapeutic situation.

1. Refuge

Buddhists perform a ceremony for newcomers to the path called "taking refuge." There are three things they take refuge in: the Buddha, the Dharma and the Sangha. (The Buddha, the teachings, and the community of seekers.) We can ask, what does it mean to take refuge? How does one do that? And refuge from what? I think it means taking refuge from the inevitable pain and suffering that comes with being in this world, *the thousand natural shocks that flesh is heir to*. It is in how we respond to these ordinary difficulties. In the excerpt below, Daniel Goleman (2003) mentions these difficulties: emotional distress, anxiety, anger, and depression. Here's the excerpt:

> Dr. Davidson, in recent research using functional M.R.I. and advanced EEG analysis, has identified an index for the brain's set point for moods[1]
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> The functional M.R.I. images reveal that when people are emotionally distressed— anxious, angry, depressed—the most active sites in the brain are circuitry converging on the amygdala, part of the brain's emotional centers, and the right prefrontal cortex, a brain region important for the hyper-vigilance typical of people under stress.
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> By contrast, when people are in positive moods—upbeat, enthusiastic and energized—those sites are quiet, with the heightened activity in the left prefrontal cortex.
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> Indeed, Dr. Davidson has discovered what he believes is a quick way to index a person's typical mood range, by reading the baseline levels of activity in these right and left prefrontal areas. That ratio predicts daily moods with surprising accuracy. The more the ratio tilts to the right, the more unhappy or distressed a person tends to be, while the more activity to the left, the more happy and enthusiastic.
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> By taking readings on hundreds of people, Dr. Davidson has established a bell curve distribution, with most people in the middle, having a mix of good and bad moods. Those relatively few people who are farthest to the right are most likely to have a clinical depression or anxiety disorder over the course of their lives. For those lucky few farthest to the left, troubling moods are rare and recovery from them is rapid.
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> This may explain other kinds of data suggesting a biologically determined set point for our emotional range. One finding, for instance, shows that both for people lucky enough to win a lottery and those unlucky souls who become paraplegic from an accident, by a year or so after the events their daily moods are about the same as before the momentous occurrences, indicating that the emotional set point changes little, if at all.
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> By chance, Dr. Davidson had the opportunity to test the left-right ratio on a senior Tibetan lama, who turned out to have the most extreme value to the left of the 175 people measured to that point.

We can assume the Tibetan lama had taking refuge. Is his "extreme value to left" on the bell curve distribution of

[1] The idea of a set point is discussed in Peter Sterling's (2004) landmark paper, *Principles of allostasis: optimal design, predictive regulation, pathophysiology and rational therapeutics*. He speaks of the adaptive nature of the physiology and its responsiveness to perceived demand, a process that includes the higher nervous system, images of and ideas about demand, rather than a homeostatic seeking of one particular level or set point. Found at: http://retina.anatomy.upenn.edu/pdfiles/6277.pdf

moods a result? It sounds like it might be exactly that. Do those who take refuge develop an emotional "set point" that is inclined towards happiness and the positive? Do they minimize the activity of the amygdala and the right prefrontal cortex? Do they suffer less stress—and let's say they do—then how do they do it?

Brains are complex systems for dealing with living as a complex activity. As Tolstoy wrote,[2] *"Happy families are all alike; every unhappy family is unhappy in its own way."* To make Tolstoy's observation more general, we can say: "Every smoothly functioning complex system is functioning in the same way; every malfunctioning complex system is malfunctioning in its own way." Or, there are many more ways a complex system can fail than there is where it functions well. What is happening when a person's emotional set point inclines towards the negative? Has this person's experience been one of stress that's become a stabilized? Has this person's perceptions of and ideas about what's being demanded of them stabilized around the negative. Is it something like the character (who Shirley MacLean played in the movie Steel Magnolias) was describing when she said, "I'm not crazy; I've just been in a bad mood for forty years."[3]

How is it that a person's bad mood could last for forty years? How could it be so stable? Pierre Janet thought that some experiences overwhelm the system and do not get integrated.

> *At certain times—in childhood, for example—we tend to be emotionally vulnerable and easily overwhelmed; we can register the life experiences, but we cannot properly 'digest' them.* When a person experiences *a traumatic or strong emotional event during these* [vulnerable] *periods, the mind lacks its usual ability to make sense of it and fit it properly into a meaningful, secure whole.* [When this happens . . .] *The emotional experience floats in our unconscious, unassimilated, in effect, jamming the gears of the mind. Janet thought that these unassimilated experiences could become the seed of psychological or psycho-somatic illness, obsessive thought patterns, phobias—all sorts of behavioral problems. Many chronic problems, he believed, were the result of the mindbody's continuing, frustrated effort to make sense of the original disturbing experience.* (Rossi, 1996, p. 125)

Are these "unassimilated experiences" one of the things that keep a person stressed? I think they are. And I think, in the process of mindfulness based self-study (the most recent version of the Hakomi Method as I teach it now), as in all mindfulness practices, it is this kind of stress that is relieved by the process. It is the stress of unassimilated experiences.

Instead of letting these experiences *float in the unconscious*, they are brought into consciousness where they finally can be made sense of and assimilated. While they remain unconscious, a person finds a way to escape *temporarily* from the stress in a myriad number of ways. Just as there are myriad ways an unhappy family can be unhappy, there are all kinds of addictions and distractions that keep a person from dealing directly with the causes of his or her stress. And, just as all happy families are happy in the same way, a long-term, stable positive mood is only possible when we have successfully dealt with these unassimilated, emotionally overwhelming experiences.

Of any person, we can ask: "What is this person's most stable emotional mood?" Is it one that suggests that the person is stressed"? And if it is, we can further ask: In which of the myriad ways possible is this person taking refuge? Is it in religious practices? Is it an addictive activity like gambling, exercise, or sex? Is it something healthy, like being in nature, say taking frequent, pleasurable walks in the woods? Meditation? Is it drugs or pornography? Or is it something very acceptable, like reading, art, drama, sports or going to a lot of movies? We call those who take refuge in activity *industrious*. Those that take refuge in distancing themselves from human contact and intimate relationships, we call *withdrawn*. There are also those who take refuge by clinging to someone and those who find others to dominate or exploit or abuse, taking refuge in feelings of power. Myriad ways. Myriad ways. And those who take refuge in irrational beliefs, like the beliefs held by religious fanatics are everywhere. Murder, mayhem, war and cruelty, the horrible and sick places of refuge for more than a few citizens of almost every country in the world. And each place of refuge offers the same as Buddhism, some kind of relief from the stress of being a vulnerable human. Except that in Buddhism, you get to be a lot happier and your world is sweeter with you in it.

Buddha taught that the way to the end of this suffering is to extinguish the reliance on these other ways of taking refuge, to sever ones attachments to them. Instead, take refuge in the recognition that you and everything else is *impermanent*, everything but consciousness itself. That this *you* you're so worried about, this self that you've created to deal with the world you've either made or only found yourself in, is a fiction and as impermanent as everything else.

Instead, the Buddhists say, take refuge in the Buddha, by emulating his example of equanimity, loving kindness and sympathetic joy; in the Dharma, by studying the teachings, learning to make wise decisions; and in the Sangha, by keeping company with those who are seeking the same things and following the path that will lead to relief and happiness. Buddhism teaches that there is such a path. Along that path, you will discover and digest the unassimilated painful events that bring so much stress into your life. You will drop your attachments to the negative. You will learn to remain calm in the face of what once

[2] The famous first line of *Anna Karenina.*

[3] Ouiser Boudreaux, played by Shirley MacClaine in the movie *Steel Magnolias.*

pushed you into fear, anger and desire. You will feel a love for all life and feel what Mary Oliver has called, "the perfect, stone-hard beauty of everything." You will not need to be anything special. You will feel love and joy and freedom. You will be released from ignorance and you will find the refuge that you have always sought.

To follow the Buddha Way is to study the self.
To study the self is to forget the self.
To forget the self is to be enlightened
by the ten thousand things.
—Master Dogen

2. Silence & Following

The best leader follows. —Lao Tzu

To a great extent, the Hakomi method helps people discover important things about themselves. The method is called *The Process of Assisted Self Discovery.* At certain points in the process, information emerges spontaneously from the client's unconscious, a long forgotten memory or the realization of a deeply held, implicit belief. These events are surprising to the client. They're often quite different from what the client expected. At these moments, when the client is dealing with something new and surprising, and often emotional, the client needs time to feel and think. This is a time when being silent is the most helpful thing a therapist can do. There are other times, but this one is probably the most important. The client simply needs time to think and feel. Something unexpected has happened. Something meaningful. Maybe something painful and incomeplete that has long lain out of reach of the consciousness.

It is easy to notice when clients need time. Typically, they close their eyes and tip their heads forward a little. There are signs in their faces that they are thinking and discovering and making connections. They are integrating the new information. After being surprised, that's natural. And that's when it is most important to be silent. It allows the client to do what he or she needs to do most. And being sensitive to the client's needs at such important moments, helps to gain the cooperation of the adaptive unconscious.

A second time when silence is important is after a contact statement or an acknowledgement. This time, however, it's about *following*. We wait silently at these times in order to let the client's adaptive unconscious to lead us. When something emerges spontaneously out of an intervention or an experiment in mindfulness, an impulse or a thought or image "popping into consciousness," it's time for us to follow. These spontaneously emergent experiences are signposts along the path that's leading to the buried experience that needs integration and healing. And, as we follow, so the adaptive unconscious begins more and more to lead.

Our whole purpose is to help client's discover normally non-conscious beliefs and memories. We need unconscious cooperation for that. We need to be the kind of context and environment that signals safety and intelligence. That's how cooperation is gained. And that's why we need to follow. When we get the signals, the unconscious leads. It leads us by providing ideas, emotions, impulses, memories, images, gestures, facial expressions and movements—all in reaction or response to our comments, experiments and contact statements. It "gives" us these things as stepping stones to deeper material. We need to take the steps it makes possible.

Here's an example: I did an experiment in awareness, a verbal probe, and the client moved as if to collapse; she leaned a little to her left and dropped her head. She said, "I feel like collapsing and falling to the floor." When she said this, I suggested that she go ahead and collapse and notice what came up. While she did this, I remained silent. I waited for the unconscious to give us the next thing. It was a memory with a strong feeling of sadness to it. I contacted the sadness and waited in silence. I had an assistant sit next to her and put a hand on her shoulder. Again, I waited for the next spontaneous thing to happen. The emotion deepened.

And so it went, from one spontaneous change to another, until the final release of grief and the understanding that allowed the process to complete. It completes when the client understands and integrates the long buried painful experience and comes up with new, more useful and accurate beliefs about what it all meant. In addition, I support whatever the client spontaneously does to manage his or her emotional process, like postural changes, muscle tensions or covering the eyes or face. When that's been arranged, again I wait for what will emerge out of this change.

All through the process, once things begin to move, the unconscious leads and I follow. Appropriate silence supports following as it gives control to the client's unconscious and it allows the therapist time to notice where the process wants to go. When I'm silent, I'm waiting for what the unconscious will give me next. At these moments, I am not trying to make things happen. I am letting them happen. At the beginning I am active, making contact statements, setting up and doing experiments. But once the process begins to unfold, once new thoughts and feelings begin to emerge spontaneously, I switch to silence and following. When the unconscious leads, I am quiet and I follow.

3. On Being A Portal

> Portal (noun). An entrance or a means of entrance: *the local library, a portal of knowledge* (*American Heritage*, 2000).
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> He who wants to do good, knocks at the gate; he who loves finds the gates open.
> —Sir Rabindranath Tagore Thakur (1861-1941)
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> Where love rules, there is no will to power and where power predominates, there love is lacking. The one is the shadow of the other. —Carl Jung
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> The detection of a person as safe or dangerous triggers neurobiologically determined prosocial or defensive behaviors. —Stephen Porges (2004)

Porges (2004) uses music—played through headphones and limited in frequency range to the range of the human voice—to evoke a particular state of the nervous system. He's named this state, *The Social Engagement System* (SES). In normal, everyday situations, the SES functions to enhance human-to-human communication. This complex neurobiological system activates when the situation calls for such communication and when the situation is perceived as being safe.

The reason the SES can be triggered by range-limited music is that listening to such music causes the middle ear to narrow a person's range of hearing to the same frequencies of the human voice. This action of the middle ear is just one of the functions of the (SES). (Others include smiling and looking directly at someone, regulation of the larger nervous system in support of all prosocial behaviors.) Porges talks about how the middle ear functions as "a portal to the system." It is a gateway to a state of mind, based upon a specific configuration of the entire nervous system, a state of mind that is prosocial and not defensive.

Porges treats autistic children by triggering their social engagement systems through stimulation of the middle ear that helps them attune to human voice frequencies with which they often have difficulty. His intent is to bring the SES on line. It's waiting to happen; it just needs to be activated. Often, in only a few sessions of forty-five minutes with the music is enough. The autistic child's behavior changes, from distant and defensive to relaxed and social.

I watched as Porges worked with a woman who was being stimulated by his range limited music equipment. She had a spastic voice box and her speech sounds were harsh, scratchy and she spoke with great difficulty. She'd had this problem for thirteen years and everything she'd tried to change had failed. After less than a half hour listening on Porges' headphones, there was noticeable improvement. Not a lot—her speech was still very difficult and harsh—but there was some improvement. When the woman took the headphones off, I put them on and listened to the same music she had. I felt the changes it produced in me: a very loving feeling for everyone in the room. After about ten minutes, I took the headphones off.

When I watched her and listened to her while she spoke to Porges and while she was on the headphones, I noticed all the signs of a deep sadness, the kind that often shows up in therapy. So, I went over to her and offered to do some Hakomi work with her. I had a strong sense of compassion for her painful difficulties and her sadness. We worked for about ten or fifteen minutes, a very intense time with powerful, emotional moments for both of us. Towards the end, her feelings changed from her usual sadness, her terrible feeling of isolation and loneliness, anger and hopelessness through a sense of connection and caring—a warm, appreciative and nourishing state: We were socially engaged. In this state, she experienced what were, for her, new positive feelings and hope. Porges, who'd watched the whole thing, said to me afterwards, something like, "You're a portal." I must have looked puzzled, because he elaborated, "Just like the music and the middle ear."

He meant that my behavior brought the woman's SES on line. My behaviors; tone of voice, facial expressions, pace, attitude, my entire presence with her, the fact that my attention never wavered, the constant kindness that I felt and demonstrated—all these were such that she changed her state of mind. I like to call this kind of engagement: *Loving presence*. Maintaining a constant feeling of compassion for her captured her attention, triggered her SES and brought it on line. So I learned, loving presence can be a portal.

I happened to see her six months later. She came to a workshop I did in the Bay Area. When she spoke to me upon our meeting, her voice was perfectly normal. She sounded just like everyone else. No harshness. No strain. I was astonished. I asked her about it. She said it was the result of the work we did in our few minutes together. She said I was the first person she'd ever felt really cared about her. She told me it was a miracle. I was surprised and as happy as I could be.

It's nothing new that we trigger one another, that emotions are communicable. Fear or rage can spread through a crowd or escalate in an exchange between two people. There's nothing new about this. Nor is it new that psychotherapy can be such a powerful force for change. What is new and important to recognize is that loving presence alone can have that power. A therapist who is present and loving offers his clients a portal, an invitation to join in a close, caring human to human exchange. It's not doing this or talking about anything. It's a joining. If you like, it's a joining of souls. It's not technique or method, not confrontation or interpretation, neither cognition nor conditioning. The important thing is what it has always been, an opening of one's being to include the being and well being of another. The important thing, the effective thing, is to be a portal through which the love that is present can welcome the love that has been waiting.

Smile at each other; smile at your wife, smile at your husband, smile at your children, smile at each other—it doesn't matter who it is—and that will help you to grow up in greater love for each other.
—Mother Teresa

I want to start with the most important thing I have to say: The essence of working with another person is to be present as a living being. And this is lucky, because if we had to be smart, or good, or mature, or wise, then we would probably be in trouble. But, what matters is not that. What matters is to be a human being with another human being, to recognize the other person as another being in there. Even if it is a cat or a bird, if you are trying to help a wounded bird, the first thing you have to know is that there is somebody in there, and that you have to wait for that "person," that being in there, to be in contact with you. That seems to me to be the most important thing. --Gendlin (1990)

4. The Anticipation of Demand

. . . the goal of regulation is not *constancy, but rather, fitness under natural selection. Fitness constrains regulation to be efficient, which implies preventing errors and minimizing costs. Both needs are best accomplished by using prior information to predict demand and then adjusting all parameters to meet it.*
—Peter Sterling (2004)

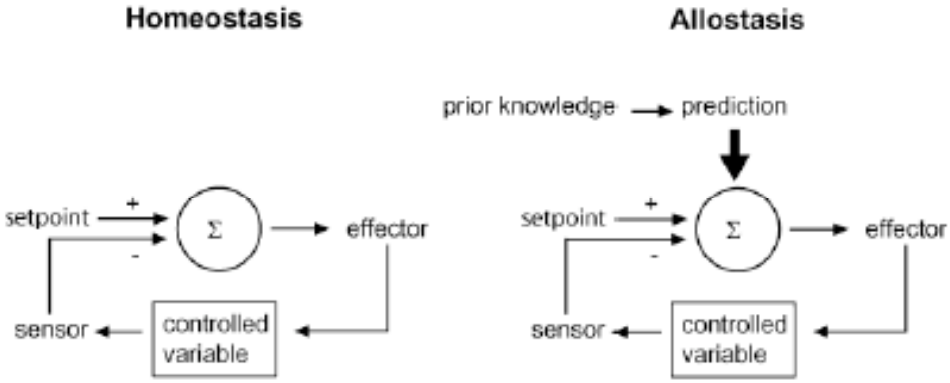

Figure 1

In Figure 1, we could justifiably replace "prior knowledge" with the word, "belief". A belief that implies the expectation of a specific demand. Beliefs: "That's a wild bear over there. We may have to run for it. Prepare for an all out energy expenditure and possible harm to the body." The body responds with all kinds of physiological changes. And, of course, this happens whether there is a real bear over there or there isn't. It happens because you believe there's a bear over there. It wouldn't happen if you didn't.

For every emotion that you are capable of feeling, there is surely a belief that could invoke it in a matter of moments.
—Sam Harris

It seems possible that the dawn phenomenon (increased glucose production and insulin resistance brought on by the release of counter-regulatory hormones in the early morning hours near waking. It happens in normal people as well as in diabetics.) is an example of a nonconscious *expectation of demand*, a nonconscious prediction, if you will, or an implicit belief about what's going to be needed—like more sugar in the blood—to meet the demands of simply getting up and facing the day's tasks. And how about the tasks that go into survival and being a self in a community of selves?

Here's what a great neurologist has to say about prediction, what's known as *the binding problem* and the origins of the self:

Given that prediction is the ultimate and most pervasive of all brain functions, one may ask how this function is grounded so that there evolved only one predictive organ. Intuitively, one can imagine the timing mismatches that would occur if there were more than one seat of prediction making judgment calls for a given organism's interaction with the world; it would be most disadvantageous for the head to predict one thing and the tail to predict another! For optimum efficiency it would seem that prediction must function to provide an unwavering residency and functional connectedness: it must somehow be centralized to the myriad interplays of the brain's strategies of interaction with the external world. We know this centralization of

> prediction as the abstraction we call the "self." (Llinas, 2001)

And here's the great psychologist, Pierre Janet: "Among all these influences I should like to note in particular one that seems to me important, although little known . . . namely, the nervous and mental stimulation induced in an individual by the part he has to play." (Janet, 1924)

All of this—prior knowledge, prediction, nonconscious expectations—implies that implicit beliefs control states of the body-mind. And, conversely, that states of the body-mind imply beliefs (possibly nonconscious) about what can be expected. Let's look at a few examples:

A person with a habit of speaking very softly may be holding an implicit belief that it's wise to preserve ones energy, as there may not be enough. The nonconscious prediction is that there won't be enough. This is possibly a reflection of either a present physiological state of low blood sugar or the like, or it could be a reflection of a history of "not-enough" experiences. A good probe in this case might be, "You can have all you need." Or, "all you want". Or, if you want to take a long-shot guess, "I have time for you". The latter, especially if the person talks quickly as well as softly. Another possible experiment, a nonverbal one, is to take over the weight of the shoulders.

Another example would be: A person habitually sits with arms crossed, jaw tight and face stiff. The prediction might be an expectation that others will try to control or manipulate him. Again, you can imagine a history that makes sense of this habit: A very controlling parent who had to be resisted. The implicit belief could be: "Other people won't let me do what I want" or something like that. For this person, a patient, non-directive approach is going to work best. Always ask permission for anything you're suggesting.

When you learn to think this way—about habitual behaviors as a signs of implicit beliefs and predictions of demands upon the organism—the transition from noticing such signs and having good ideas about experiments in awareness to evoke the beliefs becomes natural and easy.

In systems like the human organism, where nonconscious predictions are the norm and where such predictions can lead to emotional states which in turn effect the predictions themselves, we have the common problem of reinforcing feedback. For example, a person who relaxes and calms down by eating the sweet and fatty foods, and who generally experiences stress, is likely to gain weight. The additional weight itself becomes a source of stress when the additional physical effort and the worry about health consequences come into play. If this additional stress is cause for more eating in order to calm down, the process has become self-reinforcing. This cyclical process and many others like it are all based on perceptions of demand that have become part of a reinforcement process.

A particular perception of demand that often involves this kind of process is, what Janet has called, *the nervous and mental stimulation induced in an individual by the part he has to play*. What we might call, the effort to maintain a self that works, a story about ourselves that we'd like to proclaim. The ways in which we handle this effort often involve addictions of one sort or another. The lesson to learned is this:

Easy is right.
Begin right and you are easy.
Continue easy and you are right.
The right way to go easy
Is to forget the right way
And forget that the going is easy.
—Chuang Tzu

To predict that the demand will be minimal, that the "going will be easy", is to have confidence. To forget that the "going is easy", is to make a habit of confidence, to actually and unconsciously *be* confident. When this confidence is reinforced, when the action proves successful, over and over again, the work becomes pleasurable and playful. Easy, as Chuang Tzu would say. There's a rule for developing the level of skill that reinforces confidence: *Learn simple things first and learn them to perfection*! (Kelly, 1995) In learning this work, it's a good rule to follow.

Bring confidence to your work. Lower the pressure of expected demand. You will minimize the stress you bring to your work. Your mind will be quieter. Your perceptions, clearer. Your presence, more complete. Your effectiveness will improve and your satisfaction greater. The prediction of demand is a thing of the mind: Have confidence and put your mind at ease.

5. "If You Has to Ask…"

When asked by a society matron what swing was, the great jazz pianist Fats Waller replied*, Lady, if you has to ask—you ain't got it.*

> . . . *he* [Brian Arthur] *linked these to a different way in which action arises, through a process he called a "different sort of knowing." "You observe and observe and let this experience well up into something appropriate. In a sense, there's no decision making, he said. "What to do just becomes obvious. You can't rush it. Much of it depends on where you're coming from and who you are as a person. All you can do is position yourself according to your unfolding vision of what is coming. A totally different set of rules applies. You need to 'feel out' what to do. You hang back, you observe. You're more like a surfer or a really good race car driver. You don't act out of deduction, you act out of an inner feel, making sense as you go.*

> *You're not even thinking. You're at one with the situation*. (Senge, 2005, p. 84)

Once in a while, I tell people that I don't think when I'm working. What I'm doing has, until now, been hard for me to describe. The above passage from the book *Presence* has helped me get clearer. In the way Arthur describes, I become *one with the situation*. In sports, it's called, *being in the zone.* It was described beautifully by the great Celtics center, Bill Russell. Here's what he said it was like. He's playing and he sees everything in slow motion. He sees everything that's going on at once, without effort. (That's a key, no effort.) He knows what will work and what won't. He knows he can do whatever he has to do. If he has to pass the ball or shoot the ball or run, it is a foregone conclusion that he will do it successfully. He feels a kind of ecstasy. Nothing goes wrong, everything goes right. It's beyond winning and loosing. It's beyond competition. It's just this kind of joyous dance. He's not thinking about winning very much, it doesn't matter. I think Russell might have said he was *at one with the situation.*

I have been arguing this week with some of the trainers from the Hakomi Institute. It isn't satisfying. Arguments are, by their very nature, about winning and losing. But, in the process, I had to think and feel. In doing that, I was made ready for something. Last night, when I read the passage quoted above, something clicked. The trainers and I had been arguing about whether my work had changed enough to require that our two separate organizations stop using the same name. I thought my work had changed, the others argued that it hadn't.

I had argued from the standpoint that people the Institute had trained were not doing the work as I now teach it. The whole argument was couched in terms of method and technique. What I realized last night was that it's not really about those things. It's not even about the changes I've made. It is precisely about what Brian Arthur has described; it's about *being at one with the situation.* It's about *a different way in which action arises.* It's about *where you're coming from and who you are as a person.* These things are a big part of how I've been judging the people I supervise. All the criterion mentioned in the various documents that describe the qualifications for certification only vaguely approach these ideas. They seem not to know how *action can arise from a different kind of knowing.* Of course people have to know the method. They have to know how to implement the techniques. Bill Russell had to know basketball's method and techniques. For Pete's sake, he's in the Basketball Hall of Fame. But, he's not in there because he knew the techniques. Lot's of people do. He's in there because sometimes he became one with the situation using them.

That's what I'm really looking for when I'm supervising someone. I hadn't realized it until now. It's what I'm trying to teach my students. *Position yourself! Feel out what to do! Hang back! Observe and observe and let that experience well up into something appropriate.* Don't always control! Don't be asking one question after another! Become one with the situation! That's what I love seeing. On some level, my students get that. They see/feel me doing it and then they get it. Some of them even come in with it.

As a youngster, four years old, I was at one with the math problems my mother gave me, to keep me occupied while she cooked dinner. I never had to think. Somehow, my mind entered into the problems and "gave" me the answer. It was like that all the way through high school where I got nearly perfect grades in math. I could watch the teacher put a problem on the board and at the same time, feel my mind doing it and getting the answer. It wasn't a step by step thinking process. It wasn't controlled. My mind did it for me. My mind *became one with the problem.* It was effortless. I knew I could *do what I had to do.* If there is a 'math zone,' I was in it.

So, what does it mean for a psychotherapist to be at one with the situation. Well, what I see in someone doing the work that way are these things: Great patience. Perfect timing. Intuitive understanding. Moving effortlessly with the unfolding situation. Most important, a kind of openness to the client that allows all of the above. Hearing the whole person, not just words and ideas. There's a way in which a good therapist gets in close, without losing the larger field; can be part of everything the client is doing and feeling moment by moment and, at the same time, is still able to sense the wider context. A good therapist, shares control with the everything present, sometimes moving deeply into to the unfolding action, sometimes waiting silently, while the client does her inner work, surfing gracefully the changing amplitudes of intimacy.

I love it when I see action arise this way. I rejoice in those sessions where the therapist is one with the client, when what happens seems magical, when it seems the therapist is *in the zone*. But, let's be clear. It isn't magic, though it may sometimes seem so. It's just what it was for Bill Russell: Talent, practice, attitude. Confidence, patience, presence and a relaxation of the conscious will. It's *where you're coming from and who you are as a person.* It's the opposite of doubt and fear, the monsters of grim prospects.

Fear changes who you are. It changes what your adaptive unconscious focuses on. Fear narrows your field and makes you want to change things. It makes you want to hurry and to hold on tight. When being supervised makes people anxious, it changes who they are. Then, doing good work becomes almost impossible. Often, I can see that some people are going to be anxious, even before it's their time to be supervised. I can see that they won't be comfortable or able to enjoy themselves.

Other people are just the opposite. They have something. I know it, but I don't know what the hell to call it? I want a word or phrase that will make it simple and clear for those people I've been arguing with. Words like *presence* or *the zone*. I also don't want to imply that it's something I've got and they don't. Frankly, I don't know what they have. But I do know that it happens often when I do therapy. That something made me the kind of therapist I've become. I know it, but it's hard to name. It's more something you can sense, more a different way of being than a nameable thing. This is exactly the problem Fats Waller had.

Charlie Mingus was, in the words of jazz critic Nat Hentoff, "a prodigious base player who could have played with any symphony orchestra in the world." Hentoff tells that Mingus considered joining a symphony orchestra once, then realized that he didn't want to spend his life, "playing other people's music." When I supervise people, a part of me—maybe the same part that used to sit at bars and stare in happy wonder at Mingus or Miles or Dizzy—is feeling for that quality those jazz greats had of *being one with it*. I can recognize when students have it. I can't always put words to it, but I can tell. Either it *swings* or it's just *playing other people's music*. If they were still with us and they watched a Hakomi session, I would just bet Fats could tell, and Charlie too!

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Neuroscience and Psychotherapy

Marilyn Morgan, SRN, B.A., MNZAP

Editor's Note: Marilyn Morgan is a master teacher and Certified Hakomi Trainer who has a special interest in the new and exciting developments in interpersonal neurobiology. In this article she introduces a number of currently relevant advances in neuroscience and weaves their implications effortlessly into the practice of psychotherapy.

Marilyn Morgan, SRN, B.A., MNZAP is a psychotherapist and teacher of psychotherapy in Napier, Hawkes Bay, New Zealand. Marilyn has been a psychotherapist since 1981. She originally trained as a nurse, and has worked as a practice nurse and nursing tutor, as well as a community education tutor. She has a particular interest in trauma recovery, and in the use of art as a therapeutic tool. At present Marilyn teaches on the Eastern Institute of Technology Diploma in Psychotherapy programme, and on the Hakomi Training at EIT (Diploma in Integrative Psychology - Hakomi), and maintains a private practice in psychotherapy and supervision.

ABSTRACT: Reviews structures of the tripart brain including hemispheric functions. Discusses differences of the brain and the mind in terms of complexity theory. Notes multiple memory systems in relation to attachment theory. Discusses social engagement theory and implications for contact and loving presence in relation to psychotherapy.

Introduction

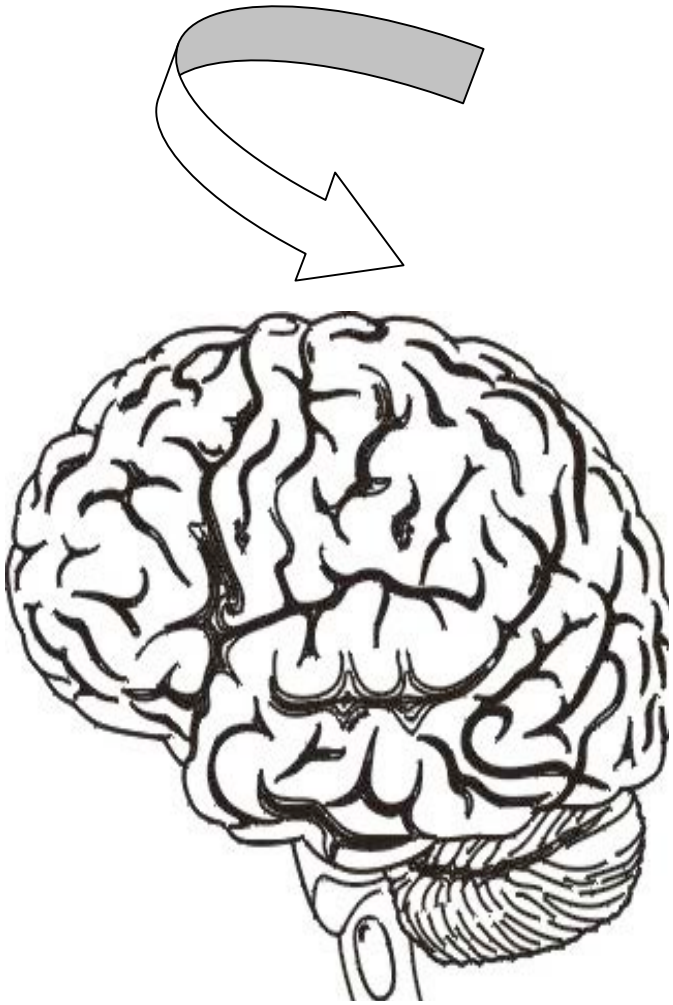
In recent times there has been exploration into the vast mystery of the brain, such that the ten years of the 1990's were been labelled `the decade of the brain'. There has also been an upsurge of interest in the impact of trauma and stress on human functioning, including the neurophysiology of traumatic injury, and the developmental changes in the brain that can result from childhood trauma and neglect. Attachment theory, beginning from observations of interactions between infants and their mothers, now includes detail on the shaping of brain structure and nerve pathways, including the wiring up of circuitry that will determine lifetime behaviour patterns. Modern brain imaging techniques have allowed us to see into the living brain in ways that have been impossible in earlier times.

There has been a deluge of new findings on the brain and memory, the brain and behaviour, the brain and trauma, the brain and attachment and the brain and psychotherapy. This research has impacted on the ways we assist people to recover from the effects of unresolved trauma and developmental injury. Even though direct research on neurophysiological activity and change, before, during and after therapy is still sketchy, and much is still hypothesis and tentative conclusions from related findings, some strong possibilities are emerging.

Psychotherapy, especially depth therapy such as Hakomi, and the therapy we provide for trauma relief, for example, have become fundamentally different from the traditional `talk' therapies inspired from such different roots as psychoanalysis and cognitive behaviourism. In these therapies we recognize the importance of primitive, physiological, survival and emotional mechanisms that can overwhelm the person and exacerbate symptoms. Body sensations and reactions are recognised and included, as is mindfulness, relationship, safety, careful pacing and providing missing experience. Attunement and contact is maintained, loving presence is vital, and arousal levels are managed. This allows for the 'digestion' of emotional experience, and the flow of information between different brain centres allows for integration and resolution of the painful and traumatic experiences, often held 'unfinished' in the system for decades.

Much of what we have learned from our studies on the brain and interpersonal neurobiology, as it is related to therapy, leads to effective psychotherapeutic practice across a wide range of situations. In many ways traumatic imprints and emotional issues such as grief, loneliness, shame, self-loathing and so on, are not so different. This is especially true for issues arising early in life. Most emotional distress, arising in situations of adult life, that leads a person to psychotherapy, has its roots in the early years. Attachment problems, grief and traumatic stress are deeply intertwined in emotional, unconscious memory and neural pathways.

In this article I intend to show how understandings gained from neuroscience and from trauma and attachment studies both affirm and enrich Hakomi psychotherapy. Having a scientific explanation for therapeutic intervention and change satisfies our more Western, left brain appetites. At times, being able to explain what we do in physical, scientific terminology to educators, to legislators, to colleagues and to clients, is pragmatic and enriches communication. Understanding the very real, physiological constraints on functioning that inhibit our clients can help us be more patient and compassionate. And, delving into the awesome complexity and intricacy of the living brain and nervous system, the myriad pathways and informational interactions of neurons, synapses, and messenger molecules, which is a microcosm of our larger human communities, is an inspiring, breathtaking, and ultimately sacred enterprise.



Neurons and humans are social entities, cannot exist in isolation, and can only be understood in relationships with others. (Siegel)

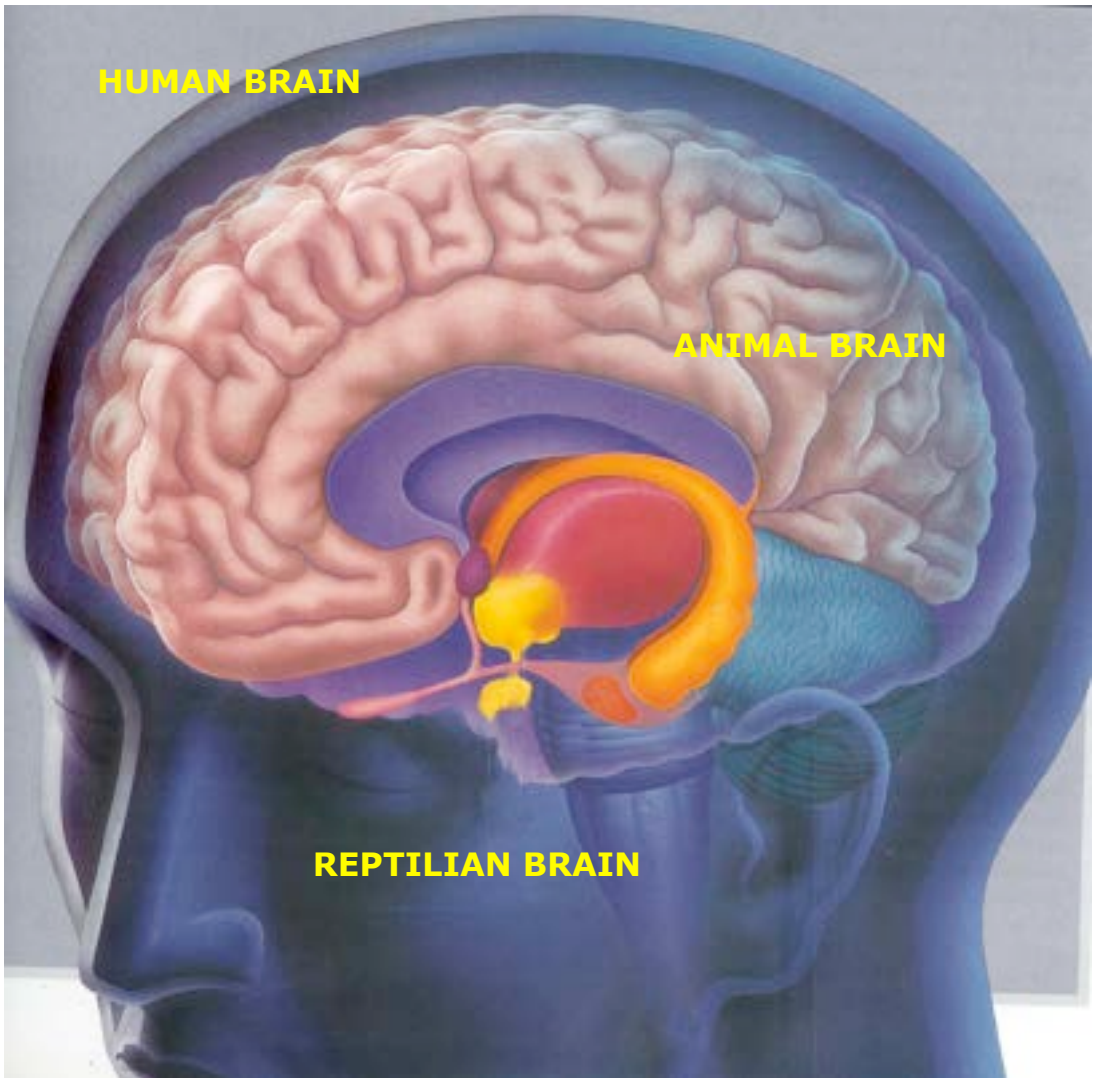
Structure and Function of the Brain

Nerve cells

The brain and nervous system is comprised of billions of interconnecting nerve cells, or neurons. In early development of the child, nerve endings reach out and connect with other neurons to form patterns of neuronal circuits.

The Brain – an Overview

I will summarise the structure and function of the brain, and introduce some basic terminology. A method described by Daniel Siegel, (Daniel J. Siegel, 1999), to conceptualise the brain is useful, as the brain's three-dimensional convoluted shape is hard to follow from two-dimensional diagrams. Make a fist with your thumb tucked inside. Your wrist is the top of the spinal cord at the base of your neck. The brain stem is your lower palm, your thumb the limbic system, and your fingers the cerebral cortex. At the back of your hand would be the cerebellum, and your eyes in front of your middle two fingernails.



The brain is often described in terms of three levels of function. Paul McLean first described the brain in this way. Sometimes these levels are termed the human, (thinking) brain, the animal, (emotional) brain, and the reptilian, (survival) brain. This division is useful to aid our understanding, and to describe functioning to clients. With the brain nothing is simple, however. In any function of the brain, however small, there is a constant, awesomely complex flow of information from one part to another along nerve pathways, through chemical and hormonal release, and influenced by energy.

The brain stem – reptilian brain

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

- *Reticular formation* – control of arousal and sleep/wake cycles
- *Pons* – receives visual information en route to the cerebellum
- *Cerebellum* – coordination of movement
- *Medulla* – control of breathing, heartbeat, digestion.

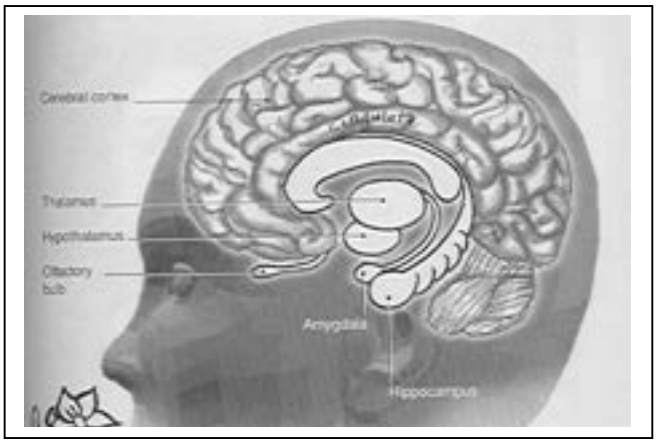
The limbic system – animal brain

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

In your fist representation of the brain, created by folding you thumb into your hand and then covering it with your other fingers, the limbic structures are represented by your thumb.

The structures are:

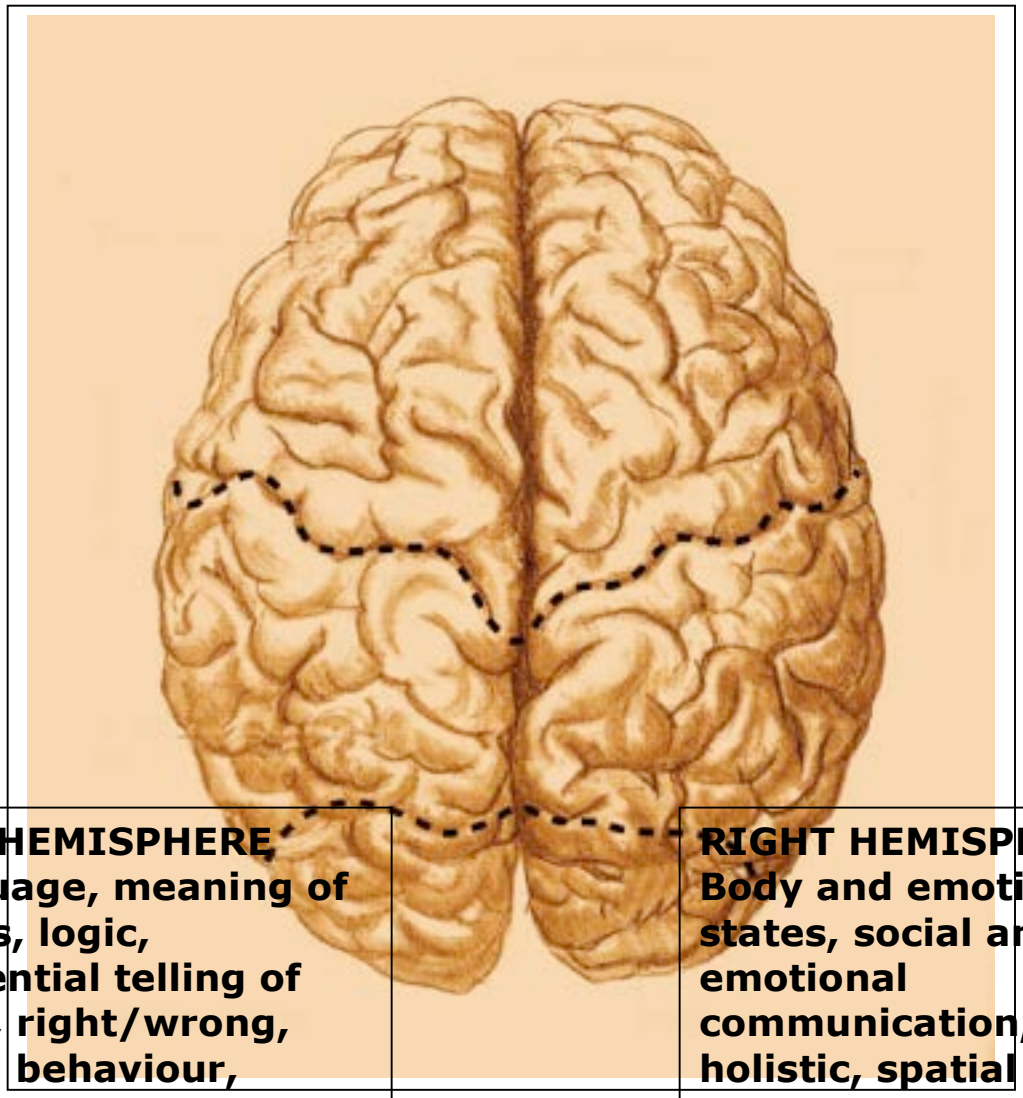
- *Thalamus* – this is a communication and relay center for nervous pathways from the senses. The thalamus (specifically the lateral pulvinar within the thalamus) operates like a spotlight, turning to shine on a selected stimulus. It sends information to the frontal lobes which then maintain attention. (there is one thalamus each side)
- *Hypothalamus* –the small hypothalamus, which sits below the thalami above, controls the four `f's: (feeding, fighting, fleeing and fornication), temperature, sleep, autonomic nervous system reactions. The hypothalamus dysfunction thought to be involved in eating disorders is correlated with high serotonin concentration in anorexics which reduces appetite, and low serotonin levels in bulimics.
- *Pituitary gland* – this gland is vital in the secretion of hormones, many of which set off other hormonal cascades. The pituitary is part of the HPA (hypothalamus, pituitary, adrenal) axis, a vital part of the trauma and stress response.
- *Hippocampus* – This area is essential for the formation of declarative memory, indexing our episodic, personal memories, retrieving newly laid down memories and spatial coding. London taxi drivers have been shown to have enlarged hippocampi. (there is one on each side)
- *Amygdala* – Expressions of fear are picked up by the amygdala. The left amygdala responds more to the vocal expression, and the right to facial movement. The amygdala is the emotional center, the alarm system, and it stores emotional memory imprints, especially fear memory
- *Basal ganglia* – these have a role in movement and procedural memory
- *Olfactory bulb* – concerned with smell
- *Cingulate gyrus* – the center for attention focus, related to cravings and addictions, and, interestingly, also in the initiation and letting go of physical grasping movements.



Limbic structures

The cerebral cortex – human brain

There are two specialized cerebral hemispheres, each hemisphere receiving information from the opposite side of the body. Information is shared through a body of nerve fibres connecting the two halves, called the corpus callosum. There are four lobes in each hemisphere; frontal, parietal, temporal and occipital. The left and right hemispheres have different functions, and in health they work together in balance.

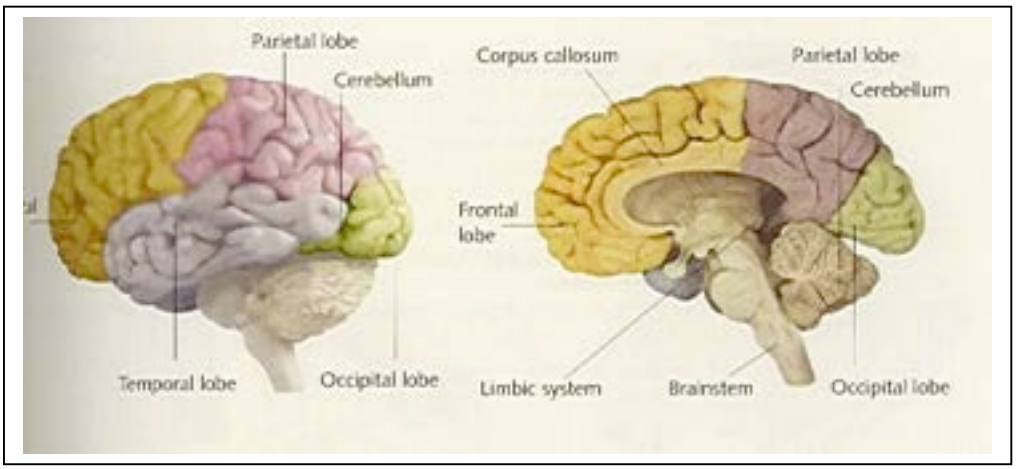


Areas of the frontal cortex are of particular interest.

The *orbitofrontal* cortex, is closely connected to the cingulate. It helps regulate the autonomic nervous system, and hypothalamus, helps inhibit impulsive behaviour and modulate alertness and emotions. It is also vital for social cognition and response flexibility. The orbitofrontal cortex is also important for self-awareness and autobiographical memory. It is sometimes called the 'highest' part of the limbic system, and is a master integrator. Daniel Siegel says, (Daniel J. Siegel & Hartzell, 2003), that 'this integrative region is the gateway between interpersonal connection ands internal balance'.

The *dorsolateral* cortex reconstructs meaning, helps change mental sets, and organizes associations. This is sometimes called the chalkboard of the mind.

The *ventromedial* cortex allows us to experience emotions and meaning and engage motor drives. It is highly active in manic and creative states, and inactive during depression when it seems as if all drive and meaning has drained from life.



The cerebral cortex – diagram from "Mapping the Mind" by Rita Carter (Carter, 2000)

The Mind

The mind arises from the brain. The mind is a constant flow of energy and information. The brain affects the nature of the mind, and in a circular fashion the mind affects the nature of the brain itself. For completeness I believe there is also spiritual essence that precedes brain and mind and permeates physical and psychological functioning. This model is congruent with the Maori model of health which describes:

- wairua (spirit)
- whanau (family including ancestors)
- Tinana (the physical body)
- Hinengaro (the mind including emotions)

It is important to note that the sense of self and well being is likely to be experienced and formed differently in Maori culture, where the self cannot be experienced apart from the whanau or collective.

Throughout life we are working with the two poles of autonomy and togetherness. Both are necessary and constitute our longings. We want to belong and to merge with other, work in together, and feel the same as others. We also want our own freedom and identity and special talents and roles. These tensions are never fully resolved. In a state of mental well being we hold these poles in a dynamic balance.

Complexity

How do we understand brain and mind? Linear thinking involving cause and effect is inadequate. The brain is the most complex structure known in the universe. The human being is way too complex for logic. We need to turn to complexity theory for a better understanding.

Complex systems:

- Are self organising
- Are non-linear – a small input leads to large unpredictable changes over time
- Have external and internal constraints leading to certain states being more likely
- Have a balance of differentiation and integration
- Naturally move towards a maximum complexity, the most healthy state

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

Narrative

Stories are important. How we make sense of our memories and experiences is linked in to mental well-being and good brain function. Stories seem to play a vital part in 'cortical consolidation', where memory becomes permanent, and 'unfinished business' is completed leading to a feeling of things being settled within. Dreaming is important for this process. In creation of a narrative, the left hemisphere appears to be driven to make guesses about the logical connection among bits and pieces of information, while the right hemisphere supplies emotional context and autobiographical data necessary for the personal life story (Siegel, 2003, p51).

Memory

Many people who have had traumatic childhoods have problems with memory. They sometimes can't consciously remember most of childhood, yet unwanted feelings and images from childhood experiences may intrude. It is not uncommon to forget a lot of details in daily life as an adult; appointments, where one has put car keys, phone numbers and so on.

Ron Kurtz, founder of Hakomi, (Kurtz, 1990), described the child as `the mapmaker'. Neuroscience emphasizes that the connections formed within the brain are experience-dependent. A person is born with approximately 100 billion neurons. If these nerve cells were placed end-to-end they would stretch two million miles. There are many nerve connections already in place at birth, the being brain was hard-wired to seek connection with caregivers, and basic bodily functions proceed. However, the major growth of neurons and the wiring of neuronal circuits are yet to take place depending on experiences to come. Eventually each nerve cell is likely to have 10,000 connections.

Daniel Siegel describes the brain as an anticipatory machine. The infant's, and child's, interactions with her world are imprinted in her brain circuitry. She is `wired up' for a particular world. Her brain is coded with all kinds of memory, and most of the early memory will be unconscious. However, this memory will deeply affect later emotions, behaviour patterns, beliefs, and abilities to process information. In Hakomi we call this *core material*, and the shaping of *character styles*. Other models describe 'deep cognitive structures', 'schemata', 'unfinished business', or sometimes 'the inner child'.

When the parent to whom the child goes for comfort and mirroring is also a source of fear this creates massive neural disorganization. Trauma and abuse in the young child has a serious impact on brain structure and function. Those parts of the brain undergoing critical growth at the time of the trauma will be particularly affected. This child is likely to have a smaller brain overall, fewer fibres in the corpus callosum connecting the left and right hemispheres, a smaller hippocampus, and poor development of prefrontal lobe areas. (Teicher, 2002)

Multiple Memory Systems

Neural networks fire in web-like patterns. These are called *neural nets*. The more frequently a particular net is activated, the more likely firing is in the future. This increased probability is how the network `remembers'. New synapses are formed in response to experience

Implicit memory.

This is generally unconscious, and there is not the sense of 'remembering'. Things feel as if they are happening now, in the present. Implicit memory requires no attention to be encoded. There are different kinds of implicit memory:

Procedural memory is the patterns of behaviour and habits we learn. It is mediated by the cerebellum and striatum. ***Emotional memory*** is related to the significance of events, and whether they feel good or bad. This is mediated by the right hemisphere, the amygdala and basal ganglia. There is ***sensorimotor memory***, consisting of body sensations, posture and body responses. ***Perceptual memory*** is implicit, as are our mental schema and ***core beliefs***.

Explicit memory.

This is autobiographical and narrative in nature and you have to pay attention for encoding. There is memory for the features of things, such as face recognition and factual data (***semantic memory***). ***Declarative memory***, or narrative memory is mediated by the hippocampus and prefrontal cortex. It is stored in the left hemisphere, and hippocampal processes are necessary for its encoding, and sometimes retrieval. Explicit memory material can activate conditioned emotional responses.(Briere, 2001)

John Briere, a traumatologist, describes *deep cognitive structures* that are narrative in nature, but held in a non-conscious way because when these are activated they trigger associated emotional responses that are distressing to the person.(Briere, 2001) These deep cognitive structures may be triggered by events that bear some similarity to the original memories. Implicit memories do not feel like `memories' as they have a here and now quality to them, and `blend' with current reality. Distressing emotional or traumatic memories are not consolidated, or resolved, and are therefore not integrated into a coherent narrative.

Memory 'stacks'

The emotional brain circuitry stores memory in a simple way, almost like 'stacks' of similar circuits. When a current event has a particular flavour then the whole 'stack', going back to early events is activated. The feelings and behaviours are generated, often very quickly and powerfully. Because emotional memory is always in the 'now', the old perceptions, feelings and behaviours become blended with the current situation.

State dependant learning

When learning is encoded during a time a person is in a particular state of consciousness, then that memory is more likely to be retrieved when the person is in a similar state in the future. (Rossi, 1986)

Development of memory

The infant can make procedural and emotional memories from birth. He can also start forming memories for features

of things. The right hemisphere is `on-line' at birth. However, the hippocampus, which is necessary for encoding the context of memory, is not developed until about 3 years of age, hence infantile amnesia. The left hemisphere, necessary for verbal encoding, and developing narratives, is not functioning until around the same time.

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

> Brain cells, at every level of the nervous system, represent entities or events occurring elsewhere in the organism. Brain cells are assigned by design to be about other things and other doings. They are born cartographers of the geography of an organism and of the events that take place within that geography. Evolution has crafted a brain that is in the business of directly representing the organism and indirectly representing whatever the organism interacts with."
>
> (Antonio Damasio – p8 *Scientific American* Vol 12, No 1, 2002)

Attachment

The relationship between the mother (or other caregivers) and child is crucial for the development of pathways from the limbic system to the prefrontal cortex. When the child expresses emotion it is important for the parent to respond in a congruent way. This is right brain-to-right brain connection. Secure attachment allows the child to regulate her own emotional states, develop autobiographical narratives, and respond appropriately in social situations. Recent research using brain imaging techniques with very introverted people (avoidantly attached) found that they had no brain response to a smile from another person, whereas more extraverted people showed activity in the amygdala on the left side. Alan Schore describes the pathways that allow the child to tolerate pleasure and excitement, then to deal with disappointment and shame(Schore, 1994). Unresolved trauma and grief in the parent have been shown to be a reliable predictor of disorganized attachment in the child (Siegel & Hartzell, 2003).

Mirror Neurons

'All mammals have evolved limbic circuitry to 'read' the internal states of others; in addition it seems that primates have developed a unique capacity to create an internal state that resembles that of others." (Siegel, 2003, p75). There are mirror neurons that assist us with empathy and understanding the emotional world of another person. Mirror neurons bridge sensory, motor and affect circuitry allowing us to be activated with movement and emotion due to the visual stimulus of watching others (or even a picture of a movie).

Somatic Markers

Damasio describes how we use body sensations to assist us in decision-making. In fact, he argues, that reasoning and efficient decision-making would be well nigh impossible without their help. These sensations are generated by the emotional brain, based on prior experiences, and they give us immediate messages about the significance of the options we are considering for the future. He calls these sensations 'somatic markers'. For example, when thinking of going to a particular social event, you might perceive an immediate sinking in the stomach. It just doesn't feel right to accept the invitation, so you decline. It saves hours of weighing the pros and cons. The negative somatic marker has acted like an alarm bell, giving you a warning. On another occasion you think of going out with a friend and you feel a warm expansive feeling in the chest. You know you want to go, and after some thinking about practicalities, you decide to go. You have experienced a positive somatic marker which acts like an incentive. Frequently these somatic markers influence us even when we are unconscious of their operation. (Damasio, 1994)

Psychotherapy

The brain and nerve circuitry are much more plastic than previously supposed. Rewiring is possible in adult life. Maybe not easy, but it is possible. Mindfulness is a basic principle and technique of Hakomi psychotherapy, and increasingly other counseling and psychotherapy modalities. In excessive arousal the higher processing is shut down, and the tendency is to be overwhelmed by input from the emotional and sensory systems. The left brain and verbal centers are under-active and distressing memories are likely to be brought forth by the more active right hemisphere.

The hippocampus is under-functioning so a sense of sequence, context and ability to make a story is dampened.

Mindfulness calms the system, allows the person to *focus attention*. The hypnotic quality, present in mindfulness induction, has been shown to heighten mental imagery, disconnect attention from external senses and increase the blood flow to the anterior cingulate cortex. This is the brain area that allows attention to be focused on internal events. Candace Pert, in her discussion on neuropeptides, talks of the system being able to digest information when there is focused attention on the body. This allows information to flow upwards, be filtered, and be processed. When the client *reports experience* to the therapist the verbal areas are kept active, which will help balance the two hemispheres. Memory fragments are gathered by the hippocampus, and the frontal lobes and these fragments can be brought together in a meaningful way. Movement between the left and right hemispheres is crucial for memory consolidation. This could involve a process of feeling something, speaking about it, expressing emotion, linking this to a remembered event, feeling the body, or making some sense of the feeling. Freezing in the body can then melt, and energy can then be released in movement, heat and trembling. *Going slowly*, mindfully gives time for these processes to sequence through and complete.

Social Engagement System

A calm state is necessary for mindfulness which can greatly facilitate the therapeutic alliance. This involves the myelinated branch of the vagus nerve. Steven Porges (1995) describes the social engagement system and its link to the vagus nerve. Calm behavioural states are mediated by this part of the vagus nerve, which with several cranial nerves controls:

- Eyelid opening (looking at the other, eye contact)
- Facial muscles (expression)
- Middle ear muscles (extracting human voice from background noise)
- Muscles of mastication (ingestion)
- Throat muscles (vocalization)
- Neck muscles (social gesture and orientation)

PORGES (1995) POLYVAGAL THEORY

SAFETY, WILL. SELF-REGULATION

CALM BEHAVIOURAL STATE

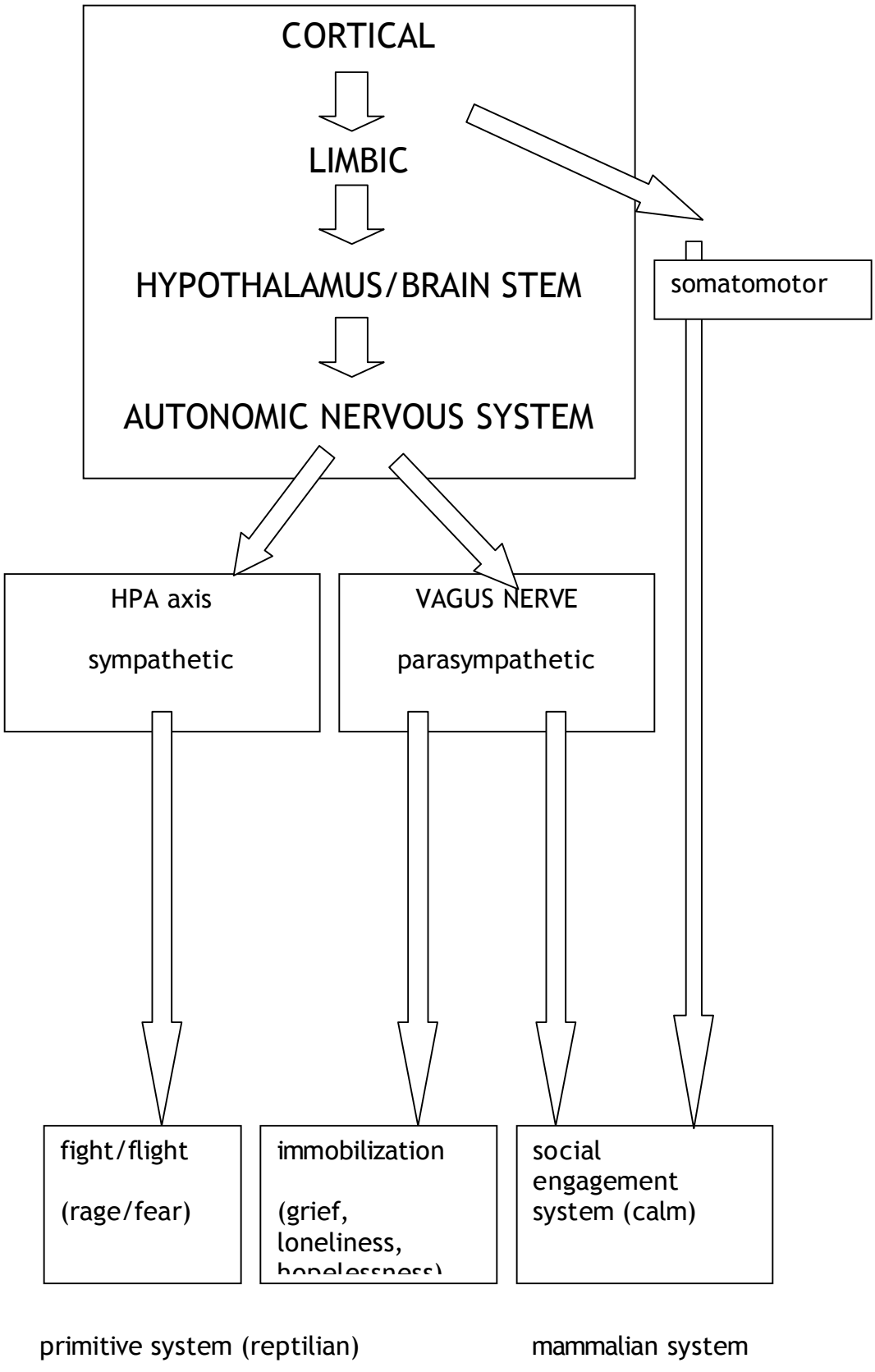
SOCIAL ENGAGEMENT SYSTEM

- eyelid opening, looking
- facial muscles, expression
- middle ear muscles, hearing human voice
- chewing and swallowing
- head turning muscles, social gesture, orientation
- larynx, pharynx muscles, vocalization

AROUSED STATE

- can't see, hear others properly
- fixed facial expression
- can't eat, can't speak
- neck stiff

SOCIAL ENGAGEMENT SYSTEM



Physiological states are mediated by the autonomic nervous system, and the primitive (reptilian) circuits regulate fight, flight and immobilization. Mammals belong to social groups, and survival also depends on social engagement. The newer circuits (mammalian) have developed to mediate this.

In mammals the vagus nerve has two branches;

- Primitive unmyelinated mediates shutdown
- Newer myelinated mediates social engagement

Calm behavioural states are fostered by social engagement system, and social engagement is fostered by calm behaveioural states. Calm behavioural states are necessary for mindfulness. and calm behavioural states in a therapist can induce a similar state in the client through limbic resonance processes.

The range of social behaviour is limited by a person's physiological states (rage, grief, depression), and he can find it hard to relate, and even see and hear accurately when the social engagement system is not operating.

If a calm behavioural state can be restored then social engagement emerges organically. As the client becomes more at ease, and has been nourished, you can see the activation of social engagement system, with facial aliveness noticeably more apparent.

When left and right brains operate in a disconnected way, the left brain makes up causal explanations without the emotional and sensory data, and the right brain gets lost in feeling and confusion. Together they can come to an insight and understanding that feels deeply true and satisfying. Given time, the orbitofrontal cortex will light up if a memory or explanation is not accurate. The system has to be quiet enough for the person to notice the signal.

Contact and loving presence is an essential foundation to therapeutic change. For an excellent source on the importance of relationship and limbic resonance read *A General Theory of Love* (Lewis, 2001). Hakomi therapists become very skilled in *tracking*. This is essential for the contingent communication that activates resonating brain states and corticolimbic connections. Therapists need to be adept at tracking their own body processes as these are vital in connecting deeply with another. They also need to be willing to compassionately repair empathy lapses as these repairs pave the way to self-regulation in the client. Attuning to and managing shame states allows for new growth in limbocortical pathways. This is important for trainers to facilitate in students, as well as for therapists with their clients. Students can also be helped to develop attunement through mindfulness practice in their training. Research has shown that meditation over four weeks greatly improved counseling students' capacity to feel empathy. (Austen, 2001)

In a way the therapeutic process needs to mirror the developmental so the client can form new imprints and pathways. James Austen, in *Zen and the Brain*, (p654), describes how selected neural circuits could be destroyed, and others potentiated. He describes how cells in the hippocampus release glutamate and cause cell death. He describes it as `etching' and postulates that if the selected neurons were key links in a chain of dysfunctional, over-emotionalized behaviour, then an enduring change could result. He describes how a meditative approach could facilitate this. A `meditative' approach, or mindfulness, such as is used in Hakomi psychotherapy, and the attuned presence of the therapist is likely to greatly increase the possibility of change.

> "The Zen meditative way presents several potential advantages. It proceeds very slowly, voluntarily. It acts spontaneously from the inside, discretely. Overall, the meditative mental landscape is much calmer, clearer. Nerve cells will have been liberated from much of their usual irrelevant synaptic clutter. In this setting, signal can stand out high, soaring briefly above the background noise. And a sharp sudden surge through the pathways of self-preservation can penetrate more deeply and into recesses not usually open." (p658)

To be effective in facilitating deep change and transformation it is important to work with 'here and now' processes. Seen through the lens of neuroscience this could be understood in the following way. A client, Sam looked at me with wide, child-like eyes. She is experiencing unconscious, implicit memory. If I am attuned to her I feel the longing of the child she once was to be believed and recognized. This implicit memory was activated by Sam talking about her childhood, but it could have been triggered in a number of ways, or by *hanging out mindfully*, and sensing a gesture or body sensation. (Associations linked to a procedural or emotional memory).

One needs to go slowly to allow the associational neural nets to be activated. The unconscious is brought into consciousness by applying focused attention, and through

contact, and resonating, contingent, right brain responses. The `child-like state' is a pattern of unresolved, unintegrated memory associations. Pacing, attending to safety, and *loving presence* keeps the arousal levels down so the frontal lobes and hippocampus can mediate a context and new meaning. Links are made as the `adult' part of Sam gives new information to the `child' part. Impulses are moving across from hemisphere to hemisphere, from amygdala to hippocampus, and on to the orbitofrontal cortex. The dorsolateral context helps change the mental set. The medial cortex starts making connections.

We are constantly storing, activating and re-storing our memories. Lynn Nadel, a researcher on the function of the hippocampus, describes a new finding. When memory trace is activated it is vulnerable for a short time, and can be changed before it is re-coded (Nadel, 1994). This would affirm the importance of working in the *here and now*. The hippocampus can make a new memory, this time putting it in context and time sequence. Sleep and dreams will help turn the new memory into a permanent one.

Generally we as counselors and psychotherapists want to help our clients move towards greater mental well being. Mental well being, as defined by Daniel Siegel, shows the following dimensions:

- *Life energy and vitality*
- *Stability and flexibility*
- *Coherence and adaptability*
- *A balance of autonomy and connectedness*

When a person is able to achieve these capacities they will have less distress and pain, better relationships, and more satisfaction with life. It also means that they can be more effective parents, thus passing on their own well being to their children, and breaking the intergenerational cascade of insecure attachment. To understand mental 'health' it is helpful to have an idea of the nature of mind, and the relationship of the mind to the brain.

The more we are 'integrated', or in this dynamic balance, the better we feel and the better we function internally, as individuals and as groups. How do we achieve this neurological, mental and social integration? To understand this we turn to complexity theory.

To achieve integration, or harmony, or well being, we balance the two dimensions of complexity – chaos and rigidity. Rigidity is security and order and predictability which is an important base, but can lead to monotony and lack of energy when the structure is too tight and not differentiated enough. Chaos includes stimulation and spontaneity and change, which can be exciting, but too much makes us anxious and overwhelmed and fragmented. In some ways rigidity is more left brain and chaos more right brain. Integration moves between these extremes, incorporating more and more of each in the dynamic drive for maximum complexity. To allow this all the specialized brain areas need to be 'on line', and information flowing between them so they work together as a whole.

As psychotherapists we want to assist our clients with more than problem solving, we want them to achieve mental well-being and integration. We do this in the following ways illustrated by the Hakomi principles:

- *Organicity*: having an attunement to the client's rhythms and keeping a trust in the natural drive toward maximum complexity. In this way we facilitate increasing well being and allow an 'earned' secure attachment to 'wire in' to the nervous system.

- *Mindfulness:* allows us as therapists to reflect on our own processes and the development of the witness in the client, allows for accessing of early imprints, and for the tracking subtle signals (indicators) of these, and is necessary for supported self-study and the bringing of core material into awareness where it can be integrated into the sense of self.

- *Mind-body holism:* we recognise the important role of touch and sensation, how the body and brain circuitry, and mind are intimately related, and how 'unfinished business' can be accessed and processed through mindful attention to body states.

- *Unity:* we affirm the connectedness of therapist and client, the importance of social engagement in development and relationship, change and well being, and how systems exist within systems. Contingent communication is vital for establishing the safe context in which change can happen. We recognise how our mental states directly impact on our clients, assisting them to develop self-regulation, and influencing their brain structure and function and sense of self. The brains of our clients are mapping the attuned, contingent responses we give them, and this is incorporated into their sense of a coherent self. The experience of being deeply understood, being held in the mind and heart of the other is very important.

- *Non-violence* : we honour the need for safety, matching our client's pacing, intensity and rhythm, and silently making space for the client to make sense of own experiences. Gently we engage in a process of conscious co-construction of a meaningful narrative,

while directly influencing implicit learning that aids maximum complexity in the brain, body and mind of our clients. Defences are no longer needed in the same way, natural flow and harmony can occur, and essence can be more fully embodied.

To be able to assist our clients integrate, and free their own natural drive toward maximum complexity, we ourselves need to have developed the capacity to self-reflect, to attune to another and to hold the other person in our hearts and minds in a loving, gentle way. We need to have, or have 'earned' our own secure attachment. Daniel Siegel defines the abilities of a well functioning, integrated mind, which is dependent on well functioning, integrated orbital prefrontal cortices:

- emotional balance
- autonomic nervous system balance
- response flexibility
- attunement
- empathy
- self-knowing awareness
- fear extinction
- intuition
- morality

These are the same abilities characteristic of a secure attachment style, the same abilities developed through mindfulness practice, and are the aims of good psychotherapy.

Conclusion.

The brain mirrors our complex human systems. For example in the avoidantly attached child there seems to be a disconnection in the integrative functioning of the two hemispheres that parallels the emotional disconnection within the mother-child relationship (Daniel J. Siegel, 1999), p190). As the father or mother reaches out to the baby, and the baby fixes his gaze upon the parent, nerve endings and dendrites reach out to each other in the microscopic landscape of the brain forming neural bonds that match the human bonds.

There is so much more richness to be explored in linking brain research to psychotherapy processes and understanding our clients' mental and emotional experiences. There is the exploration of chemicals and neuropeptides and how they influence emotion and behaviour. There are exciting ideas postulated in *The Hearts Code* on the information communicated by the heart and the flow of information from the brain to the heart and the heart to the brain (Pearsall, 1996). Maybe the next decade will be the `Decade of the Heart'.

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The Use of Mindfulness in Psychotherapy

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Editor's note: Hakomi has been a pioneer in the use of mindfulness in psychotherapy dating back to early '70s when Ron Kurtz first began experimenting with it. When the Hakomi Institute first started offering trainings in the early '80s teaching mindfulness and therapy seemed a bit out of the mainstream. In this article, which surveys the use of mindfulness in the contemporary world of psychotherapy, it becomes obvious how significant and growing a force it is. However, the main uses of mindfulness still tend to be adjuncts to therapy as opposed to the main tool of a psychotherapeutic session as it is used in Hakomi. This article was first published in modified form as "A Survey of the Use of Mindfulness in Psychotherapy" in *The Annals of the American Psychotherapy Association* Vol. 9 No. 2. (Summer 2006):15-24 (www.americanpsychotherapy.com.)

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KEY WORDS: mindfulness, psychotherapy, clinical applications, Buddhism-therapy dialogue

ABSTRACT: This article explores the possible uses of mindfulness in therapeutic processes that have engaged psychotherapists since at least the post-WWII period when interest in Buddhism arose, (Fromm, Suzuki, and DeMartino, 1960). It examines the spectrum of usage from considering mindfulness as another way of conceptualizing the phenomenon of the observing ego, to suggesting mindfulness training as an adjunct to therapy for the client and/or therapist, to including it as an essential aspect of a therapeutic protocol, to using it as the main therapeutic tool throughout a therapy session. It is noted that the use of mindfulness is growing in clinical settings, and an increasingly substantial bibliography on mindfulness and therapy is developing. Classic Buddhist perspectives on mindfulness begin the article, which then examines how it has increasingly found its way into contemporary psychotherapeutic practice in a number of areas. Examples of possible clinical applications are interwoven with theoretical perspectives.

Classic Buddhist Perspectives

One reason that mindfulness has captured the attention of psychotherapists is that Buddhist teachers have talked about it in terms quite compatible with contemporary constructivist thought (Mahoney; 2003; Safran, 2003b, pp. 21-22), and maintained that one is not required to become Buddhist in order to employ mindfulness. As this article demonstrates, mindfulness is not always used from a purely Buddhist perspective in Western psychotherapy.

Nyanaponika Thera (1972) comments on the human condition by saying, "The detrimental effect of habitual, spontaneous reactions is manifest in what is called, in a derogative sense, the '*force of habit'*: its deadening, stult-ifying and narrowing influence, productive of consciously identifying, with one's so-called character or personality" (p. 46).

Nyanaponika 's prescription for addressing this predicament is to suggest,

> we must step out of the ruts for awhile, regain a *direct vision of things* and make a fresh appraisal of them in the light of that vision. . . . [The] insight from [mindfulness] is helpful in discovering false conceptions due to misdirected associative thinking or misapplied analogies (p. 52.).

He adds that, "Mindfulness enters deeply into its object . . . [and] therefore 'non-superficiality' will be an appropriate . . . term, and a befitting characterization of mindfulness" (p.43). This concept is attractive to therapists who have found that clients continually rehashing their stories in ordinary consciousness can indeed begin to feel superficial. Thich Nhat Hanh (1976) concurs that, "Meditation [another word for mindfulness] is not evasion; it is a serene en-counter with reality" (p. 60). "The term 'mindfulness'

refers to keeping one's consciousness alive to the present reality" (p. 11).

For clinical purposes, mindfulness can be considered a distinct state of consciousness distinguished from the ordinary consciousness of everyday living (Johanson & Kurtz, 1991). In general, a mindful state of consciousness is characterized by awareness turned inward toward present felt experience. It is passive, though alert, open, curious, and exploratory. It seeks to simply be aware of what is, as opposed to attempting to do or confirm anything.

Thus, it is an expression of non-doing, or non-efforting where one self-consciously suspends agendas, judgments, and normal-common understandings. In so doing, one can easily lose track of space and time, like a child at play who becomes totally engaged in the activity before her. In addition to the passive capacity to simply witness experience as it unfolds, a mindful state of consciousness may also manifest essential qualities such as compassion and acceptance, highlighted by Almaas (1986, 1988), R. Schwartz (1995), Germer (2006) and others; qualities that can be positively brought to bear on what comes into awareness.

These characteristics contrast with ordinary consciousness, appropriate for much life in the everyday world, where attention is actively directed outward, in regular space and time, normally in the service of some agenda or task, most often ruled by habitual response patterns, and where one by and large has an investment in one's theories and actions.

Though mindfulness is distinguished from ordinary consciousness, it is not a hypnotic trance state in the classic sense of distracting conscious awareness. Awareness is fully present and demonstrably heightened; so that those such as Wolinsky (1991) argue mindfulness is actually the way out of the everyday trances we live at the mercy of unconscious, habitual, automatic patterns of conditioning.

Also noteworthy, is that the functional capacities of ones consciousness to bring the passive and active qualities of mindfulness to bear on one's life argues for an inherent or hardwired faculty that must be considered alongside introjected or historically conditioned influences in a comprehensive theory of selfhood. While therapists take seriously the multiple dispositions (Breunlin, D. C., Schwartz, R. C. & Mac Kune-Karrer, B., 1992; Popper, K. R. & Eckles, J. C. (1981)) and interpersonal relationships (Siegel, D. J. 1999 Lewis, T., Amini, F. & Lannon, R. 2000) that have affected their clients, they can also know that the powers of reflective awareness that come into prominence around seven are available to be engaged as well.

As a state of consciousness mindfulness can be encouraged in relation to anything present, such as one's breathing, walking or movements, a spouse's way of talking, the woods being strolled through, the dishes being washed, or the thoughts in one's mind. Psychotherapists are especially interested in encouraging clients to be mindful of sensations, emotions, thoughts, feelings, and memories that might be connected to deeper core narratives, transference, schemas, filters, scripts, introjects, beliefs, or other ways of under-standing the organization of one's experience.

The receptive concentration of bare attention on concrete, live, present reality yields experiential knowledge valued by therapists and clients alike.

> . . . direct or *experiential knowledge* bestowed by meditation [is] distinguished from *inferential knowledge* obtained by study and reflection. . . . Conceptual generalizations interrupt the meditation practice of bare attention, tend to 'shove aside' or dispose of, the respective particular fact, by saying, as it were: 'It is nothing else but . . .' and finds it soon boring after having it classified. Bare attention . . . keeps to the particular. (Nyanaponika , 1972, p. 55)

The School of Experience

It is interesting that a number of therapists have discovered or employed essential aspects of mindfulness in their work of attending to particulars, without specific knowledge or reference to it. They sometimes encourage mindfulness without ever using the term. Gendlin (1996), while editor of the *Journal of Psychotherapy Research*, realized that he could predict the efficacy of a course of psychotherapy by evaluating whether a client gave an experiential response in relation to a therapeutic intervention. This was the realization that led him to develop the method of *Focusing* (Gendlin, 1978), with its emphasis on the felt sense of something, designed to teach clients how to be productive clients.

Likewise when Gestalt therapists (Rosenblatt, 1975) ask someone to concentrate on the present moment, when Pesso (1969, 1973) invites someone in his psychomotor movement groups to "notice what happens when we do this . . . (experiment of some sort)," when R. Schwartz (1995) invites a client to turn inward to attend to some part of himself from the position of the Self (an Internal Family System way of conceptualizing the compassionate Witness of mindfulness), the client is being asked to turn his or her awareness inward toward felt present experience in a curious, non-judgmental way. Freud's use of free association can also be understood as an attempt to transcend the limitations of ordinary consciousness that is unconsciously structured (Kris, 1982).

While a "direct vision of things" (Nyanaponika, 1972, p. 52) is debatable because of the constitutive nature of language (Johanson, 1996), mindfulness has the power to attend to the particular and accomplish a number of psychologically helpful functions (considered below) as outlined by both Nyanaponika and Hanh.

Overall, Germer (2005a) suggests, "The word mindfulness can be used to describe a theoretical construct (mindfulness), a practice of cultivating mindfulness (such as meditation), or a psychological process (being mindful)" (p. 6). His basic definition of mindfulness is moment-by-moment awareness. In her review of the empirical literature on mindfulness Baer (2003) offers a similar perspective, that mindfulness can be defined as "the nonjudgmental observation of the ongoing stream of internal and external stimuli as they arise" (p. 125).

The Humanistic School

Within the humanistic branch of psychology it was Ron Kurtz (1990) in the early 1970's who first integrated the insights of such teachers as Nyanaponika and Hanh into actual psychotherapy sessions. He eventually founded Hakomi Therapy, which incorporates mindfulness as one of its fundamental principles.

For instance, Nyanaponika (1972) comments on the restraining power of mindfulness that would encourage one to not assume too much knowledge too soon. "On receiving a first signal from his perceptions, man rushes into hasty or habitual reactions which so often commit him to the . . . misapprehensions of reality" *(*p. 33).

> In practicing bare attention, we keep still at the mental and spatial place of observation, amidst the loud demands of the inner and outer world. There is strength of tranquility, the capacity of deferring action and applying the brake, of stopping rash interference, of suspending judgment while pausing for observation of facts and wise reflection on them. There is also a wholesome slowing down in the impetuosity of thought, speech and action. (This is) the restraining power of mindfulness *(*p.25).

Kurtz incorporates these insights by encouraging clients to not simply talk about their presenting issues to the therapist in ordinary consciousness, but to become mindful, slow down, and take the issue under observation in an intrapsychic manner. He turns awareness inward, toward felt present experience in a curious and accepting way by inviting clients to befriend their sadness, anxiety, or attitudes ("I'm never understood." "I always . . .") through noticing whatever sensations, feelings, thoughts or memories gathered around the issue.

Once a client's attention is turned inward in a mindful way, Kurtz devises interventions to maintain this state of awareness. As Hanh (1976) notes,

> Bare attention identifies and pursues the single threads of that closely interwoven tissue of our habits. . . . Bare attention lays open the minute crevices in the seemingly impenetrable structure of unquestioned mental processes. . . . If the inner connections between the single parts of a seemingly compact whole become intelligible, then it ceases to be inaccessible. . . . If the facts and details of the conditioned nature become known, there is a chance of effecting fundamental changes in it (pp. 10-11).

Likewise, by beginning with some aspect of what a person has created, some "single thread of that closely interwoven tissue of our habits," what S. Langer (1962) calls the symbolic transformation of the given, staying mindfully with that thread and allowing it to lead deeper into the person's structure eventually leads to the level of the creator, the core organizing beliefs that gave rise to the thread.

For example, if a client presents with a problematic issue of being passive-aggressive with his boss, Kurtz routinely invites mindfulness of the overall felt sense of the issue. This might lead to the client witnessing some sensations in the chest and head area. Encouraging continuing mindfulness of the sensations, as opposed to talking about them interpersonally with the therapist, yields a sense of sadness, which with more awareness morphs into grief. As the grief arises, a memory is evoked of the client wanting to play baseball with his father, but the father insisting they play tennis instead. Tears spontaneously well up and take over consciousness. When they calm for a moment, Kurtz invites curiosity about their quality. "So, it is something about unfairness and hurt resignation, huh?" he inquires. The person appears on the edge of a child state of consciousness. After Kurtz stabilizes the memory arising, he asks the client to sense what the child learned in that memory. The answer is a core belief that the client could be close to his father, but only at the cost of giving up his freedom to be himself with his own opinions and desires. It is a painful heart experience of feeling loved conditionally, of being accepted with strings attached. The suppressed freedom manifests in passive-aggressive behavior with authority figures.

This clinical example is also an example of what Nyanaponika (1972) terms mindfulness of the mind.

> [Use] your own state of mind as meditation's subject. Such meditation reveals and heals. . . . The sadness (or whatever has caused the pain) can be used as a means of liberation from torment and suffering, like using a thorn to remove a thorn. (p. 61)

The liberation in the above example comes through introducing the opposite belief to the person as a mindful experiment in awareness. Kurtz instructs, "Just be in an open and curious place, and notice what happens, notice what spontaneously arises when you hear these words . . . (pause to slow things down in a mindful way) . . . 'You are loveable just being yourself.'" Predictably, automatic barriers are evoked in the client; anxiety, a strong sadness, and a voice of rebuttal that says, "Oh no. I can't. If I argue for what I want to do, I'll end up alone!"

Mindfulness, as opposed to any judgment, interpretation, or argument is then applied to the barrier that arose. As the negative voice is attended to and befriended with the compassion and respectful wisdom that knows there is good reason for it, it gradually calms down. It yields to a wider knowledge that though some people do love with strings attached, that there are others who can be more broadly welcoming and accepting. Transformation occurs as the client organizes in a possibility that was previously organized out, thereby changing the dynamics of his transference, the way he organizes his experience in life.

Mindfulness in Hakomi is used as the royal road to the unconscious, or implicit, pre-reflective consciousness (Stolorow, R. D., Brandchaft, B., & Atwood, G. E., 1987) where core organizing beliefs control experience and expression before they come into consciousness. Kurtz generally listens for signs or indicators of a client's unconscious core narrative, the storyteller as opposed to the endless variations on one's story, and often uses these indicators as access routes for characterological change apart from the details of the presenting issue.

Mindfulness can thus be in the service of reorganizing deep structures, as well as provide distance and perspective on the inner ecology of our egos. It can be used as the main therapeutic tool within a session, as well as a life-long practice and skill during and beyond psychotherapy. This approach represents a bridge between Western psychology that normally concerns itself with the healing of the fragmented ego or self, and Eastern psychology that normally assists people in achieving the unity consciousness of the no-self. In this example the Witness of mindfulness is directed toward the client's enmeshment in his conflict between closeness and freedom, thereby making in Kegan's (1982) sense of the evolving self what was once subject, now object. While the client continues processing to find ego-level healing in the Western sense, he also becomes more de-centered or unattached to his issues, and attains more practice in using mindfulness to distance himself from the immediacy how he organizes his experience.

Wilber (2000) likewise extols the value of mindfulness or the use of the Witness in promoting both personal and transpersonal change. Many in Buddhist and transpersonal psychology employ a witnessing or mindful state of consciousness to relativize normal mental-emotional life, and move toward the possibility of the no-self, or unity consciousness, in addition to using it in the service of the Western tradition of healing the fractured self (Engler, 2003).

Schanzer's (1990) experimental design has demonstrated that meditation based relaxation does indeed potentiate psychotherapy by enhancing those factors valued by therapists such as awareness of feelings. Those schooled in the use of mindfulness in therapy such as Khong are increasingly being invited to present internationally and publish (2003, 2004) works in response to requests by therapists to know more about how mindful practices can actually be used in clinical settings.

The Psychodynamic Tradition

While Freud certainly voiced doubts surrounding the childish aspects of those who sought meditative experiences, Jung and others affirmed the validity of "higher" states of consciousness. Buddhist and psychodynamic communities certainly have common interests in exploring the subtle and underground workings of the mind; likewise, the liberation that can come from unvarnished introspective awareness of what is. Epstein (1996) and Safran (2003a, 2003b) have written about the interface of psychoanalytic and Buddhist perspectives, as have a number of others.

Germer (2005a) points out that it is understandable that psychodynamic psychotherapists have explored mindfulness "because psychoanalysis has historically shared features with mindfulness practice: They are both introspective ventures, they assume that awareness and acceptance precede change, and they both recognize the importance of unconscious processes" (p.21), that Stolorow et al. (1987) and Kurtz (1990), discuss in terms of the organization of experience.

In Safran's book *Psychoanalysis and Buddhism: An Unfolding Dialogue* Altman (2003) argues that "the evenly hovering attitude advocated by Freud looks a good deal like the meditative state described by Buddhists" (p. 121). He adds, "The effort to come closer to 'pure experience' . . . is, I maintain, common to Buddhism and psychoanalysis" (p. 138).

Weber (2003) concurs that Freud (1912, pp. 111-12) admonished psychoanalysts to "listen with 'evenly suspended attention;' during which the critical faculty is suspended, allowing for 'impartial attention to everything there is to observe'" (p. 172). These goals of Freud for analysts, as well as free association for patients, could well have "something in common with those of mindfulness meditation (also called Vipassana, or insight meditation): a cultivation of a moment-to-moment awareness of changing perceptions in a neutral, impartial way" (p. 173).

In the following quote Bobrow (2003) explores aspects of mindfulness as a state of consciousness in the context for searching for

> an elusive but fundamental dimension of human life—truth—and the activity of discovering it for oneself. . . . It is truth that nourishes and sets us free . . . the truth of the moment, which by nature carries a sense of moment, of psychic gravitas. . . . Truth involves authentic experience. . . . It comes unbidden, without fanfare and whistles . . . a moment-by-moment unpredictable emerging that is created as we discover

> it, and which, by nature, authenticates itself and carries a sense of conviction. . . . This capacity grows during the course of a genuine psychoanalytic process and authentic Zen practice. Intrinsic to it is an inner, unconscious 'turning towards' or surrendering, which is simultaneously an act of giving. This implies a turning away, disidentifying or detaching from narrow, protective, unconscious conceptual and perceptual self-structures. (p. 200-01)

Bobrow adds that Buddhist

> mindfulness in daily living help us enter intimately into the moments of living, no matter what their content, and maintain mindful, non-judgmental awareness in their midst, even under great strain and anxiety. We develop the capacity to observe very closely our feelings, thoughts, breath, and bodily sensations, as they are, and as they interact, one with the other, to create all manner of pleasurable, unpleasurable, and 'neutral' states of mind and being. We cultivate wholehearted or bare attention to the present moment, just as it is. (p. 207)

Surrey (2005), along with her colleagues at the Stone Center at Wellesley College, have built on their fundamental notion of a self-in-connection through developing a psycho-dynamic approach called Relational-Cultural Theory (RCT) that also draws from the intersubjective and relational schools of therapy. Surrey writes, "mindfulness practice supports the capacity of the therapist to attend to connection, and in the process, repair breaches" (p. 93). RCT "can be understood as a potent form of 'co-meditation,' harnessed as a method to further mindfulness" (p. 94).

"Mindfulness practice," continues Surrey, "is learning to become *more* present, and relational psychotherapy may be understood as a process whereby both the therapist and patient are working with the intention to deepen awareness of the present relational experience, with acceptance" (p. 91-2). "In mindfulness, the object of our investigation is our connection to whatever arises in awareness" (p. 94), and "the fruits of meditation may include a growing experience of deep interconnection with others, and with the larger world" (p. 91).

In Stern's work (2004) he critiques "psychoanalysis [as] so focused on the verbally reconstructed aspect of experience that the phenomenon gets lost" (p. 140). In most psychoanalytic work "the exploration of the experienced-as-lived gets interrupted by associative work that leads away from the original present moment" (p. 138). Generally, "in most psychodynamic treatments there is a rush toward meaning, leaving the present moment behind. We forget that there is a difference between meaning, in the sense of understanding enough to explain it, and experiencing something more and more deeply" (p. 140).

Stern's constructive alternative is to emphasize the present moment "as the lived material from which verbalizations, interpretations, representations, generalizations, and metapsychology are all derived abstractions" (p. 135). He suggests, "that there is great clinical value in a more lingering interest in the present moment. . . . The result is a greater appreciation of experience, and a less hurried rush to interpretation" (p. 139). "With an emphasis on implicit experience rather than explicit content, therapeutic aims shift more to the deepening and enriching of experience and less to the understanding of its meaning" (p. 222).

Clearly, Stern's exploration of the present moment could be in dialogue with the essence of mindfulness, though he does not do this explicitly. As with the example of the Humanistic School discussed above, psychoanalytic practitioners who follow Stern (2004) and Peterfreund (1983) in orienting more toward heuristically effective ways of working, as opposed to ways that are stereotypically theory driven, find themselves approximating classic elements of mindfulness in their work.

This is especially so for those who are now relating more to the body as an aspect of one's being that is organized (revealing transference issues) along with relational and dream material. Aron (1998), for instance, in relational perspectives on the body writes that "I believe that research into and clinical study of self-reflexivity [reflecting similarities to mindfulness] (and especially the relationship among self-reflexivity, intersubjectivity, embodiment, and trauma) is among the most promising areas of psychological research and psychoanalytic investigation taking place today" (p.4).

Psychodynamic therapists have become interested in how a mindfulness practice of their own can affect the quality of their lives, and the relationships they have with their patients. Bobrow (2003) notes the work of Milner (1987) in her essay "The Concentration of the Body" who "attending in a meditative way to her bodily sensations while doing analysis . . . help[ed] patients develop the capacity to fathom their own realities and eventually make use of symbols and words to represent and communicate them" (p. 211).

Thus, helping patients to be mindful enables them to discover and own their own truths, as opposed to considering and then wholly or partially digesting or jousting interpretations from the therapist. This result is quite in line with D. W. Winnicott's suggestion in *Playing and Reality* (1982) that it doesn't matter how much therapists know, as long as they can keep it to themselves, allowing patients the time and space to make their own discoveries.

The Cognitive-Behavioral Tradition

Surprising for some has been the recent incorporation of mindfulness into the cognitive-behavioral world. Hayes, Follette, and Linehan write in the "Preface" to their 2004

book, *Mindfulness and Acceptance: Expanding the Cognitive-Behavioral Tradition*:

> 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. (p. xiii)

While this quote embraces topics normally honored in the humanistic world, it is not totally unexpected given the cognitive-behavioral historic commitment to "science, theory, and good practice" (p. xiii) also mentioned by Hayes et al. This triad of values was given impetus by Herbert Benson's research related to the relaxation response, and numerous studies on the physiological effects of various forms of meditation (Lazar, et.al., 2005). Likewise, the careful research related to Jon Kabat-Zinn's mindfulness-based stress reduction program (MBSR) at the University of Massachusetts Medical School showed promising results for working with chronic pain and many other difficult conditions. In terms of challenging psychological conditions, Marsha Linehan's research was also showing surprising results working with borderline personalities through the inclusion of mindfulness training in her dialectical behavior therapy (DBT) (Martens, 2005).

Another step was taken when Segal, Williams, and Teasdale began to research an appropriate protocol for preventing relapse of depression. They knew cognitive therapy was effective with treating depression and preventing relapse. However, as they delved into the research it turned out that the reason was not the common assumption that the content of depressive ideation were being changed, but that the patient's relationship to negative thoughts and feelings was altered (Segal, Williams, and Teasdale, 2002, pp. 38ff.). It was the distancing or de-centering aspect of cognitive work that proved helpful through allowing one to shift perspective and view negativities as passing events rather than abiding realities. They recognized that this was the essence of mindfulness, studied Kabat-Zinn's MBSR, and developed their own mindfulness-based cognitive therapy (MBCT) applied to depression relapse that has also enjoyed good empirical support.

Germer (2005b) notes that the main components embraced by Acceptance and Commitment Therapy (ACT) reflect the influence of mindfulness practice. ACT principles include:

> creative helplessness (the futility of current efforts to feel better), (2) cognitive diffusion (our thoughts are just thoughts, not what we interpret them to be), (3) acceptance (allow experience to be what it is while effectively engaged), (4) self as context (identify with the observer of thoughts), and (5) valuing (rededicate one's life to what gives life meaning) (Gifford, Hayes, & Strosahl, 2004). (p. 125)

Germer (2005b) also outlines that most forms of therapy integrate mindfulness into therapy by teaching easily appropriated exercises. While mindfulness practice might be encouraged as an adjunct or major component of therapy, only 39% of those who do the MBSR program are regularly or sporadically practicing a formal sitting meditation after three years. However, "83% still used breath awareness, at least sometimes, in their daily lives (Miller, Fletcher, & Kabat-Zinn, 1995)" (p. 113). While formal mindfulness practices are not so easily programmed into busy lives, Germer observes that:

> Any person can disengage from automatic thinking by watching a breath for a full inhalation and exhalation, or can become more aware of inner experience by stopping activity for a few minutes and asking, "What am I feeling? What is occurring at this moment?" (p. 113)

Likewise, any therapist can design a mindfulness exercise. "Simply prescribe momentary breaks from activities, anchor attention in the breath or some other object of awareness, and notice the sensations, thoughts and feelings that arise" (p. 119). A large number of such exercises have been generated in the cognitive-behavioral community (see p. 120) that allow therapists to choose or adapt them to the particular circumstance of the patient.

Mindfulness, Trauma and the Brain

Until recent times, says Stern (2004), normal psychology in the academy, "has had no pressing need to pay attention to the nature and structure of subjective experiences such as the present moment. Psychology's new alliance with the neurosciences has changed that and a more fruitful dialogue is now taking place" (p. 137). The dialogue now reveals that there are not only objective brain correlates and limits to the mind known through subjective encounter, but that concepts of interpersonal neurobiology and neuroplasticity are disclosing how the mind shapes the brain (Gallese, 2001; Lewis et al., 2000; Lipton, 2005; Siegel, 1999).

In particular, recent technology is beginning to show the ways in which mindfulness helpfully affects the brain through such things as left prefrontal activation that enables people to not be fused or blended with emotional activation or obsessive-compulsive behaviors (Germer, 2005a, p. 22-23). Rather, impulses may be witnessed as they arise, and choice introduced in terms of a variety of responses (Austin, 1998; Libet, 1999; Schwartz & Begley, 2002; Schwartz, J. 1996). This ability supports the contention of Popper and Eccles (1981) that the best word for describing the unconscious is "disposition." We are disposed in many ways through biochemistry, object-relations, conditioning, cultural and societal influences, but not absolutely determined. As the work of Kurtz (1990) demonstrates, these various dispositions can be mindfully studied and possibly modified as they arise or are evoked.

Nowhere is this more important than in work with trauma. Some studies report that nearly half of all Americans have experienced trauma, though perhaps not in the technical sense of a perceived threat to life (Kessler, Sonnega, Bromer, Hughes, and Nelson, 1995). For those who have experienced a real or perceived threat to their lives, the primitive reptilian and limbic brains have been activated and organized around fight, flight, or freezing (Levine, 1997, Herman, 1992). Clinically speaking, this implies that normal psychological counseling after traumatic incidents employing the neocortex in ordinary consciousness can be counterproductive or even serve to re-traumatize (Ehlers et al., 2003; Groopman, 2004).

What is needed is a form of therapy that addresses the need for bottom-up processing that respects the power of primitive sensory-motor and limbic processes to immediately start a trauma vortex that leads to dissociation when memories are evoked too quickly through top down processing that generally seeks meaning, understanding, and a coherent narrative (LeDoux, 1996; Van der Kolk, 2002).

One recent approach that has been exciting through its clinical effectiveness is Ogden's Sensorimotor Psychotherapy that employs mindfulness in the service of bottom-up processing for those who have suffered trauma. Ogden and Minton (2000) write:

> In Sensorimotor Psychotherapy, top-down direction is harnessed to *support* rather than *manage* sensorimotor processing. The client is asked to mindfully track (a top-down cognitive process) the sequence of physical sensations and impulses (sensorimotor process) as they progress through the body, and to temporarily disregard emotions and thoughts that arise, until the bodily sensations and impulses resolve to a point of rest and stabilization in the body. The client learns to observe and follow the unassimilated sensorimotor reactions (primarily, arousal and defensive reactions) that were activated at the time of the trauma. (p. 6)
>
> . . . . . .
>
> Mindfulness is the key to clients becoming more and more acutely aware of internal sensorimotor reactions and in increasing their capacity for self-regulation. Mindfulness is a state of consciousness in which one's awareness is directed toward here-and-now internal experience, with the intention of simply observing rather than changing this experience. Therefore, we can say that mindfulness engages the cognitive faculties of the client in support of sensorimotor processing, rather than allowing bottom-up trauma-related processes to escalate and take control of information processing. . . .[Mindful questioning invites] the client to come out of a dissociated state and future- or past-centered ideation, and experience the present moment through the body. Such questions also encourage the client to step back from being embedded in the traumatic experience and to report from the standpoint of an observing ego, an ego that 'has' an experience in the body rather than 'is' that bodily experience. (p. 14)

Morgan (2002) echoes Ogden's wisdom of dealing mindfully with signs and symptom of traumatic activation:

> In excessive arousal the higher processing is shut down, and the tendency is to be overwhelmed by input from the emotional and sensory systems. The left brain and verbal centers are under-active and distressing memories are more likely to be activated by the more active right hemisphere. The hippocampus is under-functioning so a sense of sequence, context, and ability to make a story is dampened. (p. 9)
>
> . . . . . .
>
> Mindfulness calms the system, allows the person to *focus attention*. The . . . mindfulness induction has been shown to heighten mental imagery, disconnect attention from external sense and increase the blood flow to the anterior cingulated cortex. This is the brain area that allows attention to be focused on internal events. Candace Pert (1999), in her discussion of neuropeptides, talks of the system being able to digest information when there is focused attention on the body. This allows information to flow upwards, be filtered, and be processed. When the client *reports experience* to the therapist the verbal areas are kept active, which will help balance the two hemispheres. Memory fragments are gathered by the hippocampus and the frontal lobes, and these can be brought together in a meaningful way. Movement between the left and right hemispheres is crucial for memory consolidation. This could involve feeling something, speaking about it, expressing emotion, linking this to a remembered event, feeling the body, making some sense of the feeling. Freezing in the body can melt, and energy be released in movement, heat and trembling. *Going slowly*, mindfully allows processes to complete. (p. 9)

Therapists learning to encourage mindfulness in relation to bodily signs of primitive activation is a promising way to avoid dissociation while pursuing completion and integration of traumatic fragmentation.

Mindfulness and the Postmodern

ACT and other approaches, such as Wilber (1995) and R. Schwartz (1995) referenced above, incorporate the postmodern perspective that maintains meaning is always defined contextually. Hayes (2004a) notes that, "underlying an interest in what given psychological events serve is a view that truth is always itself a contextually situated function. We know the world only through our interactions in and with it" (p. 9). Thus, "A 'negative thought' mindfully observed will not necessarily have a negative function" (p. 9).

R. Schwartz (1995) echoes this insight by noting that even suicidal parts evoked within a person have a beneficial intent. If they are attended to mindfully with acceptance, they often reveal that their function is to lower the pain in the person, a function that opens the door to clinically useful dialogue.

Wilber (1995, 2000) argues forcibly that a full systems theory view of a client's context must include a four quadrant approach generated from external and internal aspects of individual and communal dimensions of personhood. This means that (internal) individual consciousness and (external) behavior must always be considered in the context of (internal) cultural values and (external) social structures. In Kurtz's work (1990) mindfulness can be brought to bear on such systemic dispositions of the context, as well as individual thoughts and emotions. The quality of the systemic interactions between client and therapist or couples (Fisher, 2002) can be observed, as well as how one organizes around cultural injunctions and social constraints.

Mindfulness, Positive Psychology, and the Mystical

Whatever the problems are with the Positive Psychology of Seligman (Held, 2005; Sundararajan, 2005), it makes the point that LeShan (1989) has made before in relation to cancer patients, that the horizon of the future, hope, and other positive qualities must be included in a comprehensive psychotherapy. From a psychodynamic perspective Rubin (2003) asserts, "Despite the potential of psychoanalysis to illuminate the good life, one could search in vain for psychoanalytic citations on this topic" (p. 396) outside of rare people like Eric Fromm and Leslie Farber. The use of mindfulness in psychotherapy supports these perspectives that seek a wider vision than an endless treatment of the pathology of the past (Langer, E., 1989).

For instance, the essential fact of witnessing is that if I can take something under awareness, then I am not that. "Neti neti," or "not this-not this," is a classic Eastern teaching (Maharaj, 1973). When one learns to become mindful of anger, sadness, jealousy, or joy arising, it is therapeutic in and of itself to know, "this is a part of me, but it is not all of me. Certainly if I can become aware of a part of me, the consciousness that is aware or witnessing is separate from, or more than, what is under observation."

This is a critical piece in clinical practice where going to work with a family that has hard and fast pathological labels that do not recognize the multiplicity of ego formation (Rowan and Cooper, 1999) may be quite disheartening. For instance, what clinician looks forward to working with a "drunken SOB husband," "rescuing mother," and "acting out adolescent?"

However, when the father in this example is invited to be mindful, slow down, and study exactly what is evoked in him when he walks in the door at night, the situation can become richer with more workable possibilities, as in the husband witnessing and reporting: "I open the door and see my son … There is a part of me that really wants him to succeed in life. When I hear he did something stupid again, my anger comes up and moves me to yell at him to get him to understand that he has to get himself together … When my wife jumps in to defend him, I experience despair that if she keeps rescuing him, he'll never grow up … When I sense it is two against one, I give up and go out drinking."

Another aspect of what is happening in this clinical vignette is that the father, as well as the mother and son who are overhearing him, are becoming more connected to the richness of his inner ecology. "Connectedness" is a key term in both therapy and spirituality.

In terms of science, Bateson (1979) writes that when all the parts of a living organic system are connected within the whole, the system is self-organizing, self-directing, and self-correcting. This is the insight that leads Wilber (1979) to say that therapy can be conceived of as healing disconnects or splits. Perhaps one part of the mind is not talking to another part, or the mind is not communicating with the body, or the body-mind is not in communion with aspects of its environment.

On the spiritual side, the Christian monk Thomas Merton taught that compassion, a key value across religions that in Greek literally means "being moved in the guts," arises from a profound sense of the interconnectedness of all things (Fox, 1979, p. 23).

Acknowledgement of the spiritual and values such as compassion is increasingly important in a day when Rubin (2003) reports that, "more and more of my patients indicate during the first session that they seek a therapist who is open and attuned to the spiritual dimension of life" (p. 387). This is delicate ground, of course, since there is a multiplicity of religious traditions complete with their own pathologies (Griffith and Griffith, 2002). However, the great majority of spiritualities have their own way of understanding and affirming connection with the creation through ordinary events in the present moment, often through some explication of love.

Weber (2003) comments that in the Buddhist tradition,

> teachers often teach loving-kindness meditation alongside other sorts of mindfulness meditation. One prays for happiness [for oneself and others], freedom from pain, freedom from suffering, and peace of mind. Freedom from pain and suffering does not mean that you are without physical pain, illness, and painful feelings. It means that you have freedom from that second arrow—more distance and less identification with the pain. Any feeling becomes qualitatively different when underwritten by mindfulness. There can be a fuller flowering, a clearer knowing, and a quicker passing. There is a greater sense of spaciousness. One might notice, amid the pain, the singing of birds. (p. 193-94)

Bobrow (2003) adds that "meditation cultivates the capacity to hear when we listen, see when we look, and taste when we eat" (p. 399). As Safran (2003b) observes, in Buddhists stories the "emphasis is on 'ordinary magic' of immersing oneself fully in one's everyday life rather than looking for idealized or escapist solutions . . . drawing water and hewing wood" (p.24).

This again leads to greater connectedness.

> In Buddhism [the] miraculous and simultaneously ordinary "things as they are" is sometimes referred to as "suchness" (*tathata*). Tathata can be thought of as intimacy with what is, with that which arises and passes. . . . We humans are at once empty, unique, and in intimate relation with the world. (Bobrow, 2003, p. 210)

For Surrey (2005) this mindful, intimate encountering, as opposed to evading, of reality allows

> clinicians to reclaim the use of the word love, without overly sentimental, romantic or sexual overtones. Psychotherapy is an expression of love—love as compassion, joy, equanimity, and kindness. It gives our profession a chance to renew and reclaim the deepest elements of our own practice, and the deepest elements of connection and healing. (p. 98)

Parallel to this Surry writes:

> The experience of connection suggested by mindfulness-informed RCT deepens our understanding of intersubjectivity. . . . Openness to relationship in our daily life expands to a felt connection to the global community. . . . In Evan Thompson's (2001) words, we move from "intersubjectivity to interbeing." *Interbeing* is a term given by Thich Nhat Hanh (1992) to describe the interconnectedness of all beings. (p. 96)

This kind of participative consciousness, argues Berman (1981), leads to the re-enchantment of the world. Wilber (1995) and others argue that it is precisely this sense of connection and compassion that de-centers the self, and moves one to constructive social service on behalf of the greater world.

While it is helpful to have such maps or visions to guide and support therapist well being, Germer (2005a, p. 8) emphasizes that mindfulness and the care that can arise from it, has to be experienced to be known. Spirituality must become clinical. Again, the truth behind mindfulness, connectedness, and compassion can be taught and employed without ever using these specific words, or may be expressed through the complimentary language of other traditions than Buddhism.

Conclusion

Germer (2005a) has an optimistic view of the future of mindfulness in therapy.

> To have psychological techniques at our disposal, drawn from a 2,500-year-old tradition, which appear to change the brain, shape our behavior for the better, and offer intuitive insights about how to live life more fully, is an opportunity that may be difficult for psychotherapists to ignore. Only time will tell what we make of it. (p. 27)

At present, it is fair to say that mindfulness has a wide applicability with presenting issues considered in the neurotic range, defined as patients who have a sense of their own involvement in their issues, and a willingness to be introspective. Dealing with personality disorders, defined as those who place responsibility for their conditions on a variety of external sources, requires a regimen of counseling in ordinary consciousness before they are willing to engage in therapy that requires them to look inside themselves. Those on the edges of psychosis do not have sufficient psychic structures in place to allow them to study themselves mindfully. However, mindfulness of the concrete, historical world can help build structure. For instance, "Can you hear (feel, touch) me? How do you know you are hearing (feeling, touching) me?" "Can you sense your feet against the floor, your back against the chair?" etc.

It is also obvious that mindfulness is presently bringing people together who were not sure they had any business being together: Humanists, Psychoanalysts, Cognitive-Behaviorists, Brain Scientists, Traumatologists, Positive Psychologists, as well as Eclective General Practitioners and those open to spirituality. One can anticipate a lot of future dialogue and debate on the various ways mindfulness should be used in therapeutic protocols.

Looking forward, we will certainly have feedback from ongoing research in the many areas where mindfulness is being experimented with, and a growing literature about psychotherapy and mindfulness (Johanson, 2005). Baer's 2003 judgment after reviewing the empirical literature is that "mindfulness-based interventions can be rigorously operationalized, conceptualized, and empirically evaluated" (p. 140), and that at present they meet the American Psychological Association Division 12 designation as "probably efficacious." Much additional research is needed to sort out a number of issues and move interventions to "well-established" status.

Germer (2005a) is given the last word on the subject here.

> Where is the current interest in mindfulness heading? We may be witnessing the emergence of a more unified model of psychotherapy. We are likely to see more research that identifies mindfulness as a key element in treatment protocols, as a crucial ingredient in the therapy relationship, and as a technology for

psychotherapists to cultivate personal therapeutic qualities and general well-being. Mindfulness might become a construct that draws clinical theory, research, and practice closer together, and helps integrate the private and professional lives of therapists. (p. 11)

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Hakomi: Strengths & Limitations:

Indications and Contraindications for the Use of Hakomi with Clients with Significant Clinical Disturbances

Uta Günther

Translator: Hugo Schielke

Editor's Note: This article is very special in that it announces the publication-in-progress of *a new textbook on Hakomi Therapy* written by Hakomi Faculty members from around the world, in which it will be included as a chapter. Chapters covering the theory and practice of Hakomi Therapy were begun in the summer of 2005. Editors Richey Heckler, Ph.D., Greg Johanson, Ph.D., and Halko Weiss, Ph.D. anticipate chapters being completed by the end of summer 2006, and the entire manuscript being ready for publication by the spring of 2007. The text, which integrates Hakomi into mainline psychological literature, will join ***Body-Centered Psychotherapy: The Hakomi Method*** by Ron Kurtz, ***The Body Reveals*** by Ron Kurtz and Hector Prestera. ***To the Core of Your Experience*** by Dyrian Benz and Halko Weiss, ***Grace Unfolding: Psychotherapy in the Spirit of the Tao-te ching*** by Greg Johanson and Ron Kurtz, and ***Experiential Psychotherapy with Couples: A Guide to the Creative Pragmatist*** by Rob Fisher as core texts of the Hakomi Method.

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ABSTRACT: Discusses risks and contraindications of doing experience-near work with clients dealing with serious structural deficits. Recommends the Operational Psychodynamic Diagnostic (OPD) for intake and assessment purposes. Notes need to maintain defenses in clients without an accessible sense of Self/Witness to separate and objectify ego states. Discusses and offers a number of case studies that illustrate ways to help clients anchor their outer world and everyday consciousness, as well as improve self-regulation through self-awareness. Remarks on importance of the security function of the therapist.

Introduction

Lending support to the notion that body-oriented approaches can be seen as offering opportunities otherwise not available in the treatment of clients with early disturbances and weak psychological structures, Maaz has recently (2005) suggested that the royal road to the pre-verbal unconscious is the body itself. The application of body-oriented approaches, however, is not without risk. If not appropriately practiced and carried out, body-oriented approaches could lead to re-traumatization (Van der Kolk, 1989), inappropriate touch (Bodella, 1980; Hunter, 1998), the collapse of defense mechanisms, and/or "malign" regression (Marlock, 1991; Young, 2003). Hakomi, a body-centered, experiential approach to psychotherapy, incorporates the use of touch alongside the practice of mindfulness, assisted self-discovery, experiments in awareness, and "missing experience" (Kurtz, 1990). This article will discuss the indications, contraindications, and risks involved in the utilization of the Hakomi method and Hakomi's use of touch with clients with early-onset clinical disturbances.

For the purposes of discussing clinical disturbances, this article will utilize an approach to developing and discussing clinical diagnostic pictures in terms of (and in relation to) clients' hypothesized psychic structure, an approach that has been described by Maaz (2005) as well as others. Interest in this approach, which has been enjoying increasing pop-

ularity in Germany and other German-speaking clinical settings, has given rise to a new practice-relevant instrument, the "Operationalized Psychodynamic Diagnostic" (ODP) instrument (ODP Task Force, 1996). The ODP, which will serve as the framework for this article's discussion of clients' psychological organization, is oriented towards looking at disturbances and symptoms from within the developmental context from which they are hypothesized to derive. In contrast to the systems of clinical diagnosis that have their roots in Otto Kernberg's work on character pathology (Kernberg, 1996), the ODP "does not limit its focus to a typology of character pathology; instead, it places primary emphasis on the relationship between experience and behavior as expressed in psychic organization, where the deciding factor is the degree to which experience and behavior have come to be integrated in the psychic structure" (Galuska, 2005).

The OPD task force (1996) has put forth a descriptive system to accompany the ODP that describes the axis of "structure" as follows: Psychic structure can . . . be describeed through the use of four dimensions that can be used to describe both object relationships and the relationship to the self:

> **Perception** (self and object-relational perception):
> - the ability to be self-reflexively aware
> - the ability to accurately perceive others

> **Regulation** (self and object-relational regulation):
> - the ability to regulate one's own impulses, affect, and self-esteem
> - the ability to regulate one's relationships with others

> **Communication** (self and object-relational)
> - the ability to communicate with oneself
> - the ability to communicate with others

> **Connection** (self and object-relational directed connection)
> - the ability to make use of good inner objects for the purposes of self-regulation (the ability to develop and dissolve relationnships with inner objects as appropriate for self-regulation?)
> - the ability to develop and dissolve relationships with others.
>
> --(ODP Task Force, 1996).

The ODP discusses structural disorders in terms of levels of psychological integration along a continuum, describing an inverse relationship between the level of psychological integration and the severity of psychological disturbance, such that the most severe disturbances occur within the context of the lowest degree of psychological integration.

> The 'structure' axis traces the level of psychological integration from the well-integrated psyche found in a 'healthy' individual through decreasing levels of fair, and then low, psychological integration, and finally to psychological disintegration. The psychological organization of a neurotic represents a fair to good degree of integration; that of a borderline represents a fairly low degree of integration; the psychological structure of a psychotic represents a psychological disintegration (Galuska, 2005).

Within the context of an established therapeutic alliance, the ODP is very helpful in assisting in the process of determining a client's level of structural integration, assessing, for example, a client's ability to both be and remain connected to the experience of reality, differentiation of self and object, and the maturity level of clients' defense mechanisms (Maaz, 2005). As such, the utilization of this type of approach to client work highlights the importance of considering clients' level of structural organization when considering potential therapeutic interventions. In the case of depression, for example, it is important to utilize therapeutic approaches aimed at specifically targeting the opportunities and strengths available to the client given the coping mechanisms available at their level of organizational integration.

The risks of employing Hakomi therapeutic processes with clients with underdeveloped psychological structures

One assumption generally held by clinicians is that a relationship that is experienced by the client as a healing relationship – one that can provide both a safe space and a feeling of being accompanied by a competent guide through the processes of self-exploration, working through, and the creation, experience, and integration of corrective experiences – is what will make this work possible. Most of the clients that come to us are generally able to form and maintain therapeutic relationships. Having said this, however, only fairly-well integrated individuals respond with excitement and relief to therapists' assumptions about these relationships enabling a "cooperation with the unconscious" or connecting with, experiencing, processing, and working through repressed emotional content. For those who have deficits in psychological structure based on difficult experiences very early in life, or for those destabilized by the active experience of trauma, the thought of lowering defenses against difficult content, becoming mindful, willingly opening oneself to inner space, and listening-in and allowing oneself to be surprised what happens, is both scary, and in some situations, actually dangerous. For these clients, all the steps that lead to mindfulness and living in and experiencing the present moment are not only difficult, but also rarely helpful.

In these contexts, these types of clients will either strengthen their intra- and interpersonal defenses in order to protect against threatening situations and leave therapy, or will run the risk of "decompensating." Depending on the client's psychostructural makeup, opening oneself to emotional experience and the accompanying psycho-

physiological arousal can lead to a taxing and/or partial or complete overwhelming of the client's processing capabilities, or even to an experience of being destroyed, flooded, disintegration, or extinguished. These clients' original defenses and coping mechanisms were able to maintain enough stability in these clients' very fragile inner systems to be able to function under normal circumstances. The strategies typically prescribed by Hakomi, however, could put these clients at risk.

The paradigm of uncovering and working through has been repeatedly discussed as contraindicated for traumatized clients (Petzold & Josic, 2002). Major life stressors and experience-activating and defense-weakening interventions have also been discussed as resulting in the collapse of coping systems and a shift to a more significant crisis state or a chronic increase in symptom severity in clients with other forms of structural vulnerability and disturbance (Rudolf, 1996). For clients with personality disorders, as well as clients who are severely depressed and/or suffer from phobias, this increased vulnerability is explainable by deficits in self-determination and affect regulation. "Given that the disordered difficulties are ego-syntonic (i.e., not accessible to the self-perception of the individual author of the experience), it is difficult for the patient to see their own contributions to the difficult situations" (Rudolf, 1996, pg. 178).

Given the above guidance, therapeutic work contracts that incorporate experience-activating, experimental, and body-oriented approaches are not suited for clients that are organizationally/structurally fragile. These clients do not have enough inner structure accessible to be able to process and integrate the meaning of the material that would arise, nor would they be able to tolerate the degree of psychophysiological arousal that would accompany the same material. This means that the foundation of the explorative Hakomi method, its mindful exploration of the experience of the present moment, would not be possible to implement from the outset of therapy. The practice of mindfulness with closed eyes, and even the invitation to physical relaxation, triggers the fear of having to give up and/or lose control, a control that is often maintained through muscular tensions.

Another aspect of this discussion speaks to the therapeutic relationship itself. The interactional style of early-deficit clients is likely to strain relationships with others, and makes constructive interpersonal relationships difficult, or even impossible (Rudolf, 1996, pg 178). With this in mind, I will now provide examples of client work scenarios that present challenges to the Hakomi-oriented therapist and highlight the challenges and potential pitfalls to be aware of when engaging in these types of client work.

For individuals with borderline features, defense mechanisms such as splitting, projection, denial, and idealization serve to protect against the disintegration of the self. ("The self" is used here to refer to the psychoanalytic sense of an intrapersonal structure of the ego, or "I.") Self- and other images fall into "all-good" and "all-bad" parts, where the negative aspects are also projected outside the self. The relationships that are entered into by someone with these types of relational habits – splitting, idealization, demonization, and/or projection – are very difficult for those they enter into relation with (Rudolf, 1996). If the severity of the disorder is significant enough, the level of distress, fear, frustration, etc. leads to unbearable tension and arousal that tends to prevent clients with these problematic patterns from being able to "observe" these phenomena. These clients are in a timeless experience of elevated stress that is only made manageable through dissipation efforts such as movement, self-injury, or the use of soothing substances. To respond to these clients in therapeutically helpful ways presents a special challenge to a therapist's own inner stability.

For those with more narcissistically-colored personality structures, the fear that a deeper connection with others would expose both the clients' feelings of worthlessness and the helpless neediness of a fragile self tends to lead these individuals to protect against deeper relationships. This tendency will also apply to their relationships with their therapists. A client with this type of organizational structure will tend to try to devalue and control their therapist in order to be able to "maintain a sense of grandiosity against all attempts at reality testing" (Rudolf, 1996, pg. 178). As uncomfortable and difficult as this type of limited relationship is for the therapist striving for a "real connection" with their client, it serves to maintain the "survival" of the client in the narrow sense of the word. This type of protection and stabilization system cannot be jumped out of or exploded – given the client's deficiencies in internal structure, this would lead to the disintegration and compensation of the client's fragile self.

Thinking about the above in connection with the Hakomi approach to therapeutic process (an exercise that can be facilitated by looking at the steps outlined in the Maya Shaw's process-chart in chapter VI, 8), the inner logic of Hakomi can be seen to suggest where modifications might be necessary in order to continue to be helpful to clients without sufficient access to the resources that are prerequisites for the work, such as past positive experiences and/or processing abilities.

A special characteristic of the therapeutic relationship as formulated in the Hakomi approach, for example, is found in the therapist's interest in making self-awareness accessible to the client when exploring the barriers of the defense mechanisms. Examples of this are found in a Hakomi therapist's creation of experiential probe experiments set up by asking, "what happens inside when you hear, 'You are safe here,'" or "what happens inside when you hear, 'You are welcomed with all my heart!'" An individual who has developed healthy internal structure will be able to understand the experimental setting and make use

of the evoked experience to study their own self-organization and their own relevant inner reactions (such as thoughts, feelings, pictures, memories, and impulses).

An individual's psychostructural limitations become apparent, however, in their ability to engage in imaginative exercises. "As-if" experiments require a translation effort on the part of the ego that enables the client to see the meaning of the therapists' offered scenarios as opportunities to study their personal reactions as opposed to a singular interpersonal interaction. I have often experienced that in work with clients with structural limitations, invitations to engage in self-observation could not be followed, and not only as a result of defenses protecting against content that threaten self-integrity. It became clear that these clients could not understand or experience the experimental "as-if" situation as such, even with additional efforts towards clarification. The Hakomi probes that are most easily misunderstood are those stated in the first person, such as "I am always here for you." Similar difficulties can be found when taking over a voice. This can trigger significant irritation on the part of the client with structural limitations (e.g., "why are you talking to me like my mother did?").

Nonverbal experiments incorporating touch or body-oriented techniques make these clients' structural limitation-based difficulties even clearer. For clients with structural limitations, an experimental touch could be interpreted as a direct relationship-statement. Utilizing the technique of taking over a client's shoulder tension could be interpreted as a relational statement, and lead to a habituated response, such as "that feels good," or "that's awfully nice of you," with the client interpreting the touch as a sign of personal support or compassion instead of as an opportunity for mindful experiential reflection (such as "wow – I'm noticing that my stomach is getting warm and I'm noticing myself begin to feel joyful").

Similar warnings apply to inner-child work. On the one hand, when I am working with attentiveness towards "missing experience" in the sense of providing missing parenting or facilitating missing maturation processes, I tend to slip into the role of the protective parent part. In this role, I will, for example, let the "child" feel physically held, and to explore what it feels like to be protected. In these situations, there is a danger that instead of integrating this protective parent role into their own structure as a role that they can perform for themselves, a dependent relationship can arise in which the client becomes dependent on the therapist (as helper-ego) to perform this role. There is an additional danger in playing this role when working with significantly traumatized individuals, such as those who were sexually abused as children: If the therapist goes into the role of the good adult, this can lead these clients to feel frighteningly small and powerless, recalling the process by which the powerless sense of being a victim became stabilized. Inner child work, then, and the role of the magical stranger, as originally taught, must be modified and must always be approached with great caution.

One modified approach to inner child work that can be helpful is to leave all contact with the inner child to the adult part of the client, such that the adult part will speak to the inner child on the therapist's behalf. Such an exchange might go as follows:

> Therapist: "Could you ask little Lisa if she wants to show us more today?"
> Adult Lisa: "She says no more for today – but she likes that we believe her!"

This, then, is a three-way conversation between the therapist, inner child, and the adult part of the client. From the perspective of developing self-empowerment and self-regulation, this approach keeps the client both in charge and in control, and serves to minimize the risk of a traumatic regression into a feeling of powerlessness.

One final note regarding physical touch. The literature on dream research has taught us that physical touch can trigger so-called "body memories" that reside and have remained in procedural and implicit memory and have not been made available to the meaning-giving explicit memory. These body memories can, in turn, trigger automated flashbacks that can re-traumatize the client (Levine, 1997; Yehuda & Farlane, 1997). Given this, the use of physical touch should be approached with a great deal of caution when therapeutically accompanying traumatized clients through their work.

In summary, the defense mechanisms of individuals with structural deficits in personality should be considered as efforts to protect and maintain stability for a self that is highly fragile. These defenses should not be undermined "until the underlying vulnerable structures have been enabled to retroactively mature and this work has been consolidated" (Rudolf, 1996). The Hakomi approach taught in our trainings is only applicable when all of the below prerequisites are met by the client in question:

1. An alert, reality oriented consciousness free of significant distortions or perceptual lim-itations is available to the client.
2. The client possesses both the ability for and openness to introspection, self-observation, and mindfulness.
3. The client is capable of de-identifying with particular patterns of experience from time to time in the service of expanding their inner observer / observing ego. (In the case of the presence of judgmental critical parts / overly harsh super-ego parts, for example, these must first be able to be made conscious before judgment-free mindfulness can be practiced.)
4. The client is able to enter into a therapeutic relationship, with all that that implies. At a minimum, the client must be able to understand the "as-if" invitations to self-exploration as such.

Further considerations for accompanying clients with structural limitations

Intake / diagnosis

In order to responsibly proceed with Hakomi's body-oriented, experience-evoking approach in a manner that is mindful of this approach's destabilizing effects, the pursuit of a thorough intake process before actively commencing a course of therapeutic treatment is highly recommended. An approach to intake that is both respectful of and does not run counter to Hakomi's founding principles can only be begun here, and represents a challenge for all practicing Hakomi therapists.

The process of diagnosis will continue throughout the progression of therapy, such that diagnosis becomes both more differentiated and more precise as the therapeutic work unfolds. Clinical experience can also refine the therapist's perception, as can the therapist's ability to remain in good contact with herself, her client, and the process unfolding in the present moment. By being attentive to all three of these dimensions, the therapist can track the developments in the both the intra- and inter-personal fields of the client as well as in the arena of therapist-client countertransference. A continual attentiveness to the development of the client's inner and outer experience, processing, and behavioral possibilities is the deciding prerequisite that enables therapists to respond with interventions that are well attuned to clients' actual psychological states.

For some clients, therapy will not progress much beyond providing a stabilizing effect for some time; this will, however, typically be experienced as a significant improvement in these clients' quality of life. For other clients, once stabilization has taken hold, the goal of psychological maturation and consolidation can be pursued, which in turn can lead to the possibility of then pursuing insight-oriented uncovering work. In these cases, it is important to make decisions in a responsible, collaborative, manner, such that clients ultimately determine the direction of the work as well as the approaches and interventions utilized in the service of their therapeutic goals.

Anchoring in the "outer" world and in everyday consciousness

For clients with structural limitations, anything that supports the stable perception of "outer reality" is helpful, even if this sometimes means just a shift of a matter of degrees between the restructuring of the body-self and the risk of destabilization, for example:

1. *Connecting body awareness and emotion through conscious perception*

The defenses of narcissistic clients often possess an alexithymic quality. According to the results of recent neurobiological research (Damasio, 2000), the brains of alexithymic individuals are not able to bring feelings in relation to signals from the body. It has also been found to be possible to create new synaptic connections (such as to the amygdala) through conscious experience of evoked bodily sensations and emotions in the present moment (Thielen 2002, 2003). Mindfulness and accessing, then, can serve in these cases to provide a helpful reconstructive purpose.

2. *Experiencing the body and the body's boundaries*

Case 1: During a long-term course of psychotherapeutic treatment, a 30-year-old woman who was sexually abused as a child became aware of the fact that she would leave her body and become passively permissive whenever her partner was interested in being sexually intimate with her; further, this was true even when she, too, was interested in being intimate. As an intervention, we explored in-session how she might be able to experience the original traumatic situation in a different way, a way that incorporated her body. Through learning, among other things, a way to tense up her back muscles, open her eyes, and continue to breathe normally, she was able to remain in reality and to pull herself into the physical present when becoming aware of the pull towards her old defensive behavior.

3. *Experiencing and exploring one's own power, resources, and response options*

Case 2: When confronted with conflict-laden situations, a young man of simple nature routinely began to stutter, panic, and dissociate. This client had been physically abused by his father up until the age of 18, and had now come into possession of a powerful physical presence of his own. Given that the client began to dissociate (in connection with a racing heart, shortness of breath, and feeling numb) as soon as he came in contact with difficult memories, an uncovering approach was not feasible. He could not observe his inner world without getting sucked into a painful psychological swamp. He could, however, access his experience in the present moment; as a result, he was capable of coming to realize how powerless he would feel in these types of conflictual situations. In these situations, he experienced himself as he did as a 10-year-old child in relation to his father. We tested his real strength through his pushing his hands against mine. He began to recognize his own strength, and found himself enjoying the moment in which my own strength faltered in relation to his strength. He was then able to take this experience into the conflict-laden scenarios and remind himself of his own strength through the process of briefly pushing his hands against one another or tensing up his arm muscles. Using these techniques, he was able to prevent himself from slipping into the trauma-driven repetition of his old coping mechanisms. As a result, he learned to improve his breathing and reduce his stuttering.

4. *Perceiving and testing reality (such as the meanings of the reactions of the therapist)*

Case 3: Client: "Did you laugh because you're amusing yourself at my expense! Therapist: "No, I'm just excited about how good an experience you had this weekend at home."

Improving self-regulation through increasing self-awareness

1. Differentiating the inner observer from the inner critic

When the ability for self-observation is present to some degree, this can be used in the service of becoming aware of automatic inner and outer reactions, and perhaps even in the service of changing or regulating these (Schore, 1994). When introducing this method to improve self-regulation, it is important to underscore the difference between the inner observer and inner critic and give the client tools to help them not confuse the two.

Case 4: During a long-term course of psychotherapeutic treatment, a female client in a deep depression became aware of the reason why she would repeatedly describe difficult childhood experiences despite the fact that this would lead her to feel worse afterwards. (Re-traversing the memories of these experiences would always stir her up and lead her to question herself.) This repetition, she realized, was focused on understanding, a quality that had not been present earlier, and had been sorely missed. While commenting on her understanding, however, she would simultaneously make skeptical comments that served to block the integration of the same. As she became aware of this, she began to get mad at and reprimand herself, which led her to feel event worse. In the end, she would sink into the familiar state of depression. Over time, she became more and more able to be aware of her need for understanding and to either trust in her insights or note when they did not seem to fit. At this point, although further developmental and healing work remained to be done, the realization that she was seeking understanding helped her be more understanding of and compassionate with herself. She learned to modify her behavior so as not to be insensitive to those around her; instead of repeatedly taxing her friends' compassion with repetition of the same stories, she found a way to both ask for and receive what she really needed; compassion and understanding.

2. Experiencing and valuing the protective mechanisms

Discussing a client's defense mechanisms is a particularly tricky thing to do. The process of bringing the system into consciousness should be approached and discussed from the perspective that these defenses are and have been valuable, and have served a necessary and very important purpose, namely ensuring for the client's protection. Failure to do so can put the internal structures that these defense mechanisms had been protecting at risk and destabilize the client. If this work is possible, i.e., if sufficient structure is present, the client may be able to recognize that these behaviors may no longer be necessary, and can come to be seen instead as optional approaches.

3. Mindfulness

In the interest of completeness, I'd like to call attention to the multiple psychotherapeutic approaches that are currently being introduced and discussed under the nomenclature of "Mindfulness-Based Therapy." Further, these therapies are being discussed in relation to their application for the purposes of stabilizing those with difficult clinical disorders (Grossmann et al, 2004; Sonnenmoser, 2005). For each of these approaches, the client must be capable and interested in at least occasional self-reflection, in building up the "reflexive mind" (Aron, 1998).

Mindfulness and the development of an inner observer are important self-regulation oriented techniques in the trauma-therapies of Reddemann (2001, 2004) and Rothchild (2000, 2003), as well as in John Kabat-Zinn's "mindfulness-based stress reduction" (1991) and in Marsha Linehan's dialectical behavioral therapy (Hayes, Follett, & Linehan, 2004). (For more on trauma work, see Chapter VI, 11, "Working with Trauma" by M. Mischke-Reeds.)

With each of these therapies, the goal is for clients to develop the ability to be able to step back and observe themselves from a non-judgmental stance, such that they are neither overwhelmed, nor going to the other extreme of dissociation, so that they can become more aware of their patterns of action and reaction. In contrast to Hakomi's integrated employment of a state of mindfulness throughout it's therapeutic approach, which includes assisted meditation (Kurtz, 1990), staying with and observing one's own experience, and supported mindful self-study (Johanson & Kurtz, 1993), in these therapies, mindfulness is utilized as one technique among many other clinical interventions.

The security-providing helper-ego function of the therapist

Because of the number and level of unsettling physical symptoms they are dealing with, structurally-deficient clients with anxiety are often not able to engage in mindful observation of their body. In these cases, the therapist can provide psycho-educational information around what different physical reactions normally mean.

Case 5: In the closing session of a long-term course of psychotherapeutic treatment, a female client who had panic disorder and a number of phobias told me the following: "What was most helpful in the beginning was when you explained that all strong emotional reactions result in increased heart rate, both in joy and in fear; learning that this was normal was such a relief." In this case, the therapist is not helping the client explore their own self-organization, but is acting as an expert whose information can serve to help a client better orient themselves and assess their own experience. When this results in a calming response, this, too, can be called attention to through contact; "It's a relief to know that, isn't it?."

Only a secure therapist can provide security

In accompanying clients with structural limitations through their therapeutic journeys, journeys that are challenging for both therapist and client alike, it is therapists' own sense of safety and security within themselves that enables a positive therapeutic outcome. The ability of the therapist to successfully provide a holding environment, to be able to create a therapeutic container that can enable clients to share difficult memories and strong emotions while remaining completely present and without getting overwhelmed, is largely dependent on how well a therapist knows and is in touch with their own boundaries. In situations in which a therapist is feeling overly challenged, unsure, or threatened by the client's or their own experience in the moment, maintaining the therapeutic frame becomes impossible – and yet, this is exactly what these clients need most in these moments.

Case 6: In order to feel safe working with a very physically imposing client's repressed anger and power, I ensured that our sessions took place while other therapists were present in the practice's office. Knowing that I could call out for help if I needed to enabled me to stay calm and remain present in our work.

Because therapists working with structurally-deficient clients are required to take on responsibility for a great deal of the psychological leadership and regulatory functioning, ongoing supervision is particularly important. It is only with supervision, for example, that clarity can be gained around whether feelings of insufficiency are based in countertransference, or if the therapist's feelings are actually indicative of the therapist hitting up against their own personal limits or the limits of their competence. These types of feelings are important to pay attention to, as is the process of distinguishing these feelings' particular meaning(s).

Conclusion

The use of the Hakomi method must be approached carefully with clients with structural limitations and those who are more clinically disturbed. Clinical knowledge about disorders and treatment methods are just as important as being in touch with oneself, the client, and the process as it unfolds. A diagnostic process that continues throughout the course of therapy and supervision will serve and support the therapist well in this type of work, and help to ensure that the therapist will not come to feel overwhelmed or burn out, and will be able to continue to approach even long therapeutic processes with joy and genuine curiosity.

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From Felt-Sense to Felt-Self: Neuroaffective Touch and the Relational Matrix

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I am again delighted to serve as editor of a series of short articles for the Psychologist Psychoanalyst. The goal of the series is to provide a medium for the rapid integration of very recent interdisciplinary data, research, and concepts into the currently dynamically expanding domain of psychoanalytic knowledge. The articles that will appear over a number of upcoming issues are offerings from members of my ongoing Study Groups in Developmental Affective Neuroscience & Clinical Practice. . . . A number of individual members are now applying and expanding this perspective to their own particular interests and over the upcoming issues will present very brief synopses of their ongoing work. . . . In the final contribution ***Aline LaPierre*** *turns to the controversial topic of the role of touch in the therapeutic encounter. She cites the pioneering work of Wilhelm Reich, a student of Freud, and then updates the field of somatic psychology, an outgrowth of classical psychoanalysis. Whatever the nature of the clinical issues, there is now solid evidence for the critical role of touch in human psychology and biology. Recent neurobiological research indicating that critical levels of tactile input of a specific quality and emotional content in early postnatal life are important for normal brain maturation supports Harlow's classical research that early skin-to-skin contacts are essential for future socio-emotional and cognitive development and Taylor's assertion that the sensations impinging on the infant's skin regulate aspects of the infant's behavior and physiology (see Schore, 1994 for references). Furthermore, it is now clear that in cases of tactile-emotional violations of early relational trauma, a common element of borderline histories, "the body keeps the score" (van der Kolk, 1996). Now that psychoanalysis accepts the primacy of attachment and not Oedipal dynamics in the earliest development of the self, it is time to reappraise the central role of the operations of the bodily self in psychopathogenesis and treatment. A number of authors are now addressing the urgent need of bringing the body back into psychoanalysis (Aron & Anderson, 1998; Carroll, 2003; Schore, 2003b).*

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ABSTRACT: Notes the rapprochement between older strictures against touch in light of new research on psychobiological unity that is now exploring neuroaffective touch and intersomatic dialogue for its potential to address attachment issues in the relational matrix and implicit-procedural memory in a way that goes beyond symbolized meaning. Explores palpatory literacy in therapeutic touch that encourages neural interconnectivity in the felt sense of bottom up processing and evoking preverbal experiences that can result in a felt-self reorganizing experience in the soma-psyche. Comments on the ethical contraindications of touch as well as the possibility that withholding touch can reenact the physical neglect of early object relations.

Introduction

As a result of the current interdisciplinary rapprochement, a new-found interest in the use of touch in clinical treatment is challenging the classical view that physical contact is an intrusive and detrimental violation of neutrality. Basic research conducted by Tiffany Field (1995), director of the Touch Research Institutes at the University Of Miami School Of Medicine, shows that touch is at the foundation of relational experience and, in parallel to facial play and dyadic gaze, is a fundamental mode of interaction in the infant–caregiver relationship.

There is now widespread evidence that the basic nonverbal mechanisms of the infant–caregiver relationship are activated in the patient–therapist transference–counter-transference relationship. This principle has been incorpor-ateed into somatically–oriented clinical contexts, and so touch as a therapeutic intervention is emerging as a valuable tool to address breaches in the development of the relational matrix which cannot be reached by verbal means alone. When we consider the somatic experiences of the preverbal infant for whom language links are yet unformed, or the neuronal and biochemical *infra*verbal processes that underlie verbal thought throughout the lifespan, we realize that tending to the inner life of the body—to the lifelong relationship

between bodily experience and mental states—is experiential territory only beginning to find its rightful status in our treatment approaches which have privileged reason over affect and somatic states (Harris, 1998).

Clinical interventions that favor psychobiological unity are being developed in Somatic Psychology, a field with innovative contributions to add to the soma-psyche dialogue (Aposhyan, 1999; Caldwell, 1997; Chaitow, 1997). The fundamental principles of Somatic Psychology were initiated by Freud who stated that the ego is first and foremost a body ego and believed that somatic processes located in organs or body parts were the source not only of instinctual drives, but of one's very sense of self (Aron, 1998). Freud's student and collaborator Wilhelm Reich went on to link the functional identity of the psychic level to its corresponding physical muscular attitude.

Since Reich, Somatic Psychology has evolved to address the perceptual experience of the sensory channels to prepare patients to self-regulate their own physiological activation. Somatic techniques guide a patient's attention inward to the *interoceptive sensations*—body heat, involuntary and voluntary muscular contractions, organ vibrations, skin sensitivity—to bring awareness to these invisible, usually unconscious, hard to perceive internal activities. As a patient learns to increase conscious receptivity to internal visceral-affective experiences, a somatically-trained psychotherapist often uses touch and/or movement to guide, stabilize, or stimulate impulses. The intent is to help a patient engage in a sensory dialogue that nurtures neurological deficits, encourages new neurological connections, elicits dormant impulses, stabilizes hyperactivation, and releases dysfunctional patterns in order to organize and facilitate neural interconnectivity and employ the body's regulatory mechanisms in new ways.

Touch and the Relational Matrix

Most authors who address issues of somatization agree that they are rooted in failures of infant–caregiver attunement that are imprinted into implicit-procedural memory (Schore, 2003; Levenson & Droga 1997). Lyons-Ruth (1999), Co-Director of Academic Training in Child Psychology at Cambridge Hospital and a leading attachment theorist, concludes that developmental change is based on unconscious, implicit representation rather than on symbolized meaning. She argues that "*procedural systems of relational knowing develop in parallel with symbolic systems, as separate systems with separate governing principles"* (p.579, italics added).

To assist the construction of new possibilities for adaptive regulation, Lyons-Ruth points out the need to extend the transactional space of treatment to include implicit forms of knowing and problem solving that become manifest in action, what Beatrice Beebe (2003) calls an *action–dialogue*, rather than a symbolized conscious recall and recount. Touch interventions are such an action–dialogue. Touch uses highly developed palpation skills to contact sensory impulses as they arise bottom up to interact with top down cognitive and verbal narratives, forming a reciprocal, interpenetrating exchange between soma and psyche. Somatic innovator Bonnie Bainbridge Cohen (1993) articulates how, through placing attention within specific layers of the body, through varied qualities and rhythms of contact, and through following existing lines of force and suggesting new ones, the somatically–trained psychotherapist can synchronize to the patient's tissues in order to affect their harmony and associated qualities of mind.

Palpatory Literacy

I once read that Helen Keller's sense of touch was so finely tuned that if she put her hand to the radio to enjoy music, she could tell the difference between the cornets and the strings. Osteopathic pioneer Viola Fryman (1963) notes that by laying a hand on a muscle, it is possible in a few seconds to "tune in" to the inherent motion within, establishing a rapport of fluid continuity between the examiner and the examined. Beyond social interactions such as handshakes or hugs, there is a dimension to touch that leads deep into the *inner* experience of the body, into the *soma*, the terrain wherein perception, affect, and cognition take place.

The fine articulation of touch as a direct, intentional, therapeutic dialogue with the patient's *felt-sense* can lead to a *felt-self* organizing experience in the soma–psyche. Such use of touch requires a specific focus of intention and attention and this in-depth, therapeutic and psychologically significant touch could be referred to as *neuroaffective touch*. Through the use of neuroaffective touch, a therapist initiates a soma-to-soma conversation—an *intersomatic dialogue*—a direct, in-action, intersubjective communication that opens a window into unconscious, unrecognized, and unarticulated energy patterns and their representations, into the somatic substratum of conflicts, defenses, and resistances.

Neuroaffective touch relies on palpatory literacy—the ability within the psychotherapist to experience and make sense of the patient's fine neural signaling—the development and refinement of which should be a primary objective for anyone working therapeutically with touch (Chaitow, 1997). Informed by current neurobiological, emotional, and developmental theories, a psychotherapist using neuroaffective touch focuses on tracking signals in the different physiological systems (skeletal, ligamentous, muscular, visceral, endocrine, nervous, fluid, and fascial) as they operate to keep the soma–psyche in dynamic balance. Thus, a somatically–trained psychotherapist can become a new kind of partner in the therapeutic endeavor, "speaking"

directly with these physiological systems individually and/or addressing the relationships between them.

Ethical Considerations

Touch is a complex therapeutic intervention imbued with cultural and psychological meaning. Somatic Psychology is currently addressing concerns about the ethical use of touch and setting up guidelines for therapeutic advisability and contraindication (Caldwell, 1997; Phillips, 2002).

We must however be aware that some of our ethical fears and prohibitions reveal our illiteracy about touch as an *implicit language*. In truth, few of us have been well touched. Our fears speak to the pervasive dysfunctions of touch that make us suspicious of covert nonverbal messages which may be embedded within it. They speak to the untold suffering that physical and sexual abuse, both touch dysfunctions, have visited upon so many and to the deep yearnings and disappointments that the lack of loving touch leaves in our lives. Since it is known that parents who physically and sexually abuse their children were themselves victims of touch violations, the question arises whether we can afford to remain touch illiterate. For patients who require a real reparative object relationship to rework harmful internalized objects, it could be argued that avoiding contact could reenact the physical neglect or rejection these patients experienced as children.

From Felt-Sense to Felt-Self

Schore (2003) writes: "There is an intense interest in nonconscious processes, fundamental operations of the brain-mind-body that occur rapidly and automatically, beneath levels of conscious awareness . . . and particularly emotional processes that mediate the fundamental capacity for self-regulation" (p. xiv). Because neuroaffective touch speaks to the sensory aspects of emotion, it can intervene at the physiological level in the unfolding and regulation of affective states and directly address neurological deficits, dissociation, dysregulation, and chronic bracing and collapse patterns present in states of self-fragmentation.

In the work of the repair of the self, which spans infant, child, and adult psychotherapy, neuroaffective touch can facilitate the emergence of the preverbal and infraverbal self (Shaw, 1996). By somatically encouraging and regulating the bodily-based self, experiences can be cognized, thereby assisting self-experience and promoting self-organization. Osteopath Nathan (1999) describes how "holding and rocking allows unconscious, preverbal healing events to occur . . . as if, in the containing hands of the manual practitioner, the body-self understands itself a little more and can relax and grow in such understanding"(p.139). From this perspective, the touch taboo and resulting touch illiteracy limit our psychotherapeutic horizons and rob us of effective, perhaps critical, forms of clinical reparative interventions and interactive couple and caregiver education.

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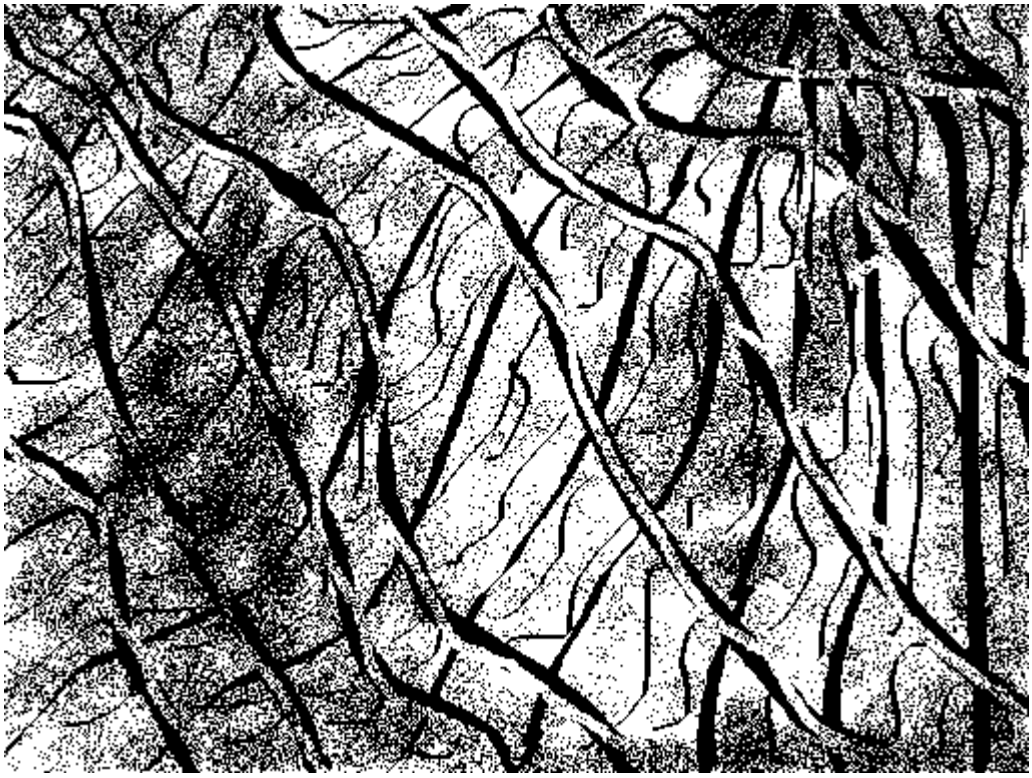

In Search of the Embodied Self

Gustl Marlock and Halko Weiss

Editor's Note: The following article was first appeared as a chapter in Michael Heller (Ed.) *The Flesh of the Soul: The Body We Work With* published by Peter Lang AG International Academic Publishers in Bern, and is used with permission. Following are the introductory comments of the authors. *This article is based on a conference lecture by Gustl Marlock and Halko Weiss delivered in the format of a dialogue. Since the spirit of dialogue and openness to divergent ideas was maintained throughout, readers may notice inconsistencies at some points. We did not want to smooth them over in this printed version as our slightly differing approaches interwove with each other. In what follows we do not indicate which one of us is speaking which sentences since the ideas stand on their own. The authors are friends from compatible schools of body-inclusive psychotherapy—Hakomi Integrative Psychology (Weiss) and Unitive Psychology (Marlock)—who have exchanged ideas and supported each other for many years since their respective approaches share significant common ground: An emphasis on character analysis, states of consciousness, the therapeutic relationship, the mind-body interface, as well as the inclusion of Eastern thought and transpersonal dimensions. The methods differ in that Hakomi has a more holistic approach based in systems theory, while Unitive Psychology maintains a more deeply scholarly connection to traditional depth psychology.*

Gustl Marlock and Halko Weiss are practitioners and trainers of Unitive Psychology and Hakomi Therapy respectively. They are licensed Clinical Psychologists in Germany who joined as co-editors of the *Handbook of Body-Psychotherapy* published in Germany by Schattauer Verlag in 2006 as the most comprehensive authoritative reference book on Body Psychotherapy in the world today.

ABSTRACT: Argues that having a theory of the self that can be applied clinically will enhance and improve body-psychotherapy. Notes that this is a necessary move since most schools of body-centered psychotherapy have not explicitly dealt with the theories of the self they have theoretically inherited from their roots in humanistic and depth psychology (with the exception of such theorists as Jack Lee Rosenberg, Kekuni Minton, Al Pesso, Maarten Alberse, George Downing and Marianne Bentzen.) Offers a brief look at the history of the notion of self in depth psychology. Sketches a structural and systemic understanding of the self and its place in the body-mind based mainly on the work of Richard Schwartz. Clarifies why a concept of self must include the bodily dimension and why body-centered psychotherapists are uniquely qualified to flesh out the theoretical constructs. Names practical matters related to working clinically with self-concepts, including the connection to transpersonal dimensions. Outlines a vision that psychotherapy in the future must be firmly planted in a positive valuation of human potential, and not caught in a hypnotic gaze at human pathology.

Terms and History

If you look at the title of our presentation, "In Search of the Embodied Self," you may notice three things: First, it refers to one of the main books on Self Psychology, which is a contemporary branch of psychoanalysis, titled *In Search of the Self*. This book contains a number of articles by Heinz Kohut, the founder of psychoanalytic Self Psychology, who is a principal source for understanding the self theory.

Secondly, we are suggesting the emphasis on the self as embodied has several epistemological and practical advantages including doing justice to the existential nature of the human self as incarnated, "in carne." It is simply the only way we can conceive of ourselves.

Lastly, the word "search" implies the self is not a self-evident given, an easily defined, quantified object among other objects. It leads us into the realm of subjectivity, inner experience, states of being and relatedness. Subjectivity implies a felt-sense, an affective coloring, and specific modes of perception and expression. The language of self expression is usually less objective, and more narrative and poetic. The medium by which we come to know the subjectivity of another is dialogical. That is why terms like "hermeneutic understanding" and "empathy" have long been used to describe intersubjective knowing in psychodynamic literature.

Let's briefly look at the concept of self through historical perspective. In Freud and most of his first followers it did not really play a role. In his early period Freud, generally used the term "self" as synonymous with ego, or the German "Ich." When Freud made the statement, often quoted by body-centered psychotherapists, that "the self is first of all a bodily self," he was not considering a true concept of the self. He was simply saying that the roots of the drives and instincts which he thought drove the personality were based in biology, and therefore in the body. This is also true for Wilhelm Reich whose work is based largely on Freudian drive theory, although Reich's concept of a "core" to the personality hints at a conception of self.

The first name to mention when it comes to developing a fuller concept of the self is D. W. Winnicott, in whose work it plays a key role. Winnicott's theory derived from

observations of mother-child relationships as well as the symbolic reenactment of uncompleted developmental processes within therapy itself. He emphasized that a child's sense of a healthy, differentiated self develops through a relational process that shifts between poles of contact and separation.

What is crucial in this process, according to Winnicott, is that the mother provides an empathic holding environment which relates to the needs and expressions of the child, and in so doing creates a matrix where the true self can develop. If this matrix is insufficient and the child has to orient itself around the needs and expectations of the environment, as opposed to its own, we find the origin of what Winnicott calls the "false self." This was the basis for Alice Miller's theory on narcissism which she developed in her book *The Drama of the Gifted Child*. We should also mention Bill Cornell's article "If Reich Met Winnicott", where he strongly argues that integrating Winnicott's work could strengthen the relationship aspects of body-psychotherapy.

Although Winnicott's terminology focuses to a large extent on the polarity of true and false self, his work contained a number of seeds which flourished later in analytic Self Psychology. Kohut does not mention Winnicott as a source. Nor does he mention another source either, a thread of thinking that was developing at about the same time as Kohut's theory, and which made extensive use of the term "self"--Humanistic Psychology.

We don't really know who inspired whom, or who did not reveal his sources. Maybe it was the "Zeitgeist". "Be yourself" was certainly an influential slogan of the sixties. You could find it on walls, in rock-music, in the way fashion was conceptualized, etc. We think it's important to mention that in the early period of Humanistic Psychology the self was *en vogue*, for example in the work of Carl Rogers, but even more so in the work of Abraham Maslow. Maslow promoted a radical shift in perspective away from psychopathology toward positive examples of creative, successful, and integrated human beings. As you may remember, the term "self-actualization" was created based on the observation of people with high degrees of maturation, individuality, and self-direction in their lives. Interestingly, humanistic authors like Suttich even proposed the term "Self Psychology" for Humanistic Psychology.

For those who want to do a little more research, it is worthwhile to mention that Maslow's ideas were based on late 18th century thinking that culminated in the broad movement of romantic philosophy, literature, and art. This movement arose in reaction to the elevated emphasize on disengaged reason, thought to be the basis of so-called objective and instrumental thinking in the mechanistically viewed world it came from. The Romantic Movement, in contrast, emphasized emotions, intuition, and fantasy. It was based on understandings of our "inner nature" as an essential source of orientation, as an inner voice which we have to listen to, and for which we have to find ways of expression. This concept of "inner nature" as a source is at the basis of most modern concepts of individuation and self-realization.

When "inner nature" was understood as part of the larger connection to cosmic nature, when nature was still related to some idea of basic goodness or God, the concept of "inner nature" was able to provide a foundation for various spiritualized theories of individuation, like Jungian psychology as well as some contemporary forms of spirituality. When the spiritual aspects become dissociated, we find the more secularized ideas of self-realization of which our present culture is full. They quite often become materialistic and egotistic, because they obviously lack a transcendent aspect, as the renewed popularity of spiritual movements critically suggests.

Anyway, if we look at Maslow's book again, we see it makes extensive use of the concept of "inner nature", basically understood as a positive, striving towards growth, expression, and self-realization. Reading it, you would also realize that some of us obviously only read half of the book, namely all the parts that emphasize growth, expansion, peak experience, and human potential. The parts where he talks about the necessity of impulse control, endurance, possible suffering, etc., were often quite obviously neglected.

Here we find one of the possible reasons for the partial historic defeat of the humanistic movement, that is, in the overly hedonistic interpretation of the concept of self-actualization. Another reason might be in the change of social and economic conditions that, back then, allowed for more idealistic, inspired movements, while today, a much more materialistic and survival-oriented culture influences our view of reality. Given these developments, the humanistically inspired concepts of self and self-realization became more or less weakened.

In a parallel movement we can note a flourishing of theories on narcissism, like that of Otto Kernberg that emphasizes it's pathological aspects, it's illusionary character fixated on grandiosity, and omnipotence. The humanistic branch of psychotherapy did not adopt these theories in a conscious way. They might have helped to rationalize away the depressive forms of adaptation the once radical, inspired, and optimistic humanistic movement has gone through in the last two decades. But those theories on narcissism did not help at all with the repair of ideals which collapsed at the same time.

To talk about repairing the breakdown of ideals which has destructive consequences on the human psyche is already a way of thinking that is close to the vocabulary of so-called analytic Self Psychology. We believe that developing a

critical dialogue with Self Psychology concepts could enrich body-psychotherapy because there is already a congruence and similarity between these two approaches. We body-oriented psychotherapists could find a more elaborate vocabulary in relation to that mysterious something we sometimes call a "self." This dialogue might also help clarify therapeutic strategies for how to work with the growing phenomena of narcissistic personality styles (or, if you prefer, disorders) that are replacing classical forms of psychoneurosis in post-modern times.

Like body-inclusive approaches to psychotherapy generally, Self Psychology has a much more positive outlook on human beings and their intrinsic motivations than the more classical theories. This definitely includes Kernberg with his Kleinian lenses along with his repetitive warning about the Thanatos-inspired destructive forces of the human unconscious.

Self Psychology starts with a positive understanding of human motivations. In the tradition of body-psychotherapy we call them needs. In the vocabulary of Self Psychology needs are described as motivational systems. For example, we have the need for bonding, physical regulation, mirroring (being seen and empathically understood), alter ego experience; the need for idealization, and merging with an idealized other (or object). With aversive behavior, we have the need for so-called antagonistic ally experiences (somebody we can oppose in a benign way). And, eventually, our needs emerge for sexual, sensual experience and gratification, the need to be effective, and the need for vitalizing resonance (somebody who resonates with our joy or happiness).

A lot of what is found in the motivational theories of Self Psychology is congruent with the basic needs described by body psychology theorists such as Alexander Lowen and David Boadella. Basic needs constitute the core elements of neurotic character structure, if they are not adequately met.

Put simply, in order to develop a strong sense of self according to Self Psychology, these needs require a certain amount of successful resonance or fulfillment. People need to take in or introject what is termed self-object experiences. And that need continues beyond childhood. If there is a successful interplay or enough phase-adequate resonance to those needs, then we are supposed to (are we?) develop a coherent self or, in neo-Reichian language, a core to our personality. This is the center of our initiatives, the place where we organize experience, and the reservoir that contains the individual nuclei of our ambitions, ideals, and talents. These nuclei motivate the self and allow it to move forward with its own sense of direction, and also to create a sense of purpose and meaning in life. The presence of the self in child development, as Winnicott would say, depends on "good enough" self-object experiences. It manifests as a sense of strong and cohesive experience, self worth, and vitality.

If the self is temporarily or chronically undermined, instead of cohesion and vitality we will find forms of emptiness, lack of self worth, and especially fragmentation. The experience of fragmentation can range from irritation to panic, and above a certain level, to psychosis.

More recently, with the development of new ideas about the self, the phenomena of cohesion and fragmentation have been described from a different angle; a more systemic point of view we turn now to examine.

Hijacking, Parts, and the Self

It is a characteristic of some clients that they cannot hold or contain boundaries, or integrate their changing experiences. The function of cohesion for the whole is not operative. Daniel Goleman calls this process "emotional highjacking," which is meant to describe a state of being where parts of the limbic brain are highly activated, the frontal lobes are silent and mainly bypassed in the information processing circuits. Emotions take over, they "hijack" the person into a very limited reality. Alan Schore, Joseph Ledoux, Bessel von der Kolk, and many others have contributed to the biological understanding of how this happens on the neurophysiological levels.

In this article we would like to build on Richards Schwartz's psychological model of what happens in a person that is dominated by limiting experiences. His theory (which is similar to some others, like, Assaglioli, Pesso, Gunther Schmidt, etc.) says that we are really made up of fairly distinct parts. Our psyche in not monolithic. Each of these parts have their own emotions, thoughts, memories, beliefs, and a BODY. These "parts" may be understood as "being-states" that a person lives with and moves through in varying situations.

An imaginary example: A man comes home from work, where he has been in his "business persona." He drives his car and gets upset about the traffic, where he turns into his "caged maniac persona." He comes home where his wife accuses him of some misdeeds, at which point he turns to his "depressed guilty persona." This moves him to seek refuge in front of the TV, where he turns into his "couch potato persona" for three hours before he goes to bed, meets his wife again, connects, and -- to end his day on a positive note -- winds up in his "passionate lover persona."

The core of this theory is that after being sucked into them through the triggers of outside stimuli, we become identified with these states of being we are in. When we are in a given state, our interpretation of reality in the moment, along with its associated emotional coloring,

normally feels "real," valid, and the only possible way to be. This process is automatic.

Stephen Wolinsky uses the term "trances" for these states. He makes the case that as ordinary people we do not really connect to the present moment, to "reality." We just shift from identification with one trance state to another. These trance states are actually regressions, since they shape our perception of a situation on the basis of prior experiences. We have an entire set of readily available, pre-formed trances, habits for dealing with similar situations to the ones in which they were fashioned. From his point of view, as from the point of view of many modalities of body-psychotherapy, we are habitual beings. A situation occurs. It is similar to a pre-learned situation. The appropriate trance is triggered, and a whole set of emotions, thoughts, beliefs, behavior elements, and bodily configurations appear that are ready to deal with that particular situation. The important point here is that we automatically move through these personal sets of being-states or trances that were learned earlier, and that we become identified with them.

According to Schwartz (Schwartz, 1995), these "parts" form a sensitive, inner ecology, based on set relationships between the parts. In his approach the roles and relationships of these parts determine the quality of a person's experience.

The question that naturally arises at this point is who is this ME then? What is truly my self as I move through a set of identifications with ever shifting states? Of course this is also a central spiritual question, and the answer we find will indeed approach the spiritual in some respects.

Schwartz introduces the term "Self" at this point. Since he was a renowned family therapist at first, he approached the term without the preconceptions of intra-psychic training, almost with a virgin-like *naiveté*, which was actually very helpful. His work is now designed to bring forward and establish an identification with a state of Self that is able to understand, regulate and support ALL the parts in a compassionate and all-partisan way. It is a higher level of consciousness with a bodily grounding that can truly integrate and harmonize a disparate set of parts, trances, or being-states. He claims that this Self-state includes and transcends the parts. It is of a higher, more encompassing order while at the same time at the core of our being.

Using the term "holon," Ken Wilber expounds at great length about this aspect of self-organizing systems. Both Schwartz and Wilber continually argue that access to these Self-states signifies a condition of health and maturation. You may notice that here the self becomes a Self with a capital "S." Contrary to Self Psychology, where all kinds of being-states are called self-states, even those which are incapacitating or pathological, Schwartz's Self is meant to specifically point to a distinctive state that is highly mature and cohesive. It is a higher state of consciousness that has the capacity to modulate and integrate an entire system of parts. In this text we will keep writing the Self with a capital "S" whenever we are relating to Schwartz's interpretation of the self notion.

With Schwartz we are entering into a structural and systemic model of the body/psyche that postulates each individual's capacity for a cohesive Self-state. We understand the term "Self" as an abstraction of this cohesive and mature state, as it is understood to have the ability to constructively deal with, heal, and integrate all the parts/trances that a person is composed of--and initially identified with. If no Self-like function was able to accomplish this process, the body-mind-whole would lose integration, parts would polarize, entertain hostile relationships, and fragment. Differentiation would slip into dissociation, as Wilber describes such disintegrative processes of organized holons.

Here is a summary of four practical implications of the Schwartz model:

1) The Self will eventually be able to perform functions of integration and regulation that are temporarily provided by a therapist--or the mothering person on the developmental level. A therapist has to provide space for Self-regulation to occur. Allan Schore has given us a beginning biological understanding for some of what may have to happen in the brain to master this step of self-regulation. As we pointed out, some depth psychologists like Kohut have theorized about the developmental aspects of this process.

2) The emergence of a Self, or expressed phenomenologically, the occurrence of a cohesive, integrative Self-state, is a measure of maturation and health.

3) Maturation does not seem to be based on suppressive functions of the ego, or solely on the free flow of expression, but on integrative functions of the Self that clarify and value the contributions of each component of the body-mind.

4) The path towards Self leadership (Schwartz's term) is characterized by a process of identification of trances, disidentification from them, and eventually relating from the cohesive Self-state that reveals essential qualities of wisdom and compassion. In the course of working with dissociated, polarized, and sometimes deficient being-states (parts) and coaxing forward the cohesive Self-type state, the body is vitally important.

No Self Without a Body

It is important to comprehend the intermingling of the psyche and the body, and how the so-called (S)self-states that Self Psychology and Richard Schwartz talk about, are only completely understood if they are seen as embodied states. Likewise, analytic character theory would benefit from a conceptualization which integrates the concept of a Self.

For body-psychotherapists, of course, it is a commonplace insight that existence starts with embodiment or incarnation, and that our developmental processes happen in the flesh, "in carne." In the last decade it has become much clearer, even to those who do not ordinarily embrace the body as part of the mind, or the mind as part of the body, that the body is deeply involved in psycho-emotional processes, that it is part of the memory system, that it can block and release experiences and memories, that it contributes to and modulates being-states, and that it can trigger transformational processes, etc.

As one example, psychoneuroimmunology has shown again and again how the mind can influence the immune system, and how the immune system can affect the mind. Among others, Candace Pert has gathered an immense amount of research that supports an understanding, even among traditional scientists, that the body co-regulates the whole human system in cooperation with the brain. We are able to demonstrate today that the body is not simply the executive branch of the brain carrying out orders. The brain does not end anywhere in the body. Instead, the body is the original locus of experience, deeply involved in organizing it. The body is also our extension into wider reality with its senses telling us what is true and what not. So if we want to connect to anything that is Self, if we want to feel the reality of it, it will show up in bodily experience. It will be co-held and perceived there. And, if the body is left out, Self experience lacks a sense of reality, power, and authenticity.

To talk about self-states, and to think of them as merely psychological, or intra-psychic, also supports a quality of mysteriousness and the ensuing search for its locus. If we add the bodily dimension to what is called being-states and/or the Self-state we will see contours of postures, breathing styles, and muscular tonus, configurations of flexibility or inhibition, and also, (somewhat mechanistically termed), energetic aspects, which are in fact qualities and degrees of vitality.

While Self Psychologists talk about certain being or self-states, body-centered psychotherapists know about the somatic manifestations of these states. For example: An empty self ("self" only in Self Psychology terms), with its inherent, subjectively experienced feelings of inner emptiness, lack of motivation, despair, depression, and lack of joy, correlates to bodily states that reveal a lack of inner movement and stimuli, lack of tonus and inspiration--in the double meaning of this word--and a lack of emotions, which means a lack of movement towards the world and its objects.

If a bodily configuration demonstrates a collapsed structure, then we are most likely dealing with chronic deficits. If it reveals a repressed bodily structure, then we are usually dealing with the inhibition and repression of anger and rage, emotions which may be a key to change. You will find the equivalent for that in the Self Psychology notion of narcissistic rage and the way that school deals with it. They lend to narcissistic rage some understanding and the right to exist. We in body psychology would provide, in addition, the opportunity for somatic exploration and expression.

This is also the case in what is called an over-stimulated state with its quality of over-excitement, as well as for over-burdened states or unbalanced states. All these states are organized, perceived and expressed on a psychological/psychodynamic, as well as a somatic level. This is especially true for what is called fragmented states, which, if they are severe and chronic, will manifest in the person's incapacity to handle excitement and feel safe, and disclose to visual diagnosis a split, un-integrated structure in the body.

Now, we would like to call attention to another issue that we think explains why operating with a concept of an embodied Self would imply a slight shift in the body-psychotherapeutic perspective, and a more balanced approach to its practice.

No Body Without a Self

Character analysis, which originated with the work of Reich and has been developed by Lowen, Pierrakos and others, focuses on defensive structures in the body, psyche, and behavior. It's practice focuses to a large extant on a systematic--sometimes not so systematic--analysis and transformation of these defensive structures. Sometimes this practice can be very lopsided, focusing too strongly on breaking down defenses. This tendency started with Reich, with his slightly aggressive, militaristic attitude towards the armoring quality of character. If this becomes the main focus, we find an overemphasis in therapy on disidentification and also deconstruction, to borrow a word from the vocabulary of philosophy.

What is equally important is that character defenses are not only defenses against painful experiences. They are also a set of inhibitions of movements towards or away from the world and certain objects; movements that were earlier discouraged through mishandling or the absence of positive self-object experiences. Working therapeutically with these relational conditions can help to support and motivate

the natural and necessary gestures and movements towards the world and its objects. If these actions are successful, they strengthen the leadership position of the Self; it's sense of affective subjectivity, agency, and cohesion. These are the experiences which Daniel Stern, the researcher of infant development, understands as basic for the emergence and the development of the Self.

The bottom line is that many schools of body-psychotherapy, influenced by the concepts of classical psychoanalysis, emphasize the defensive aspects of character, and engage in a predominantly deconstructive practice. We want to assert here that the process of de-armoring and deconstruction needs to be supplemented by a more relational and systemic approach that could support the therapeutic accessing of Self-type capacities. This is necessary to empower a person to relate to the external world and its objects, as well as to internal parts, in a more satisfying manner.

Leading from a cohesive Self-state enables a person to better deal with extreme states, like depression, dependency, rage, etc. Rather than suppressing them or acting them out, their capacities are re-appropriated for Self care. These are capacities of prefrontal-limbic integration which have to be learned, a process that involves changes in the neuronal linkage patterns of the brain, (Schore, 1994).

One last point about the importance of the body in relation to the concept of Self: A central element in the understanding of narcissistic personality structure is the notion that more archaic defense mechanisms are at work than in so-called psychoneurotic disorders. The most significant and most discussed defense mechanism is the process of splitting. Kohutians and neo-Kohutians talk of vertical and horizontal splitting. Vertical means to split off parts of outer reality while horizontal refers to splitting off painful experiences within the inner world.

The *locus operandi* here is the body. In less severe forms the body still informs the psyche, often in a diffuse way, of unpleasant, depressing, painful aspects of the person's reality. These aspects are in contrast to the image the person is identified with. In more severe cases splitting results in desensitization with numb states manifested in the body, states that in themselves fuel depressive symptoms. If splitting is more severe or chronic we might find acute or chronic processes of so-called psychosomatic illnesses.

Focusing on the body and amplifying awareness of bodily signals are of crucial importance in this context. It is a process of helping the person to re-anchor in his/her body, painful and heavy as that might be. After a period of working through, it can hopefully result in a more integrated, cohesive, and pulsating experience of one's bodily self. It might even move toward the recovery of a light, easy, sometimes playful, generally fluid state of presence. It is this that lies at the core of what Maslow once called the "peak experience." We, as well as some transpersonal traditions, and interestingly enough, the Self Psychologists, have called it bliss. In fact, Self Psychology is the only branch of psychoanalysis which doesn't denunciate the experience of bliss as regressive or pathological.

Self-States in Body-Psychotherapy

Although we are searching for a practical way to include a notion of Self in body-psychotherapy, we feel that is unnecessary and unwarranted to make the Self a theoretical construct. It seems that after reviewing the history of the term, we can avoid long discussions on what it really is, by approaching the issue phenomenologically: What do we see happen? How does the phenomenon manifest? Put scientifically: What can we all observe and agree upon if we perform the required injunctions? To make speaking about it easier, we would still call it a Self, or a mature self-state, or some such designation, but we would leave it without objective, final definition.

Now, enlisting Ken Wilber in our deliberations, we can consider the Self phenomenon/Self-state as a state that is capable of profound integration, that encompasses not only body, emotion, and mind, not only all the parts/trances, but also bridges what Wilber calls the right hand and the left hand dimensions, the objective and the subjective, the exterior and the interior worlds. Outward signs can be observed, but the ultimate quality of the Self-state can only be experienced from the inside. Therefore we will describe some observable characteristics, some from the outside, some from the inside, but we will not attempt to define the term completely. Self is a deeply complex and subjective experience, essentially a "higher" state of body-mind consciousness. It is, in terms of Wilber, of a higher logical order than everyday language, and therefore cannot be expressed properly at the language level of ordinary consciousness. It eventually borders upon the spiritual.

So, what is it that we see happening in psychotherapeutic sessions with clients who have advanced to a level of Self leadership, and with therapists who are open enough to allow Self-states to emerge? Typically, we would see a client move slowly, sometimes suddenly, from one state where s/he may have been in some kind of pain, into a very calm and centered state. The bodily experience is often described as moving from heavy/grounded to light, sometimes warm, relaxed, full, gently but fully energized, etc. The more mental aspects often include calmness, clarity, centeredness, and compassion with everything appearing good/right just as it is. Emotions range from total calm to joy.

In practice, we believe that there are Self-states, close-to-Self-states, and being-states that are all functional to varying degrees. Essential Self-states appear after appropriate work, but cannot be cajoled or "made" to happen. They are ultimately spontaneous.

This is very important to understand because of the glamour attached to supposedly “higher” states, and because clients as well as therapists may consciously or unconsciously want to think of themselves in places where they are truly NOT. This tends to result in make-believe, self-delusion, and fake states that do not serve healing at all. The problem is that the notion of Self easily lends itself to any and all manifestations of narcissism.

Practically, the use of cohesive Self-states for clients would be to 1) understand and mirror the experience of the parts/trances compassionately, 2) find ways to meet their appropriate needs, and 3) to coach and modulate their automatic occurrence.

The therapist would systematically support those functions according to the techniques that his or her method brings to the process. In order to evoke a cohesive Self-state Richard Schwartz suggests an indirect process. He does not enlist his clients in a training process that would teach them how to get to a Self-state directly. Instead, he starts by identifying some important being-state the client has named that in Schwartz’s terms would not be a Self-state, but a "part." His client would then explore and "embody" the part, meaning that he or she would look for the body of that part, or a place in their body that holds it somehow.

Typically, he would then ask the client something like: "What would You (your-Self) say to this part?" This question is meant to engage a possible Self - part interaction, which might not be possible for quite some time. Normally, until the Self really shows up and is trusted in the later stages of therapy, it is another part trying to interact with the first part. A common interaction would go like this:

> Client: (after exploration of a part and experiencing it bodily): "When I am in this place, I feel so terribly sad and lonely."
> Therapist: "Feels really abandoned, hmm?"
> Client: "Yes."
> Therapist: "What do You, your-Self, say to this part?"
> Client: (after some thinking) "You can't go on like that!"

Here another part, not the Self, usurps the interaction. It is a part that does not reveal essential Self characteristics such as curiosity, compassion, acceptance and wisdom, but tries to suppress the sad and lonely part. So Schwartz would then identify this new part as another player in the inner ecology, and keep on interacting with these two parts, again and again seeing additional parts appear in interactions rather than the Self, until all the involved parts are identified. Schwartz has a fairly complex method that cannot be explained here, but what typically happens is that after enough parts are identified (which leads to dis-identification from these parts), the client spontaneously (with appropriate coaching) ends up in a Self-state that actually knows how to appropriately deal with and help the parts.

This is very much like the peeling process described in some Eastern spiritual traditions, but also in Western therapies, like Gestalt Therapy. Layers of parts are peeled off until a core, the Self, is left to stand and to take over leadership.

Self-states, when they begin to appear, have the following characteristics:

1) The person is highly integrated or has a high integrating potential. S/he can hold boundaries and maintain cohesiveness.

2) A person in a Self-state can compassionately relate to, support, and help the parts that compose the body/psyche. The client will be able to listen to the pain, to experiences and memories of the parts/trances, and will know how to soothe and relieve them.

3) A person in a Self-state will understand the resources in all the parts/trances, bring them forward, harmonize them with each other, and use them constructively and creatively. S/he can help the parts interact with the world and it's objects.

4) The person is not identified with the experiences or the beliefs of the parts, though S/he relates to them compassionately.

5) There is self-authenticating certainty about the profoundness of the state, with the body providing a sense of deep anchoring and truth to the experience.

6) The person feels nourished and complete. There is a powerful body/mind experience that creates a sense of "presence." This in turn can affect other people in the environment. These other people, like a therapist, are sometimes "triggered" into a Self-state as well. This means that resonance phenomena tend to create shared experiences of Self.

The Transpersonal Dimension

You may have glimpsed by now our position that the conception of Self presented here transcends the old authoritarian view of human nature, which says that it has to be repressed and domesticated by means of a strong ego or super ego. This essential, embodied Self transcends as well those solipsistic concepts of body-psychotherapy that focus on discharge and emptying out. Instead, it circles around the question of which developmental matrices support growth and maturation. It highlights that a human being is motivated toward, and capable of maturation, unfolding, and ultimately--conscious presence. If we do not misconceive the transcendent aspects of the Self as New-Agey and mysterious, we can embrace the fluid, non-static, non-defined qualities of our experience and our Self.

We may also understand that what existentialistic philosophers called "das Sein," or beingness, shines through our Self. We can acknowledge the transpersonal view that the Self is rooted in Being. Self is the core of who we are, as well as what we can be. When its integrating capacities have created a sense of maturity and wisdom for us, when there is less sense of urgency and pain, our focus moves spontaneously away from the former inner turmoil. Instead, we reorient around humanitarian, transpersonal or spiritual questions: What is the place, the role, of this newly unified "I" within the larger whole of which I am a part?

Many eminent minds from Arthur Koestler to Erich Jantsch, from Ken Wilber to the celebrated theorists of Complex Adaptive Systems at the Santa Fe Institute (Stuart Kauffman, for instance) have explicated this universal process which moves integrated wholes toward becoming part of larger wholes; this eternal movement of the universe to create, evolve, and transform itself. If we participate consciously in this movement, our awareness starts to shape our motivations and presence. The concept of an Embodied Self can help us as therapists and clients to be conscious of what is the essence of transformation and health, and to choose our steps wisely.

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Why I Left Psychology (Almost): A Fictional Story That Might Be True

David N. Elkins, Ph.D.

Editor's Note: David Elkins writes about ethics, using the example of dual relationships, from a long and rich background in clinical and academic psychology. He raises important questions about what it means to be ethical, and whether that meaning has been reduced to legalistic discussions of rules of conduct. For those who agree that there must be a more holistic approach, Cedar Barstow's article "Ethics: The Right Use of Power and Influence" in Issue 10 of the *Hakomi Forum* may be consulted. Dr. Elkins article was first published in *The Humanistic Psychologist* Vol. 34 No. 2 (2006): 99-110, and is reprinted here with permission.

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ABSTRACT: This fictional, humorous article pokes fun at one of our profession's sacred cows and raises fundamental questions about our increasingly legalistic approach to ethics. The intent is not to make fun of genuine professional ethics but to point to a deeper, more sophisticated understanding of this important topic. The article is entirely fictional and the characters and settings are not real. However, if you think you recognize some of the characters in the story, perhaps even yourself, you could be right because the article is indeed "a fictional story that might be true."

Introduction

This introduction provides a scholarly frame for the fictional story that follows.

The English word ethics comes from roots that have to do with one's character, yet in psychology we increasingly use the term as a synonym for "rules of conduct" in the profession. Far too often those who teach "law and ethics" courses in graduate psychology programs and in continuing education classes focus on the many rules of the ethics code and spend little time discussing ethics per se. I fear we are training psychologists to be legalists instead of ethical professionals who know how to apply wisdom, compassion, and justice to the complex situations they confront as psychologists.

Years ago Kohlberg (1976) and Gilligan (1982) made us aware that there are different levels of moral development and functioning. Kohlberg posited a hierarchy of moral development that viewed legalistic rule-keeping as a sign of lower-level moral functioning and following high-level moral principles as the ideal. Gilligan pointed out limitations of Kohlberg's research and model and emphasized that a true "ethic of care" is not simply about following an abstract moral principle – even a worthy one – but more about compassionately considering all those who will be affected by a particular action or decision. Kohlberg and Gilligan did agree, however, that there are degrees or levels of moral functioning and that legalistic adherence to rules represents a lower level of such functioning. In my fictional story readers will hear the echoes of Kohlberg and Gilligan.

In regard to the ethics of dual relationships, an issue addressed in my fictional story, Lazarus and Zur (2002) raised concerns about our profession's negative attitude toward all dual relationships and argued that *certain* carefully considered multiple relationships with clients can be not only ethical but highly beneficial. Their thoughtful, scholarly approach to this complex issue is a breath of fresh air in a profession where legalistic attitudes seem to be gaining ground and where it is sometimes difficult to determine how much of our ethical thinking is driven by genuine concern for clients and how much is driven simply by fear of lawsuits.

To avoid giving the wrong message, however, I would like to make it clear that I am not advocating that psychologists and clients (or professors and students) should be free to engage in any kind of dual relationship they wish. Indeed, certain dual relationships can be problematic, damaging, even disastrous. For example, I believe that sexual involvements with current clients or students should always

be avoided. Having made that clear, however, I do agree with Lazarus and Zur that our profession has swung too far in the other direction, having become paranoid about all dual relationships and having failed to see the benefits of carefully considered multiple involvements, along with the very real damage that too much "professional distance" can do. I hope my fictional story will shed light on these issues.

Although I said my story is "entirely fictional," one small part is true. I actually was a conservative minister and left the church more than 30 years ago. My theological training involved a strong dose of ethics and one of the first lessons I learned as a young ministerial student was that ethics and rules are not the same. Genuine ethics has to do with the development of a just and compassionate human being. Rules, on the other hand, are the province of legalists who tend to become more concerned about rule-keeping than about what it means to be a truly good human being.

Regarding my personal views on the opinions expressed in the fictional story, I agree with all those who challenged the young professor in this sense: they were all at least intuitively aware that genuine ethics involves more than simply applying a black and white rule from an ethics code. I especially identify with the grandmotherly woman crocheting the afghan who took it upon herself to point out the difference between legalism and genuine ethics. She expressed my point of view beautifully – far better than I could have done myself.

Finally, just for the record: I am now retired and in my 30 years as a clinical psychologist and professor, I was never accused of an ethical violation nor was I ever the object of a lawsuit. The only way I can account for this is that I had very forgiving clients and students.

I hope you enjoy the following story and find that its *humorous*, fictional nature does not dim its illumination of a very serious topic.

A Story: Why I Left (Almost). . .

Awhile back I had reached the end of my rope with psychology. I was angry as hell and I wasn't going to take it any more. I hated HMOs, clerks with B.S. degrees telling me how and when I could treat my clients, APA formulating treatment guidelines to tell me how to practice, short-term therapies being taught to our graduate students so they can get jobs in the insane marketplace, psychologists seeking prescription privileges as though we don't have enough pill-pushers in this country as it is, and colleagues all around me using models of therapy that would work better with robots and pigeons than with human beings. I'll admit it: I was one cynical S.O.B. I had talked it over with my wife and was making plans to refer my clients. As soon as the task was accomplished properly, I planned to turn in my license and do something more honorable such as selling used cars or working as a telemarketer.

But you don't know me from Adam, so let me back up and tell you a little about myself. I became a psychologist in 1973. For thirty years I've listened to clients' hopes and dreams. I've witnessed their courage in the face of tragedy and loss. I've watched middle-aged men who had lost their way find their souls again. I've seen abused women rise up and become strong. I've seen little boys and girls, depressed by burdens no child should have to bear, find joy again. I've seen marginalized people find their voice and become forces for change. I wouldn't trade these experiences for anything in the world. Nevertheless, I was going to turn in my license and leave the profession.

It wouldn't have been the first time I had bailed out of a profession. I grew up in the Bible belt and was originally trained as a fundamentalist minister back in the 1960s. After five years of giving it my best, I knew I wasn't cut out for the job. No matter how hard I tried, I couldn't follow all the rules and I felt like a hypocrite. I'd preach against lust, but find myself staring at the shapely bodies of female parishioners in the church parking lot as soon as church was over. I'd tell my parishioners to read the Bible every day, but I didn't do it myself. The truth is, I found the Bible pretty dull, especially those Old Testament passages about who begat whom and those stories about how God commanded his people to wipe out whole towns including the women and children. I found that hard to swallow. Also, I sometimes found it hard to pray for the sick, especially those who were obviously dying. I remember going to the hospital to visit a man in his thirties who was eaten up with cancer. In six months, he had gone from 175 pounds to 85. He had a wife and two young kids who loved him more than anything else in the world. When I arrived, his wife took me aside and asked if I would beseech God for her husband's life. She used the word *beseech* because she thought it meant to beg God with everything in you. I knew her husband was going to die and there wasn't anything I could do about it, but when I saw the desperation in her eyes, I walked over to the bed, took the man's bony hand, and I beseeched God – as best I could -- to let this young husband and father live. He died two days later.

I think that's when I decided to leave the ministry. I wasn't good enough and didn't believe enough to be a man of God. I couldn't follow all the rules and I didn't have enough faith to save anyone. My family and I lived in Michigan at the time so I resigned from the ministry and took a job on the Fisher Body assembly line. My wife was with me all the way, but when my parents and the rest of my clan heard that I had left the ministry, they thought I was going crazy. I thought I was becoming sane.

It took me about a week to know I didn't want to build cars the rest of my life. I still wanted to help people. A friend

asked me if I had ever considered becoming a psychologist. "Not really," I said. But after thinking about it for a couple of days, I thought it might work. Psychology was a secular profession and maybe it didn't have a bunch of rules and maybe you could serve others even if you weren't perfect. With a renewed sense of hope, I applied to a doctoral psychology program on the East Coast. To my surprise, they accepted me, and I began classes in the fall of 1969.

Almost immediately, I felt at home. I knew I had found my place in the world. Humanistic psychology was at its peak and almost every class I took, regardless of its title, turned into an encounter group where students and professors talked heart-to-heart. We didn't know about the horrible dangers of dual relationships in those days. We went to our professors' homes, drank beer with them at the local pizza place, and discussed everything from the sexual revolution to the heavy social issues of that time. My doctoral class of fifteen students was made up of whites, blacks, Jews, Latinos, Asians, and, of course, one former fundamentalist minister. We argued, got angry, cried, supported each other, and somehow found a way to stick together. One of our professors owned a cabin in upstate New York and once during spring break we all piled into cars and spent the week with him and his wife at their place in the mountains. I could not have received a better education.

One of my classmates, a bright Latino woman whom we all adored, was working at the university clinic. She fell in love with one of her male clients and he fell in love right back at her. She discussed this openly in our practicum class and tried, unsuccessfully, to work through her feelings. Ultimately, she decided her feelings were real and not simply countertransference. Our practicum professor, an elderly gentleman who was both wise and kind, told her she must bring the therapy to an end, make sure the young man was properly referred to another therapist, and then he saw no reason they couldn't date. The young woman handled the situation beautifully. A year later she and her former client were married. Today, they have three grown children and four grandchildren. I attended their thirtieth wedding anniversary last August and they're still in love with each other.

During the second year of my doctoral program, I had a group therapy class with a wonderful professor. When the course came to an end, I asked her if she would take me as a client. She said that if I didn't plan to take any more classes with her, she would be glad to see me in therapy. Since I was a graduate psychology student, she asked if I would like to serve as a co-therapist in one of the therapy groups she ran at her clinic. I jumped at the chance. I had my personal therapy with her on Tuesday mornings and then I'd help her run the therapy group on Tuesday nights. My group work often brought up issues for me that I would discuss in my personal therapy. She was my support system through the rest of my doctoral program and wrote me a glowing letter of recommendation that helped me land a top-notch internship. Through my multiple relationships with this brilliant and caring woman, I gained confidence and maturity as both a person and a professional.

I completed my internship after a year and graduated in 1972 with my Ph.D. in clinical psychology. A year later I passed the state licensing exam and in 1973 five of my classmates and I, along with one of our favorite professors who was retiring from the university, started a clinic. Our beloved professor died in 1994, but the rest of us still work together at the same clinic. We have served more than 20,000 clients over the past thirty years.

Fortunately, none of us has ever been sued and only one of us – a man whom I'll call John -- has ever been accused of an ethical violation. A little over a year ago, John was working with a female client who began showing up at our clinic at odd times and demanding to be seen. After rearranging his schedule a couple of times to accommodate her, he finally told her that unless it was a true emergency, she would have to stick with her regular appointments and that he would not see her any more on a "walk-in" basis. A few days later the client sent a letter to the state psychology board saying that John had "abandoned" her and that if they didn't revoke his license, she would sue both John and the committee. The board took nearly a year to investigate the matter. The five-member committee interrogated John on two different occasions for more than two hours each time. John had to get colleagues to write letters on his behalf and he consulted his attorney numerous times while the investigation was going on. Finally, after a year the psychology board decided the allegation was groundless and dismissed the charge. Of course, John's life had been disrupted and he had been pushed to the brink of depression worrying and trying to defend himself against a ridiculous charge. John is one of the kindest, most ethical people I know. It was hard to see him go through that.

For me, John's ordeal was the last straw. As I said earlier, I was already disillusioned with my profession so it was easy to decide to quit. However, because the expiration date of my psychology license was coming up soon, I knew I'd have to renew it in order to have time to end with my clients. That meant I'd have to finish my continuing education units required to renew my license. Ironically, the one CE class I still needed was "Law and Ethics."

The "Law and Ethics" class, which was offered as a one-day workshop in a nearby city, was taught by a young professor who had gotten his doctorate a couple of years before at a well-known school on the West Coast. As he began the class, he told us quite proudly that he had always wanted to be a lawyer, but had decided at the last minute to become a psychologist instead. With that introduction, he launched into what would turn out to be a seven-hour lecture, with a lunch break in the middle, focused mainly on the ethics code of the American Psychological Association.

The young professor had a way with words and with his lawyer-like mind he managed to ferret out nuances from the ethics code that I had never even considered. He peppered his lecture with case illustrations to show how easily -- and sometimes without even knowing it -- one could become an unethical psychologist. He handled questions from the audience with ease, giving thorough and crystal-clear answers.

At one point he was talking about the requirement in the ethics code that psychology training programs must tell students before entering the program if they will be expected to discuss personal information as part of their training. An old professor sitting next to me raised his hand. "Are you telling me," he asked, "that I could be brought up on ethical charges if I ask students in my group psychotherapy class to share something personal about themselves -- even if I make it clear that they can share at whatever level they wish?" The young professor smiled benevolently across the forty years that separated him from the old gentleman. "Let's put it this way," he said, with just a touch of condescension. "If your university has not officially informed students when they applied to the program that they could be asked to share personal information in some classes, then you would be ethically at risk if you were to ask your students to tell anything of a personal nature." The old gentleman shook his head in disbelief and went back to doodling on his notepad but I heard him say under his breath, "What the hell do they think psychology is about anyway?"

The professor continued his exegesis of the ethics code. By the time we broke for lunch, I had counted thirteen violations I was quite sure I had committed and thirty-three others that were real possibilities. I was scared and having fundamentalist flashbacks. The professor reminded me of ministers I knew as a boy who seemed to enjoy naming all the sins one could commit that would send you to hell. I flashed back to my ministerial training and to the famous sermon by Jonathan Edwards titled "Sinners in the Hands of an Angry God." Members of his congregation had actually fainted when Edwards described in graphic language how sinners dangle by nothing but a thread over the fires of hell. After listening to the young professor, I knew that I was dangling by a thread over the fires of psychology hell and my only hope was that my clients would be nice enough not to turn me in. What scared me most -- which also reminded me of my fundamentalist upbringing -- was that ignorance and good intentions made no difference. The young professor had made it clear: If we violated the ethics code, we would be cast into hell and nobody -- certainly not the American Psychological Association -- would come to our rescue.

I went to a fast food restaurant for lunch and had a sourdough burger and a large diet coke. Fast food always calms my nerves so by the time I returned for the afternoon session, I was feeling better and thought maybe I had simply overreacted. Little did I know that the worst was yet to come. The afternoon session focused on multiple relationships and the young professor described in great detail all the sins one could commit related to such relationships. For example, he told us in no uncertain terms that we were putting ourselves at grievous ethical risk if we became friends with a client when therapy ended. He said that while the ethics code did not directly address this issue, almost all problems between therapists and former clients had begun with such "boundary violations."

A woman at the back of the audience who was crocheting a purple afghan and wearing beads she had apparently salvaged from the sixties pointed out that this was strange since the ethics code allowed therapists, if certain stringent criteria were met, to date a former client two years after therapy ended. Holding the afghan up to inspect her work, she asked the young professor nonchalantly, "Does that mean I can have sex with a client after two years so long as we don't become friends?" The audience cracked up. We thought she was pretty funny. The young professor didn't. "Are you making fun of the ethics code?" he asked, with a sternness that reminded me of Jerry Falwell. "Of course not," said the woman as she began crocheting again. "I would never poke fun at a sacred cow."

The young professor didn't quite know what to say. After all, the woman was old enough to be his grandmother and judging by the laughter, the class seemed to be on her side. So he cleared his throat and took up where he had left off, forging ahead to describe more perils of multiple relationships.

"Suppose your client owns a car dealership in town," he said, "and you are in the market for a new car. Should you buy your car from your client or should you go somewhere else?"

An attractive young woman sitting on the front row asked quickly, "Current client or past client?"

The professor smiled. I got the feeling he liked the young woman. She had wild blonde hair, wore tight blue jeans, and had a body that would stop a train – not that I had noticed, of course.

"Let's say for sake of argument that he's a current client," replied the professor.

"Then no way," said the young woman. "If you bought a car from him, it could mess up the transference big time."

"Ding!" said the professor. "You get an 'A' in my class."

The young woman smiled. She had nice lips and perfect white teeth. "Why thank you, Professor," she said in a coy voice that somehow reminded me of Britney Spears.

I couldn't help but wonder if we were witnessing a dual relationship in-the-making. To be honest, I was feeling a little old and jealous. At that moment I would have been glad to see the handsome young professor dangle over hell and even drop – as long as he left Britney behind.

"Now, let's make it more difficult," said the professor. For a minute, I thought we were about to go deep. I was wrong. "Suppose the car dealer's therapy had ended a year ago. Would it be okay for you to buy a car from him?"

This was obviously too complex a question for Britney. Besides her score was perfect so far and I had the feeling she didn't want to mess it up by saying something stupid.

A man sitting across the aisle from me – I'd say he was in his early forties -- raised his hand. "Generally speaking, I think it would be okay," he said. "I worked in a small town in South Carolina for ten years and actually faced this problem. One of my clients was the local car dealer – the only dealer for miles around. He came to see me for about a year. I bought one car from him when he was my client and a couple of others through the years after he ended therapy. I can't see that it hurt anything. In fact, I think he would have been upset with me if I hadn't bought from him."

The young professor nodded. He had decided to try a more understanding approach. "Well, in the old days," he said, "such loose ethics were quite common, especially in small towns. But if you lived there today, what would be the ethical thing to do?"

The man looked a little put-out with the professor. I figured the term "old days" or maybe "loose ethics" is what had riled him.

"Well, I guess I'd just have to forget ethics and do the right thing," he said *with a rising voice* and a heavy Southern accent I hadn't noticed before. "I'd buy my cars from him just like I always did and I'd also have him over for supper if I wanted to!"

This was a pretty direct challenge to the professor's authority and several of us sat up in our seats to see what would happen. The professor was red-faced and the veins on his perfectly tanned neck were standing out. For a minute I thought he was going to jump over desks and tear the man's heart out. Instead, he pointed his well-manicured finger at the man -- and at all us dangling sinners, I thought. "Listen to me," he said. "Some of the best minds in our profession wrote these ethical standards. They are designed to guide us, protect us, and keep us from being sued. If you want to ignore them or make fun of them, then go ahead, but remember this: you will end up before an ethics committee, very possibly lose your license, and be *personally* and professionally humiliated and disgraced." By the time he finished, he was almost shouting. I was having a panic attack and had slouched down in my seat waiting for an angel of God to swoop down and cut the threads of those of us who were dangling over hell because of multiple relationships with car dealers.

The woman with the afghan didn't seem particularly perturbed. "I always thought ethics was about love, compassion, and making sure we treated our clients with dignity and respect," she said, her quiet voice in stark contrast to the professor's loud ranting that still hung in the room. "Unfortunately, classes like this, along with those we get in graduate school, always focus on rules -- and rules don't have much to do with ethics, really."

Everybody became quiet. The woman continued. "I wonder how many of those who wrote the ethics code have formal training in ethics. And what about those who teach ethics in our graduate programs and in continuing education classes like this one? If I were to guess, I'd say very few have training in ethical thought. Ethics is a huge and complex field. I have two doctorates, one in philosophy with a specialization in ethics and one in clinical psychology. The program in ethics was much more difficult than the psychology program."

She looked at the professor and gave him a grandmotherly smile. "You seem like a nice young man," she said, not a trace of condescension in her voice. "But let me ask you: do you have any formal training in ethics?"

The professor stammered. "Well, I . . . I . . . I have spent my entire professional life studying law and ethics in psychology," he said.

"I'm sure you have," said the woman," and you are very bright and articulate. But based on what I've heard here today, I'd say you're a legalist -- one who knows all the rules but little about ethics."

At this point I was getting intrigued and had even stopped watching for swooping angels.

The woman continued, "Legalism is an old problem when it comes to ethics. People start out with good intentions. They know that compassion and justice are important, so they attempt to capture these qualities in a written code. It never works because people begin to focus on the rules and forget about the values that gave rise to the rules in the first place. Genuine ethics can never be captured in a list of rules, no matter how detailed. In fact, rules tend to kill compassion and justice. As one of my philosophy professors used to say, "When the spirit of compassion dies, its remains are embalmed in the form of an ethical code."

She paused for a moment to let that sink in, and then continued. "And why do we have all these detailed rules about multiple relationships? That kind of tediousness is rather new in psychology and I suspect it came about primarily due to lawsuits, not good ethical thinking.

Certainly, we must never exploit or damage our clients through multiple relationships, or in any other way. The same is true of professor-student relationships. I'm a professor, so let me speak to that. The legalists in our profession seem so concerned about personal sharing and multiple levels of connection between professors and students. Of course, we all know professors who have exploited students, just as we know unscrupulous therapists who have taken advantage of clients. But just because we have unethical professionals among us who use personal connections and open sharing to exploit students and clients, does this mean that personal connections and open sharing are therefore inherently suspect? What kind of twisted thinking leads us to such ridiculous conclusions?"

She looked up from her crocheting to see if anyone cared to answer her rhetorical question. When no one said anything, she continued. "And then there's the ethical issue that no one ever seems to address: What damage is done when we are so concerned about multiple relationships that we never go to lunch with our students, never invite them to our homes, never interact with them anywhere except in the cold environs of classrooms and faculty offices? Or what does it do to the soul of a student who speaks of something personal in class and is then told by the professor, explicitly or implicitly, that such topics are not appropriate in the classroom. What message does this send to students about opening up their hearts, about becoming warmer and more compassionate human beings? What message does it give our students about how to treat their own students when they become professors?

As an ethicist, I find it strange that no one in psychology seems to be asking about the damage that emotionally unavailable professors do, not to mention emotionally unavailable therapists whose name is legion. When I was a graduate student, the professors who damaged me most were those who had such "good boundaries," as we say, that I always felt like an object on the other side of their walls. I find it puzzling that in other areas of society we condemn those who treat others as objects but in psychology we not only continue to treat others as objects but we invent jargon such as "good boundaries" and "blank screens" to justify our aloofness and unavailability. Here's what I believe: Anything we do that diminishes our clients' or our students' humanity is unethical."

The woman stopped and the room was silent. Her last sentence seemed to hang in the air. *Anything we do that diminishes our clients' or our students' humanity is unethical.* We were in the presence of wisdom and we knew it. Some of us, reminded of more humane times in our profession, had tears in our eyes. Even Britney and the young professor were quiet. I wasn't sure either of them had actually gotten the point, but at least they knew when to be silent. Finally, someone noticed the time and said, "It's 5:00 o'clock. Time to go." We all got up and filed silently out of the room, picking up our CE certificates on our way out the door.

When I got home, my wife was in the yard tending the roses.

"How'd your class go?" she asked. "Was it as boring as you predicted?"

"No, it actually turned out to be pretty good," I said.

For some reason, I wanted to break through boundaries, so I walked over and gave her a hug. "Honey, I think I'll stay at the clinic after all," I said. "Would that be okay with you?"

"Of course," she said. "I was hoping you wouldn't quit. I know how much you love what you do."

I just smiled and didn't say anything. I went in the house and began making phone calls to some old colleagues and clients -- just to tell them how much they meant to me.

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Shifting States of Consciousness:
The Re-Creation of the Self Approach to Transformation

by Jon Eisman, CHT

Editor's Note: Standard Hakomi Therapy has normally applied the Witnessing state of consciousness to working with ego states, or parts. The overall goal of the therapy is not only to heal ego states, but to ground the person in the larger consciousness of the Witness, or what Richard Schwartz calls the Self (see the article by Marlock & Weiss). However, this ultimate goal is usually attained as a by-product of working with the ego states. In his inventive approach to the Re-Creation of the Self, Eisman offers direct methods for evoking the larger Self consciousness as the immediate goal and direction of the therapy. Eisman's work reflects the *Zeitgeist* in that his movement of therapy beyond self-realization to self-transcendence was developed independently, though parallel to the work of Almass (1988), Schwartz (1995), and others.

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ABSTRACT: Outlines various presenting client issues in terms of neural activation. Differentiates working with the resultant self states from evoking a preferred state designated the Organic Self. Notes difference in emphasis from classical Hakomi Therapy and Re-Creation of the Self methods. Offers five clinical ways of facilitating clients to ground in the larger consciousness of the Organic Self state.

Introduction to Falling Awake

In my last article for this journal (Eisman, 2005a) I outlined the three kinds of psychological woundedness that clients present, based on the arena of neural activation and patterns that are formed through experience. The three are Neurological wounding or Trauma; the Fragmentation of Consciousness; and what I call Derivative Experiential Content [DEC]. I described them this way:

Neurological wounding refers to issues of self that are specifically lodged in the Autonomic Nervous System (trauma and attachment issues; Perry & Pollard, et. al, 1996; Karen, 1994) 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 (Ledoux, 1996).

All of these are held by *neural patterns* in the brain and body: habituated collections of nerve cells that over time have formed structural and functional associations that generate particular experiences (Siegal, 1999). Patterns interact to create neural networks, and so a variety of experiences become linked (e.g., tightening the shoulders, feeling fearful and having the thought "They won't let me...").

These patterns are "use-dependent," so that the more a neural sequence fires, the stronger the links between those neurons become, and the more likely they are to fire together again. Use a particular pattern, and its presence and tendency to fire is reinforced (Morgan, 2004). Stop using it, and it begins to diminish, and the experiences of that pattern (the feelings, sensations, thoughts, impulses, etc.) become less likely to occur. It is this particular neural fact, that sustained use reinforces the likelihood of an experience that creates the kinds of woundedness that clients report as having control over their lives, and that psychotherapy processes seek to transform.

In the *Re-Creation of the Self (R-CS) Model of Human Systems,* the primary form of woundedness addressed is the Fragmentation of Consciousness. R-CS 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" (Eisman, 2005).

Each of these "self-states" is a neural network, comprised of specific thought patterns, somatic tensions, postures and im-

pulses, moods, etc., and formed to embrace a particular limited orientation to being in the world; the seemingly undeniable fact of one's unlovability, say, or the strategic need to charm others in order to be liked. R-CS identifies four general kinds of self-states: "*Hurt Selves*, holding the experience of being somehow inadequate or shameful or fearful; *Spirits in Exile*, containing the wish for a desired experience, but not daring to pursue it; *Strategic Selves*, steering the person away from pursuing specific experiences to avoid the Hurt; and *Survivor Selves* continuing to lobby for a person's right to be oneself fully" (Eisman, 2005b). Self-states form around each significant wounding experience, leading a person to have multiple internal identities, a veritable "inner committee" (Eisman, 1989) of Self.

Underneath these fragmented aspects of Selfhood, however, is an innate, spiritually based blueprint and drive towards Selfhood called the *Organic Self*, which both recognizes our basic connectedness to all other life, and also has the specific purpose of expressing and maintaining the unique individual qualities of each person. In fact, the Organic Self is actually the only permanent aspect of Selfhood, the default mode of Self, if you will. It is the Organic Self that puts itself into the various trances of the self-states, in its attempt to reconcile seemingly impossible experiential situations (such as, say, holding a core sense of lovability and being ignored by one's mother. . . .)

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 (Eisman, 2005b).

Neurologically speaking, we have a neural network that holds the collective, expansive experiences of being in our Organic Selves, and we have, over time, developed parallel neural patterns that generate the more confined experiences of our fragmentation. When any of these networks is activateed, we experience the specific experiential components - the specific postures, thoughts, attitudes, etc. - around which those patterns were formed (Fosha, 2002).

Hakomi, and most methods of therapy, engage the *derivative experiential content* of these patterns, and work to evoke, embody, illuminate, explain and transform this content. In Hakomi, we begin by creating a loving, accepting, compassionate, therapeutic relationship to allow the client's unconscious to trust us as a container for their experience and core material (Lewis, Amini & Lannon, 2000). We then assist the client to immerse in and study his present experiences (the derivative experiential content), as a way to discover the core formative memories that have created limited, habituated beliefs. We then offer a missing experience, which stands in contrast to the habitual one the client expects to have, and so provide a new way to organize one's orientation to life (Kurtz, 1990).

In neurological terms, we are gaining the client's trust so that we can safely activate the neural patterns holding their perception of woundedness; allow them to feel the raw, unfiltered pain of their core neural pattern that generates all the somatic/emotional/cognitive content; and then provide an experience not contained in or derived from this core pattern, thereby requiring the client to use a different or new sequence of neural activation to hold this new experience (Shore, 1994). The newness of this event is what generates the sense of *aha!* that inspires clients, and forms the basis of what Hakomi calls *transformation*. We then go on to work carefully with the client to integrate this new pattern, because, as we know, all such patterns are use-dependent, and the more the client uses the pattern (practices the new belief and generates the new set of thoughts, emotions, postures, etc.), the more solid and habituated the new neural network becomes. Voila! Changes happen!!

In examining this highly effective process, we can note an interesting, almost mechanistic curiosity. Because we orient around our identifications with experiences, we tend to regard them as real - that is, the fact of experiencing an experience (feeling an emotion, having a certain thought) makes us believe in the absolute quality of that event. If I feel sad often, I must be a sad person; sadness is part of my make-up in the same way that being short or tall or blonde or redhead may be.

When we look at our experiences from the neurological perspective, however, we can see that if we are sad often, it does not in itself mean that we are a sad person, but only that we have a habituated tendency to activate the particular neural pattern that generates the experience of sadness. Such sadness does not exist until those neurons fire in sequence together. Because we fire them frequently, we assign fact and identity to them, as if there were some reservoir of sadness inevitably within us. In fact, there is no such reservoir, only the frequently or even consistently employed ability to generate that feeling.

Reifying the content of the networks - making them into concrete entities - is the mistake made by earlier practitioners of the expressive therapies. Catharsis was seen as a way to drain such conceptual reservoirs, and, of course, expressing that felt pain had a definite momentary satisfaction to it. But it did little to dismantle the generative neural pattern - in fact, we can hypothesize that such catharsis provides repetition of use, and so more likely serves to reinforce the pattern. Ron Kurtz once described to a group of us a client he had seen who had been doing Primal Scream for nine years! In that client's very first session with Ron, he achieved a sense of peacefulness that he had not previously experienced in all that time, not by wailing and writhing, but through Ron's gently embracing the distraught, actual inner needs of the client.

This example leads us to an equally important perspective: In the same way there is no reservoir of sadness, there is also no inevitably present inner child; only, again, a complex neural network capable of and habituated towards generating the experiences of feeling young, holding one's body in a youthful way, etc (Eisman, 1989). The limbic feeling state of being a child, the skewed perceptual orientations (things look bigger, language gets simpler) and so on, make us believe that we do indeed have a younger self lodged within us; but the physiological truth is that our inner child, no matter how tenderly or not we may feel him or her, is actually one more momentary eruption of our incredible experience-making machinery.

All of this clarifies the true nature of transformation: change is perceived when we locate in (i.e., activate) a neural pattern different from the one we expect. If we trust someone, and they do something we feel betrays us, we form a new neural pattern around that behavior, and we move from confidence to suspicion in our dealings with them. In therapy, change happens when a neural network parallel to the old limiting one, becomes the new staging ground for the client's experiences.

As stated above, Hakomi does this by assuming the validity of the experiential content, and evoking it to provide an arena for a parallel so-called "missing experience". In R-CS, the notion is held that such parallel networks *already exist*: the innate, always present Organic Self. R-CS therefore pursues change not by engaging fully the content of the limiting patterns, but by assessing the state of consciousness present that is generating the content (the *who*, as well as the *what*), and then moving as quickly as possible to the already existing parallel neural track of the Organic Self. The content of the limiting pattern is engaged only enough to allow the client to recognize that this pattern generates a state of experience that is unpleasant, and so become motivated to seek a more preferred state and set of experiences.

We can see a similar process involved in our relation to dreams. While we are dreaming, we are located in a particular set of neural patterns and immersed in the experiential content those patterns are creating. The dream seems real to us. When we awake, however, we move into a different state of consciousness that is engendered by a different neural network. From this waking state, we recall the experience of the dream differently - now it does not seem real, now we are not able to fly, or need to find our way through a vaguely familiar train station - now it is "just a dream," and we believe in the reality of our present state.

In this way, attending to the content of our fragmented self-states is like trying to understand and manage the elements of a dream, as opposed simply to waking up. The thoughts, gestures, feelings, etc. that the client presents, the sense that he or she has a reservoir of sadness, or an ignored inner child, are all part of the dream of those fragmented self-states, and, in this context, working with them constitutes dream management. In contrast, R-CS pursues "falling awake." It seeks to engage those experiences just enough for the client to realize he would prefer to wake up, and then, rather than helping the client learn more about the nuances of that dream - all the experiential content held in that neural network - it pursues the immediate shifting of consciousness from the contracted trances of the fragmented selves back into the already present, expansive and experientially preferred state of the Organic Self.

This orientation towards preference is essential to this process. It is based on the perception that the Self's main mission is to prefer and pursue, at any moment, the next self-relevant experience that gives it pleasure of some sort. This impulse towards preferred experience is called the *Organic Wish* (Eisman, 2005b). It applies both to simple momentary urges like "I'm laying on my left side, and now I think I'll turn onto my right," as well as complex, multi-year projects like, "I think I'll become a therapist and go to school for 36 years..."

In Hakomi terms, the Organicity of the client is seeking a preferred state, and so pursues therapy as a means to that end. Hakomi engages the existing state, gradually working towards a parallel experience. R-CS employs immediately this *Organistic Impulse*, and allows the client to recognize immediately the nightmare quality of their habitual networks.

Also essential here is the distinction between the derivative experiential content and the trancelike *states of consciousness* from which (along with trauma) such content derives. I call these *feeling states*, since they combine both the emotional and kinesthetic senses of the word "feeling" (*I feel happy*; *I feel tense*) along with the distinct qualities of states of consciousness. Feeling states are primarily limbic; more implicit than explicit, more mood than concept, more impulse than plan, more instinct than sensation (Fosha, 2002). We experience them more as a kind of bodily knowing, a sense of being, a mood-framed "world," than as a well articulated phenomenon (Eisman. 2005b).

In shifting from one neural network to another, what is important is not the embracing and clarification of the details of the states, but the felt preferred sense of the feeling states themselves. In a debate about flavor, the question would not be whether you like chocolate or vanilla, but whether you like talking about flavor. In therapy, not whether you are lovable or not, but how do you feel when you are processing each of those options. That is, when you are immersed in the feeling state of the perceived reality that you are not lovable, do you like existing this way - would it be ok with you if you were always feeling this way? When you are in the feeling state of *I deserve to be loved*, how is the overall sense of being in that place - do you like it or not?

Often with clients I will ask them to decide the following; for the next five minutes, would you like to be massaged, or to hit yourself in the head with a hammer? Everyone, of course, votes for the massage. Then, as we continue to work, I'll ask them to notice carefully whether having such and such a thought, or holding their body a certain way, or keeping a certain image in mind, etc. feels like a massage or a hammer to them. Not whether those experiences are important or valid or urgent or to what they lead, but what is the feeling state - massage or hammer - that they find themselves in when experiencing those events. In this way, we can become clearer about our habits of hammering ourselves, and begin to Orient towards experientially preferred feeling states, rather than debating the specific content of those states.

Of course, our varied experiences may not be quite so simple or black and white. Just as we may enjoy both chocolate and vanilla, so having a certain thought or emotion may require deeper investigation to become clear, as the word Hakomi states, where we stand in relation to that particular realm. Inevitably, however, we will eventually be able to discover our preference for experience. And the more painful and limiting an experience, the more black and white the choice will seem. In those cases where an experienced is mixed, and contains both preferred and aversive elements (living with teenage children; for example), it becomes necessary to sort out which pieces are preferred and which require change. We'll discuss this further later in the article.

Because our fragmented states were created solely to hold a single though often complex perspective, it is impossible to argue against that perspective while in that state; there is just no file on anything else, or, to put it another way, there is no neural pattern in that state that can hold a different perspective. So arguing vanilla to the chocolate network is hopeless. In fact, much of what clients present is the stalemate between their self-states; the *I'm unlovable* network counterpointing endlessly the *I deserve to be loved* network. When we invite a client to notice her relationship to this stalemate, neither network has the capacity for self-reflection (only, again, self-declaration of it's narrow perspective). To respond to the request, the client must engage *a parallel network* - one organized around noticing and not preaching. In this way, the closed system of the limiting neural network is "jumped", to use Ron Kurtz's term (Kurtz, 1990), and the client is now organizing experience from a different set of neural structures.

Again, essential here is that this new, parallel network will inaugurate a different feeling state in the person. The dueling feeling states of, say, *unlovable depressiveness* and the bittersweet helplessness of *deserving-but-not-having* are suddenly replaced by the optimistic, self-supportive expansiveness of investigating what feels best to oneself. It is essential to the process here that the client be directed, in the moment, to noticing the experiential fact of this more expanded feeling state, because such awareness alerts the client to the dream of the previous trances, and so allows for disidentification with them and their content. If not, the old patterns will quickly reestablish their habitual control of the senses, and the client will return, yet again, to her automatic world of internal struggle. If aware of the feeling state of this parallel network, the client can then, again, recognize which is a hammer and which the massage, and will continue to be motivated to catch herself when she downshifts into limiting self states.

In this way, using mindfulness as a "reference for the preference" (Eisman, 2005b) ultimately requires the client to make an existential commitment to his or her own Selfhood - to choose, moment by moment, whether to massage or hammer oneself. Rather than feeling a victim of one's history, the client is inspired to take responsibility, fully in the present, for the quality of experience that she has.

At present, R-CS describes five avenues of assisting this shift in states to happen. All seek to have the client disidentify with fragmented, contracted states and experiences, and to re-identify with their expansive wholeness. All presume the already existent presence of this wholeness (however unpracticed that state may be). In fact, the mere choice of the client to consult a professional in order to seek something better demonstrates this: It is not the client's shame or fear or depression that drives him or her to our offices, but a parallel aspect of themselves that stands apart from their pain and wishes to experience life differently - basically, from a different, preferred feeling state.

Another way of framing this is to consider both the limitations and resources of the client. Clients want to transform their limitations, and this desire itself is an indication of the resource within them. R-CS holds that the presence of resource within clients, even the most seemingly fragile and "damaged," is always present and available. Extreme fragility does not mean diminished innate resource; it only means an extremely entrenched set of neural patterns. The tendency to slip into to those fragile patterns consistently does not render the parallel expansive patterns any less present or real; only less used. So, R-CS says, let's use them, and use them as soon as we can.

Of course, in an article of this length, we can only describe briefly these avenues for shifting, but hopefully it will provide the reader a basic schema from which you can experiment. All of them have Hakomi at their foundation: A grounding in the Principles; an orientation to embodied experience, and not just insights; the mindful study of present experience; and various adaptations of specific Hakomi techniques such as Contact, Tracking, and Accessing Directives and Questions in a 3-Step format (con-tact experience; immerse the client in the full felt sense of the experience; have them study the experience for details, meaning or what it leads to).

The five basic methods are:

1) Through embodying the state that emerges while feeling loving

2) Through embodying the state that emerges when feeling Longing for something better (referencing the preference)

3) Through the embodiment of the feeling state of any present expansive experience (hope, joy, curiosity, generosity, etc.)

4) Through pursuing the half-full frame imbedded within a half-empty perception

5) Through pursuing the expansive payoff of a contractive experience

Each way to assist in the shifting of states is described below

Embodying the State that Emerges while Feeling Loving

In this technique, we direct clients to feel their Lovingness, because Lovingness is inherently expansive and Organic. We might invite them to imagine someone they care about (summoning the image of their children often works well), or some place they enjoy (the mountains, the beach. . . .). We might ask them to "radiate" connectedness or caring, or to feel compassionate towards someone or some thing (starving people in Africa; the environment). We might access the image and/or feeling of an icon that represents Lovingness (an untarnished and untarnishable jewel, an unquenchable flame, an angel dwelling within and without), and have them radiate from there. Or we might ask them to summon their *wish* for Lovingness: the wish to be loved, or to love someone, or to live in a loving world.

In any case, though the subject and therefore the content of Lovingness may have associations with contracted or fragmented states, the actual experience of the Lovingness itself is, by definition, always expansive in nature. By directing the client to feel the state they are in while actually feeling their Lovingness, we can help them embody the feeling state of their innate wholeness.

As with all R-CS transformational approaches, we must track carefully for the resurgence of the fragmented states and their perspectives, and be careful to pursue the expansive feeling state desired. A client may be willing to summon an image of his son, for example, but that image may quickly also evoke his guilt at being absent so often. It is important for the therapist to gently but firmly direct the client to return to the initial, loving state that first summoned the image, and to have the client immerse fully in that network.

We can then work to have them shift into this state at will, and to stabilize and apply the feeling state in everyday situations (more on this later).

Following the Longing (referencing preference)

In this approach, we utilize the hammer and massage notion of having the client become directly aware of the quality of his or her feeling state, and then seek a preferred one. Though of course all techniques are never linear and predictable, the general sequence of this approach is as follows: Have the client embody fully and mindfully their present limiting experience, and then ask him or her to notice if they wish it were different - if they *long* for something better. By locating in the longing, which is not part of the complaint network, the client, as described above, has already shifted into, and is now momentarily identifying with, the expansive side of her world.

Along the way, there are many other subtle pieces employed to achieve this shift: We embrace and align with any ambivalence, defensiveness, self-protection, etc.; we radiate certainty that the client is indeed already whole; we help them find a more foundational experience of truth and wholeness in their sense of core being, and so on.

Once in the expansive realm, we work to solidify the subtle paradigm shift in orientation, and what they are now invested in and identifying with: To have them realize, immerse in and study that this is a preferred *feeling state*, parallel to the *content* of the story or issue. We help them grasp that this shift in feeling state has taken place, and that they like being here better*: ie,* have them recognize their preference.

Next, we work to stabilize this state as an ongoing way of being. Just as in Hakomi, we integrate this new state with their everyday lives. In addition, we have to help them recognize when they are in the process of, or have already shifted back into, a limited, habitual, fragmented state. In fact, this part of the process is actually the most time-consuming. The old habits are so strongly entrenched, that most people automatically return to these limited states right away. It's fairly easy to get anyone to shift; the hard part is having them sustain the new state. It becomes the therapist's job to "sheepdog" the client, gathering up aspects of self as they stray from the expansive herd, and helping them shift back into wholeness and preferred states. In do-ing so, we activate the use-dependent process, and the more we assist the client to use and develop a preferred state, the sooner the preference becomes the default orientation.

Finally, we have the client assess the original presenting problem from this preferred state. Like consulting an Oracle, the new state will have an expanded, open, inclusive perspective, and can provide wiser and more holistic

counsel to the person than their old, contracted and agenda-driven trance states could. A co-worker who had been seen as annoying may now evoke a wave of compassion, or a terrifying encounter in the forest might now be viewed as a learning experience. A woman who had been driving herself to distraction trying to decide about staying in school or not discovered from her more expansive state that what she really needed to do was to commit more fully to each action that she took; school or not school, didn't matter - her real interest lay in investing fully in whatever she did (yes, she stayed in school).

Embodying a Present Expansive Experience

In this method, rather than embody the limitation and seek its opposite, we track immediately for any expression of expansiveness or wholeness in the client (hope, confidence, clarity, happiness, freedom, determination, generosity, etc.). We then have them embody this experience, and notice the felt sense of the expansiveness, first as the experience itself (*"feel your determination"*) and then more generally (*"feel how you are someone who is determined"*). We then work to expand this feeling into the awareness and presence of a generalized expansive state, usually around the pleasure or truth of the state ("let yourself feel how good or true this place or way of being is.")

From there we have them *identify* with this state as a fact of being themselves (*"so just be this you, the you who feels good and is determined and knows your truth . . . ."*], and then as before, work to stabilize this identity and also use it as an oracle for present life concerns.

Here's a dramatic example, from a client I worked with. A 30-ish male, he had been struggling for a long time with a very tumultuous marriage. He came in one day, sat down and told me, with great presence and determination, that he had decided once and for all: He was going to kill his wife. My contact statement to him: "It must feel really good to be so clear . . ." At first startled by my response, he soon acknowledged that it did feel good. We then pursued embodying the felt state of clarity - not referencing being clear about killing his wife, just the state of being clear. This eventually led to him embodying a general sense of empowerment, from which he realized he did not really want or need to kill his wife, or anybody. We worked on him retaining this sense of empowerment regardless of what his wife, or anyone else, did or did not do.

Pursuing a Half-Full Frame within a Half-Empty Perception

This method is based on the recognition that everything we do has its foundation in our wholeness. Even our choice to fragment consciousness is an act to preserve our wholeness by dividing it into situationally expedient parts. As a result, embedded in any contracted experience or perspective, lies an expansive foundational element. By pursuing this half-full part of the Self's cup, rather than the presenting half empty, we once again have immediate access to the client's felt sense of wholeness.

Much of this requires listening for expansive causation and implication. If the client is hurt, there must be someone who knows about feeling good. If they complain about screwing up, then they must be someone who wants to do well.

The general process is this:

1) Listen to, engage with and have the client embody whatever contractive issue or experience they are presenting.

2) Hold in your own perspective that this contractive outlook is the half-empty framework of an expansive wish, and contact this more expansive element, by offering a half-full reframe. For example, if the client says, *nobody loves me*, the therapist might reply, *you want to be loved*; or, *you know something about love.* Or if the client laments, *I always screw up*, we might respond with, *you want to get it right*; or, *you have a sense of what success would be.*

As the client acknowledges this reframe, we then help him embody its *feeling state* - again, avoiding discussing the content and its veracity. The client will almost certainly tend to revert to the fragmented content of their limiting frame (*yeah, buts* are common here; *yeah, I know about love, but no one seems to care . . . .*), and to continue to argue the contractive position. The therapist also needs to avoid the specifics of the half-full statement he or she made. We wouldn't, for example, pursue "by whom they want to be loved", or "what success would look like"; only to have them notice the state they slipped into as they embraced the reframe. Again, we are seeking the feeling state of the parallel network, and not the content, good or bad, of any of the states.

After establishing the half-full-based feeling state, we then proceed as above, stabilizing, practicing and using the new state as an oracle.

Pursuing the Expansive Payoff of a Contractive Experience

This approach is also founded on the notion that all fragmented states are actually skewed permutations of the Organic Self, and so have their origins in the impulse to do something beneficial for oneself. Here, rather than just

contacting the half-full side of the contractive coin, we ask the client to search for the benefit they derive from holding their limited position. In other words, there is almost always a *payoff* for the fragmented stance - it serves some larger, self-promoting function, while apparently stifling the overall expansion of the Self. Like cutting off a limb to save a life, our procrastination may buy us some secret freedom from having to do more than we want; or our numbness around sex may let us have a sense of control in a relationship; or the knotted tension we carry around in our shoulders actually allows us to feel our physical presence in the world. When I invited a student in a class to investigate below her statement that she keeps chasing after this fellow who isn't responding to her, she discovered that all that chasing gives her a great sense of aliveness - the chase was the payoff, and not the possible relationship.

As before, begin this technique by having the client embody fully whatever contractive or fragmented experience he or she presents. Then, with great mindfulness, focus and precision, have them search carefully within the felt sense of the embodied experience for anything at all that in some way feels good or useful. Make sure the search takes place within the felt sense of the experience, and not just as a cognitive guess - watch out for things like, *well, I think it could be doing something to protect me*. Such surmises will not have originated from a strong, expansive feeling state, and therefore not provide a doorway in to the client's felt wholeness.

When they recognize the payoff, it will usually be attended by a sense of having landed in the truth. It will feel right, typically, and somehow satisfying, perhaps surprising, often even a relief. Have them then embody this expansive felt sense of the payoff.

Again, be careful not to fall into the trap of debating the "yes, but" of the content. For example, if the client discovers that her hostility towards men protects her from getting hurt by someone, you might ask her to "feel how you're someone who knows she wants to protect herself," but not, "feel all the ways you might be able to protect yourself from that fear." To contact her being someone is to establish her expansive identity; to investigate how she might protect invites the fear that it won't happen.

After establishing the expansive state, proceed, as above, with stabilization and practice.

Conclusion

In addition to the ways these pursuits of state-transformation vary from Hakomi's description of transformation, it is worth noting that they also require a different orientation to Tracking. Both methods track carefully for specific present experience (tension, voice quality, the presence of the child state, etc.) R-CS, however, adds the need to track not just the *what*, but the *who*; which self-state is expressing this content? Is this half-full or half-empty? Are they hammering or massaging?

On the other hand, R-CS certainly agrees with Hakomi that people do, indeed, have missing experiences. While the expansive aspect of Selfhood is already intact, and readily accessible, it is also true that regardless of how innately resourced we all are, we nevertheless may certainly not have had the opportunity to encounter certain necessary developmental events. We may know in our Organic core that our feelings are all ok, but we may never have had the actual experience of lying in someone's arms and sobbing without restraint while being fully accepted. So while R-CS views the essential nature of change as the ability to operate from preferred states, it also actively pursues any therapeutic experimentation necessary to enhance life experience.

Similarly, for some clients, the need to indulge the trance states and/or regress may be necessary, or may be an easier route to take than that of shifting, sheep dogging and inspiring Self-commitment. The drawing power of the trances can be so great as to distract unendingly the attention of the client, and so may need to be indulged. On the other hand, many people report what a relief it is not to have to dig up old memories or dwell upon their stuckness, not from a need for denial, but because they are so ready to feel good about themselves.

In any case, whatever the method, the shifting states approach, like Hakomi, is clear in recognizing the inevitable necessity of honoring use-dependency in fostering transformation. Just as a limiting belief has become lodged in the psyche because it's been repeated over and over, so new networks need time and practice to take root. Regardless of how we assist our clients in arriving at new ways of organizing, we cannot consider their transformations complete until they have succeeded in operating regularly from their greatest wholeness.

For practitioners, it behooves us to examine our own beliefs and trances about change. How linear is our concept of the Self? Are we colluding with shifting immediately because we fear going deep? If clients can change quickly, how will we keep our practices going? We know how to work in a certain way - what if we mess up trying something new? To these important questions and others like them R-CS encourages not only seeking their answers, but asking yourself: *Which* you is concerned about them? If you were located in your empowered Self, would these questions be so important?

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How Do I Listen?

Applying Body Psychotherapy Principles and Skills in Manual and Movement Therapy[1]

Sol Petersen

Editor's Note: Skills from the Hakomi Method of Body Centered Psychotherapy have been used by many in a variety of settings from working with infants in a neo-natal unit, to school teachers making contact with students, to lawyers facilitating mediation sessions. Many people who work directly with the body seek out Hakomi trainings to better understand the emotional material that is evoked in their practices. Here Sol Petersen shares the applications he has integrated into his structural and movement therapies. For information on Mana Integrative Therapies (MITs) Psychotherapeutic Skills for Bodyworkers contact sol@theradiantbody.com or see his website www.theradiantbody.com.

Sol Petersen is an advanced Structural Integration practitioner and a faculty member for Mana Integrative Therapies NZ and Europe. An Adaptive Physical Education teacher, Tai Ji teacher, Aston Movement Coach and Watsu aquatic bodyworker, Sol has been working with Hakomi Body Psychotherapy since 1989 and applying his inspiration to manual and movement therapy. He has been evolving his integrative approach to human function, understanding and rehabilitation for over 25 years

ABSTRACT: This article explores the potential of applying body psychotherapy principles and skills in the context of manual and movement therapies. It discusses aspects of listening, presence and a clear contract as the foundation for this person-centered 'Learning Team' approach. The article asks the question 'What are the factors for therapeutic success?' and considers loving presence, integration, mindfulness, the capacity for self-reflection, the relationship between healing and learning, and other aspects of the therapeutic process. It concludes the embodiment of the therapist is a key factor in the development of a cooperative partnership that promotes the client's potential for self-healing.

How Do I Listen?

How
Do I
Listen to others?
As if everyone were my Master
Speaking to me
His
Cherished
Last words.
--Hafiz (Ladinsky, 1999, p.99)

She has the dark eyes and the strong face of a woman for whom life has not always been easy. Daniella (not her real name) is lying on her back on a massage table. Her eyes closed, she takes a deep, measured breath and lets out a quiet satisfied sound as she exhales.

My fingers are reaching deeply into the soft tissue around her injured elbow joint, and she is firmly but easily pushing back towards me, like a cat slowly stretching. I soften my hand a little more and through my fingers I can sense her breathing. Around the arm bones I can feel where the connective tissues are free and supple, and the areas of toughness and restriction. As she moves, I use my touch to try to coax more space, fluidity and aliveness from the held tissues. It feels like a dance.

She stretches again. The depth and direction of resistance is quite precise and lets her explore her movement and the power in her arm. If my pressure is too strong, it will stop her; if it is too light, she will get no satisfaction from her movement. Although her eyes are closed, I can see she is very awake and very present – and so am I.

She starts to press a little harder. Her whole body is becoming involved. Daniella smiles and, eyes still closed, says, "This feels really good." She presses her head back into the table and slowly rolls it in my direction. She opens her eyes and says, "Can I push harder against you?" I say, "Certainly, just not too fast."

She breathes deeply, braces her whole body and pushes her arm back slowly but harder, trembling slightly, clenching her jaw, and letting out a low growling sound.

It's like the rumbling of a volcano. My intentions of freeing tissue and movement have quickly changed to creating a safe satisfying pressure for Daniella to interact with. I am also getting curious about her thoughts or feelings but want

to leave her the chance to deepen into her sensory experience. She is an athlete and I am very aware of her strength. Sitting on my stool, I am glad it isn't on wheels, and lean a little more towards her as I brace myself against the floor and the table. She pushes harder and I ask her, "Is there someone or something that you are pushing against?"

She grits her teeth and I think I will be flung across the room. I just manage to stay with her as she lashes out with her whole body and lets out a high-pitched scream.

I glance around the room to the very alert faces of the students and practitioners in the Structural Integration training class. If they had been sleepy before in this demonstration, they are definitely awake and interested now.

I hold Daniella's arm and shoulder as her whole body softens and she curls up into uncontrollable sobbing. Then, she yells out, "Bastard, bastard, bastard!" I wait as she calms and I ask her if she wants to speak about what had just happened. A story unravels of physical abuse from her father and also later as a political prisoner. I was sitting on the same side of her as her father always sat at the dining room table. As she returns to herself, she is shocked by the depth of the "NO!" that she still needed to say to him, so many years later. Her physical strength had always helped her to feel in control and to recover from the abuse.

She sits up, wipes the tears from her eyes and smiles. A powerful, Mediterranean woman at home in her own emotions, she says, "That was very strong – thanks, I needed that."

The students who had been riveted and held by the experience start to breathe more easily again. As she sits there, I ask Daniella if we can change gears and return to working with the movement and function in her arm and shoulder girdle. She stretches her arm out and says, "Actually I'd love to. My elbow and my arm feel fantastic now."

The discoveries, the discharge, the satisfying extension and relief, the consequent understanding and meaning Daniella felt in this session and in the series, were largely a function of both of us listening, paying attention, being curious, following natural and spontaneous body movement, waiting, taking time and being interested, not only in the physical resolution and development but in the intimate connection between body, mind, heart and spirit. The container of the Structural Integration Ten Series was a significant safe place for the releasing and transformation of powerful issues held deeply in the body (Petersen, 2004, p.99). Daniella later reported she felt that it took her six months to a year to feel that she had fully integrated the range of structural, coordinative and psychological shifts that had happened for her in the course of the work we did together.

Simple Foundations for the Almost Impossible Task of Just Paying Attention

"The miracle is not to walk on water. The miracle is to walk on the green earth, dwelling deeply in the present moment and feeling truly alive."(Hanh, 1996, p. 28)

Establishing positive contact and a clear contract, following the flow of the client's experience, loving presence and mindfulness are basic foundations for the development of the healing relationship.

I. Positive Contact and a Clear Contract - a Basis for a Person-Centered Approach

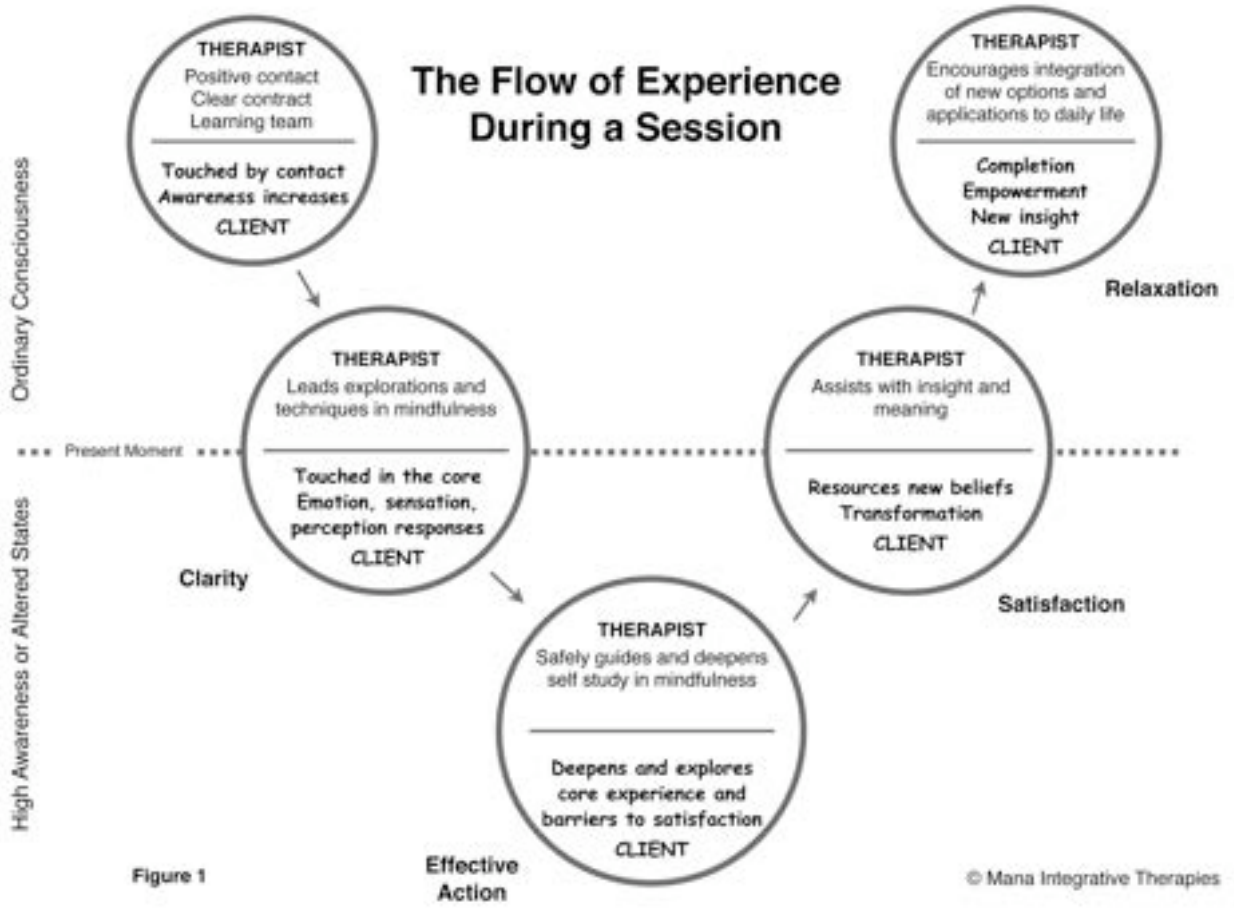
It is significant the event in Daniella's story took place in the third of our ten sessions together. We had by this time established a foundation in two important areas – contact, or the quality of the relationship, and the clarity of the client/therapist contract.

I had pointed out that awareness, and an attitude of self-care were essential parts of maintaining the embodiment goals for the Ten Series – and that emotional responses, while not a goal, were often an integral part of any significant physical changes. Despite the fact that her sessions were being observed by fifteen students, Daniella felt safe and quite confident. This was a result of both her sense of self and her response to the attention that the class and I gave to creating a good working/healing environment. She knew what she wanted from the sessions, had travelled a considerable distance and dedicated a lot of time and finances for her experience. In the first session we clarified the goals and intentions that each of us had, established clarity around our verbal and touch communication and communications between each of us and the class. Our initial rapport felt easy and natural. Certainly this is not always the case with clients.

After Daniella's strong emotional response it was important for me to demonstrate to the students that it is possible to move fluidly and gracefully from one facet of the work to another; that is, from being present and interested in a very strong emotional and physical response to returning the focus to a simple range of motion exploration, and soft tissue manipulation in a different area. An integrative session spans so many dynamics, from soft tissue and joint rebalancing, exercise and movement exploration, being aware of perceptual and emotional responses, to investigating the attitudes and embodied awareness that will enable a client to carry on this work for his or her self. A person-centered approach means listening to all levels in both the client and yourself.

II Following the Flow of Experience During a Session

Figure 1 charts the flow of therapist interventions and client experiences in a session. In fact, it could represent either the flow of an entire session or just one segment of a session. It begins with the therapist and client meeting in ordinary consciousness. The therapist, through empathy, wisdom and skillful dialogue, contact, touch and movement (as appropriate) guides the client in the present moment to deeper awareness states of learning and experience. In these states, the therapist maintains a safe working space and manages the explorations and new experiences. The therapist allows him/herself to be touched personally by the work but has the responsibility to "hold" the safe, healing environment for the client to explore their bodymind consciousness. The client is guided to new understanding and, on returning to ordinary consciousness, is assisted to integrate the new experiences. The therapist also passes through different states and activities throughout the session.



In the portion of Daniella's session described above, she moved through the U-shaped flow of the chart [Fig. 1 or Fig.1A-1], from ordinary consciousness to being present in her body with more awareness, to light physical and sympathetic arousal, to stronger activation and physical and emotional expressions, to calming and relaxation, parasympathetic response, insights, joy, relief and a return to ordinary consciousness and bodywork with light awareness. In the rest of that particular session she remained wakeful and interactive through the integrative stage but did not return to those deeper states.

Different Flows for Different Folks. Every session has a different flow, rhythm and feel. Every client has a different style, speed and capacity for learning and healing. Some clients may not deepen at all through a session or for a number of sessions [fig.1A- 4], and yet may have strong related experiences at home. Some engage immediately and others will not deepen until there is very little time left in the session, which can be challenging [fig.1A- 5]. Some only ever dip in lightly [fig.1A-2]. Each client is moving and responding at his or her own speed to the container and the work that is being co-created [Fig 1A].

As therapists, we can never absolutely know what the needs of a client are and therefore need to become comfortable and even enjoy a state that will arise regularly in our sessions -- the state of not knowing – of "mmm, if I am honest, I realize that I don't really know what should happen next. I am going to go slow and see how I / we are led." True listening brings a humility and an understanding that there are too many parameters for any therapist to be absolutely confident of exactly what the next right step is -- and from the wisdom of that insecurity, each therapist does the best they can.

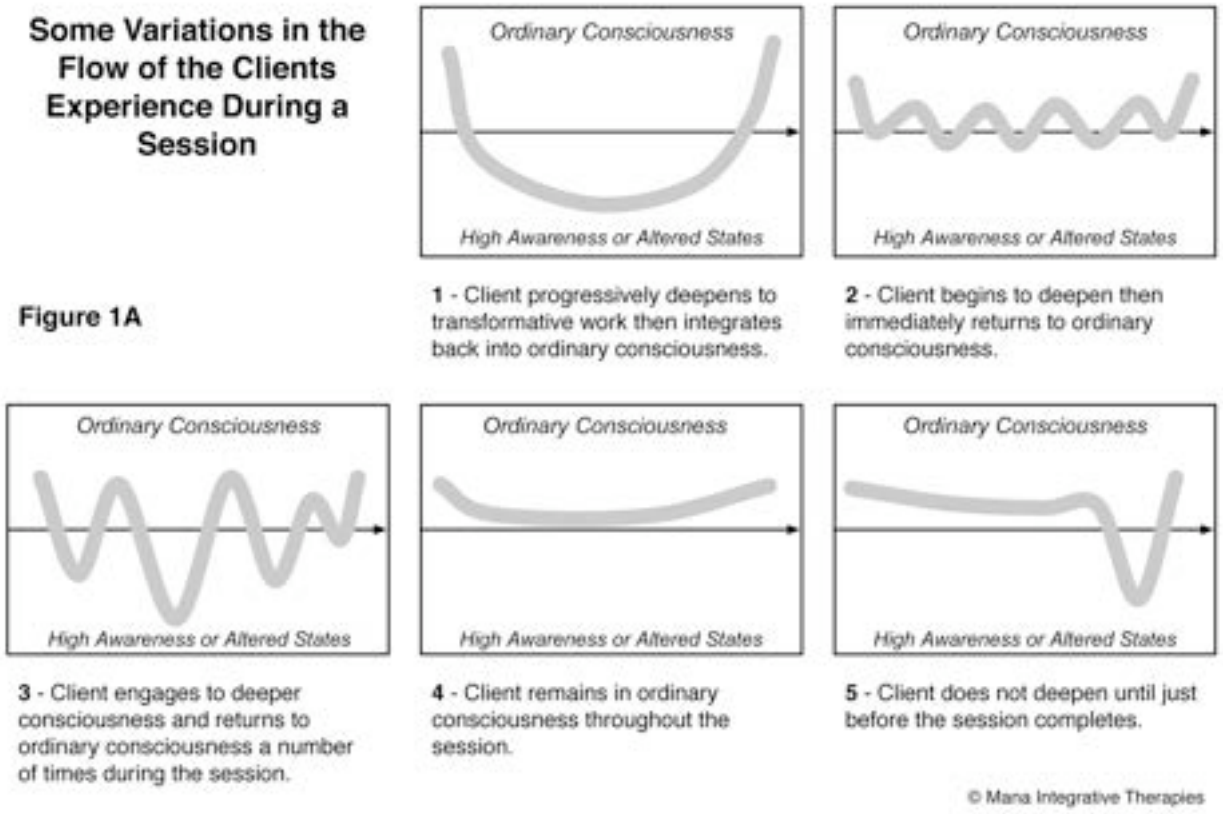


Figure 1A

There was a story from the psychotherapist, Carl Jung, of his self-doubt and self-criticism concerning a client that he felt he had failed. He felt he had never been able to reach or help him. One day the client left for a distant country, never to return. Years later, Jung received a letter from the client. It was a letter expressing overwhelming gratitude. The client knew Jung had felt frustrated in the therapy and wanted to reassure him that he had gone through many changes and now felt whole and healed, and attributed much of it to the care, support and understanding he felt from his esteemed therapist.

III Loving Presence, Mindfulness and the Healing Relationship

Years ago I spent two days showing Taoist Master Ni Hua Ching around the Coromandel, where I live in New Zealand. From the moment I met him, I was touched by his gentle yet powerful presence. We drove, walked, visited. He was an amicable companion. During the evening, sitting by the fire, drinking green tea, I felt my whole self starting to open up to him. He was doing nothing special. Suddenly I wanted to ask him about my deepest concerns that I never speak to anyone about. His care, interest, non-judgement and acceptance were totally present and unconditional. We spoke for some time that evening. I felt like I had been deeply cleansed.

Thomas Moore (1992, pp. 14, 44), in *Care of the Soul* says, "In psychotherapy we deal with wounds of the heart, issues of love, and therefore the cure is love. Our heart asks for appreciation, acceptance of complexity and to speak for the disowned part. It may be necessary to stretch the heart wide enough to embrace contradiction and paradox."

Ron Kurtz, the founder of Hakomi Experiential Psychology, calls this caring therapeutic state *loving presence* – a compassionate state of aliveness and embodiment.

Hakomi Psychotherapy is a process of discovering and studying mindbody patterns and core beliefs as they are experienced, and developing alternative options and satisfying choices. Based on the principles of Mindfulness, Non-Violence, Unity, Organicity and BodyMind Holism,

Hakomi is a synthesis of modern body-centred approaches with its own unique form and artistry. Hakomi uses mindful awareness to shed light on our organizing beliefs and sees the body as the door to understanding character.

According to Kurtz, through loving presence we become the right context for learning and healing to unfold. Loving presence leads us beyond the usual limits of our character, yet there are many factors that can distract us from this state; our automatic reactions and counter-transference, needing results or experiences for the client to validate our own adequacy, our own constant inner talk and plans and our need to know or be certain.

Ron Kurtz says (Kurtz, 1997),

> The way I have conceived of and talked about the healing relationship was always in terms of method and technique. It was about creating safety by going slow, by adjusting to the unconscious needs of the client. It was about getting the cooperation of the client's unconscious by letting it know that I was following the flow of the experience and that I understood and accepted what was going on for the client. All that was done as a method, as therapeutic tasks. There was not much said about what state of mind a therapist would have to be in to do those tasks. And so I looked upon it as an activity, as something we do, not something we are.
>
> Now I realize that all these actions can also be the natural outcome of the state of mind of the therapist. Instead of something we are doing deliberately in a planned way, our actions can flow freely and easily from our state of mind. I call this loving presence. If we are calm, if we lower our internal noise, we become more sensitive. Being present with high sensitivity, we are very aware of what the other is experiencing. When we put our personal agendas aside, we see through the surface manifestations of the other person, to the strength and suffering at the core. Touching that core, we are moved to compassion. From compassion, right action emerges. Our state of mind begins this process and is in turn sustained by it.
>
> For me therapy is no longer mostly about tools and theories. I'm still trying to be a good therapist. I still have to know and use my therapist's craft. But all of that is not enough. I need to be a loving presence, to come from my heart and spirit. In my opinion, this loving intimate connection with each other is the ground and purpose of our living, and the source of the healing that we do.

As a Structural Integration practitioner and teacher I have always been fascinated by the at times surprising transformational nature of the work. In 1989 I experienced my first Hakomi workshop and became excited by the possibilities of applying the method in movement and manual therapy.

I went to visit Ron Kurtz in Oregon, USA, and began many years of training in the method and even more years of discovering how to apply it to my own evolving work. The skills and perspectives I learned have been invaluable in inspiring me to a holistic and person-centred approach to bodymind integration. Most of the charts in this article are based on my study of the Hakomi method.

The Surprising Power of Mindful Touch and Movement

When Balancing the Soft Tissues Isn't Enough

Structural Integration and many other schools of manual therapy have a concept that if you just get the tissues, joints and coordination balanced, that is to say, if you get the body balanced, the innate self-healing mechanism of the body will be activated. Ida Rolf (Rolf & Feitis, 1978, p.31) said, "When the body gets working appropriately, the force of gravity can flow through, then spontaneously the body heals itself."

Joan (not her real name) had received the Structural Integration Ten Series one year before and was a model for an Advanced Three Series practitioner training class. Joan had a lovely sense of balance, uprightness and groundedness. In fact at first glance one might say "what kind of work will we do here?" The way she held her shoulders interested me. The arms were slightly internally rotated. The shoulder blades were slightly elevated and protracted. It looked a bit protective.

I asked her if I could use some light touch and movement awareness to explore the shoulder posture with her. She said certainly. I put my hands gently on both arms to support the posture as it was and then took the weight so that she could stand without holding her shoulders in any way. She felt her breath coming more easily and was more aware of her shoulders coming "in'. I asked her if we could explore taking the shoulders more forward or back. I very softly turned her shoulders a few millimeters inward. She said "Oh, please stop there." Although the movement was imperceptible from the outside, it was obviously enormous to her. Joan began to speak about her relationship with her partner, the father of her children, what still wasn't working for her and what she needed to do to feel okay.

When she felt complete exploring her awareness, sensations, thoughts and emotions, we returned to her original posture and I asked if we could try a new position. Still supporting the arms and shoulders, I slowly externally rotated them to a more open position. Open was just how she felt. Maybe even too open. But it was good. She felt here like she was claiming herself, her own body, her life, her future. It was exciting and it was scary.

We went on to assess the shoulder and arm function. There was definitely no soft tissue restriction to hold the shoulders in this position. We could have worked forever on the soft tissues to "adjust this problem" and never achieved the de-

sired outcome. We turned our focus to strengthening a new balance in the arm-shoulder-chest function, and she found this very empowering.

Over our three sessions together the theme of claiming herself and returning to herself became clearer and stronger. She became increasingly aware of how her shoulder position was an unconscious reflection of deeper meaning. Six months later, she left her partner and claimed her new life.

When we touch the core patterns (core beliefs, core postures, core structures, core movements) in consciousness, it is possible to change those deep structures. Old patterns can lose their power. New patterns can be established and strengthened. In order for transformational work to stick we must learn to stay present and curious, to study our experience. This takes practice.

In the therapeutic container, you may use the mindful state for only a minute or less to deepen, access and bring core material to consciousness. When core material is conscious, we can begin to learn about significant missing experiences, hidden hurts and important meanings.

Listening Touch

Beautiful Hands
This is the kind of Friend
You are-
Without making me realize
My soul's anguished history,
You slip into my house at night,
And while I am sleeping,
You silently carry off
All my suffering and sordid past
In Your Beautiful
Hands
--Hafiz (Ladinsky, 1996, p. 26)

The Language of the Tissue

In Judith Aston's approach to soft tissue therapy she emphasizes a fine level of awareness in touch that meets and matches the tissue and doesn't force but follows. "All tissues have a language for us to discover but, to really listen, our touch must be three-dimensional, not linear. When we follow the spiraling grain of the tissue it feels smooth and it affects the whole fascial area" (Aston, 1994). If we don't learn to listen to the tissue we may override resistance and cause pain to the client.

Franklyn Sills, in his book *Craniosacral Biodynamics,* speaks eloquently about the possibilities and the role of listening touch in manual therapy.

> Truth is found in the depths of our listening. Perceptual skills are the ground of this work. Presence, contact, grounding, and the quality of space you hold are essential for success. Listen, don't look. Listening expands, looking narrows. The purpose of this work is not to release resistance or to process issues, but to liberate the health inherent within the resistance or the disturbance.
>
> Healing occurs in this eternal present. Attention and intention are of key importance in the therapeutic relationship. Listen, listen, listen. Let images come, but don't narrow the looking down. Have a spacious sense of listening (spaciousness and patience). What is the patient's system saying to you? Can you allow the inherent treatment plan to arise in its own time? The treatment plan lies hidden within the very fulcrum organizing the disturbance within the system. If you are silent and maintain a wide field of listening, the treatment plan will begin to express itself. Let your hands be buoyant and go beyond the bounds of palpation to truly listen. Listen with a caring interest and space, not with need.
>
> Listen for expressions of health. It is relatively easy to palpate resistance and disorder. But can you sense the Health that centers it all? This is your challenge (Sills, 2001, pp. 431-434).

Listening with your Eyes

'Looking' of course does have its place in body therapy. Blind therapists show that they can listen and see from another place, but for most bodyworkers visual bodyreading is a significant assessment tool. In fact, as soon as the therapist sees the client, the bodyreading begins. Ida Rolf explains how we listen with our eyes. "For me, he [the client] is not something different. When I am Rolfing, he and I form one for at least the time that I am working. Look and feel. A guy walks in displaying all kinds of things that talk to you (Rolf & Feitis, 1978, p. 96)."[10]

The Role of Mindfulness in the Therapeutic Process

What is mindfulness? Varela, Thomson and Rosch in *Embodied Mind* say, ". . . the foundation of mindfulness practice is the cultivation of awareness through a relaxed focusing on the arising of every moment of experience, whether during sitting practice periods or in daily life (Varela, Thomson, & Rosch, 1991, p. 103)."

Listening in the therapeutic process reflects our capacity to listen in the moment to moment experiences of our daily life and to become aware of the constant stream of our automatic reactions.

The Ringing of the Telephone Guides Me to my own True Self

It is very difficult to escape the sound of the telephone these days; on a bus, in the street or even on a remote island, mobile phones have become ubiquitous. Next time you hear

the ringing of the telephone, yours or another's, try this little awareness exercise from Thich Nhat Hanh. "Breathe in and out consciously, smile to yourself, and recite this verse: Listen, listen. This wonderful sound brings me back to my true self (Hanh, 1991, p. 37)." Allow the phone to ring two or three times, deepening your breathing and inner smile. This little exercise over the years has transformed for me the incessant and at times annoying sound of the ringing telephones into a sweet reminder of the possibility of continually returning home.

As Thich Nhat Hanh says, "Find joy and peace in every step, in every moment. If you cannot find joy or peace in these very moments of sitting, then the future itself will only flow by as a river flows by, you will not be able to hold it back – you will be incapable of living in the future when it has become the present (Hanh, 1991, p. 37)."

What Works in Therapy? It's All About Relationship

Four Dimensions in an Integrative approach

Greg Johanson, co-author of *Grace Unfolding*, once described in a lecture four aspects of effective therapy as: 1. care; 2. counsel or advice; 3. therapy; and 4. transpersonal. In bodywork both our warm presence and our touch can be seen as care. We may advise our clients to follow a regime of exercise, or avoid certain activities, or to drink water to hydrate their system. Healing and therapeutic transformation happen in sessions – even with colleagues of mine who say "I am a bodyworker – I don't do therapy." If as therapist, you have an intention to create or co-create an environment for healing, you can be sure that at least some of your clients will be touched on both psychological and spiritual levels . . . even if you are not aware of it.

Four Factors to Create Therapeutic Success

In *The Heart and Soul of Change: What Works in Therapy,* (Hubble, Miller, & Duncan, 1999) the authors list the following as the four factors research has found common to improvement in clients. Although this research pertains to psychological modalities, we, as movement and body therapists, can learn from the inherent implications.

1. *Client Factors* *– the largest factor at forty per cent of therapeutic success relates specifically to what the client brings to the relationship. This includes their life circumstances that aid in recovery – client strengths and supportive elements in the environment such as a new job, supportive friends.*

I would highlight the importance of the therapist's capacity to encourage the development of responsibility and motivation, and suggest that anything we can do that will engage the client in the importance of their taking responsibility for their own self-care and circumstances, self-healing and self-development will be a major contribution to this largest factor and to the overall success of whatever therapeutic modality. This factor should bring a sense of humility to the therapist, as well as recognition of how much happens in a client's life that the therapist is unaware of and unable to influence.

2. *Relationship and the Person of the Therapist* *– the second factor, at thirty percent of success, correlates to the unique impact of the character and energy, the wisdom, warmth and empathy of the therapist, and relational factors such as mutual affirmation.*

It's important for us to realize that our state of heartmind as therapist is a primary factor in our therapeutic success. Quite simply, who we are may be the greatest intervention in our therapy, and the part of the therapeutic process that we are most capable of changing.

3. *Hope, Expectancy and Placebo* *– the third factor, at fifteen per cent, recognizes that in successful therapies both client and therapist believe in the restorative power of the treatment and have positive outcome expectations.*

Again, as in factors one and two, we see that the attitudes of client and therapist may be the most significant element in successful therapy.

4. *Model and Technique Factors* *– on a par with expectancy, at fifteen percent, we have the different techniques in a psychotherapeutic approach. Each has their own attention to method and commonly prepare clients to take action to help themselves.*

It may be surprising to many that technique only rates as high a factor as hope and expectancy. Certainly, it should capture our attention that eighty five percent of client improvement was attributed to factors relating to the relationship. I hope this research is enough to make us pause and consider the questions: How do I use my modality successfully? Moreover, in the field of movement and manual therapies, how much of the success is actually attributable to the technique?

The Cooperative Therapeutic Relationship

We live in the information age. New and often contradictory health research is instantly available on the internet to both professionals and their clients or patients. This information availability, as well as ethical concerns of informed choice, propels practitioners and potential clients alike into a need for clearer and more cooperative contractual relationships.

The Learning Team
and the Magical Rescuer

I believe that the optimal practitioner/client relationship is a cooperative partnership, or what I refer to as the 'Learning Team'. This is a significant shift from the historical relationship of the 'Magical Rescuer'. Whether it has been the shaman, the doctor or the psychologist, the relationship has tended to be a "top-down" one where the practitioner has the expertise, the knowledge, and the position of power to decide the terms of the relationship. On the other hand, the patient is often vulnerable, embarrassed, uncertain or anxious, and may or may not understand their problem or their options. A tragic example of this was a woman who presented with back pain. "I'll do whatever you think is best," is what she told the doctor. Her doctor referred her to a specialist, who recommended surgery. Due to a medical mishap in the surgery she was paralyzed from the waist down and it is uncertain if surgery would have benefited her back pain anyway.

The 'Learning Team' approach is based on fundamental principles that recognize human beings as unique, creative, self-organizing, self-regulating and self-healing systems, inter-dependent cells in a universal energy field. The therapist, guided by principles, not techniques, and recognizing the bodymindheartspirit nature of the human being, is touched by what Godard calls *kinesthetic compassion*, and becomes a facilitator who manages a cooperative learning and healing partnership to attain the client's goals. This of course implies that to achieve the best results, the partnership requires careful listening for both partners and a motivated and engaged client. This introduces a potential problem. We would not have a Magical Rescuer unless there was someone to rescue and our cultural conditioning has encouraged us to become just that – a Helpless Supplicant – a person who gives up their responsibility for themselves and puts their blind faith in the magical rescuer to take care of them.

In the previous example, since the situation was not life threatening, the doctor and patient could have taken more time to investigate the whole range of traditional and complementary options and current research. The empowered client could then have made a conscious, informed choice with her expert partner, rather than giving the responsibility away.

The Learning Team – A New
Synergy for Healing and Learning

The Magical Rescuer model has evolved over many centuries (the "bedside manner" of the family doctor is a legend). Due to the possibilities of modern wisdom, skillful techniques, and the enormous therapeutic impact of hope and placebo, it can contribute to a successful outcome. However, due to the power differential, the Magical Rescuer model is too open to the possibility of abuse. Clearly it is dependent for its success on the wisdom and moral integrity of the practitioner.

I believe that the Learning Team concept offers a new educational model for the healing relationship. Of course, there are practitioners who naturally implement this approach. It is important to remember that the Learning Team still requires the practitioner to be a skillful technician with a balanced perspective, and the warmth and empathy to give confidence to the client.

For this cooperative therapeutic model to work there needs to be a shift in the consciousness of individuals as well as in societal attitudes. Clients and patients need to take more responsibility and therapists need to get off their perches, and work as team members. Each partner needs to listen to the other with respect

When the two participants learn to act as partners on a mission, they will appreciate both the evidence-based research available, and the emerging evidence of their work together. As they explore the mystery of the healing nature of the human being, there is a sense of unity of purpose that cuts the roots of blame. The synergy created opens up new possibilities in the individual's search for meaning and healing. In a cooperative therapeutic model it is the responsibility of the therapist to guide the client into the role of self-care and self-responsibility.

A Challenge for Therapists –
On Becoming a Whole Human Being

Chogyam Trungpa, in an article entitled "Becoming a Full Human Being" said, "the task for health professionals in general, and of psychotherapists in particular, is to become full human beings and to inspire full human-beingness in other people who feel starved about their lives (Trungpa, 1983)." What a profound, simple and complex notion with so many implications. In most of our therapeutic modalities integration is seen as an important stage in the healing process, and becoming a well-integrated individual a place to work towards. The *Chambers Dictionary* defines integration as "the process of unifying or making whole," and in terms of psychology "the formation of a unified personality." What is it that we are trying to unify? It may sound a little trite but the basic elements we have are body, mind, heart and spirit [for those who are uncomfortable with spirit, I would suggest the mystery or the energy].

I think many people are drawn to the healing professions out of a desire to experience an approach to life that is more whole, heart-centred and accepting of the body, touch and whatever spirituality means to us. This holistic intention naturally leads a therapist to a more person-centred and integrative approach. In manual and movement therapies, at times the person and the meaning can easily be forgotten as we aim to straighten out the body, reduce pain or retrain

movement. We have to remember the therapist cannot 'fix' the client but by working together in an integrated way, paying attention to mind, body, heart and spirit, we can facilitate healing.

Ron Kurtz, put it well when he said, "We fix a washing machine, but one human being cannot fix another – we can only help or hinder the person's process. The client's growth, unfolding and healing are all within. The therapist can only facilitate what is already there (Kurtz, 1990, p. 160)."[16]

Three Essential Roles for a Person-Centered Therapist

To work in any aspect of the field of healing and health is to labour in the world of mystery. We may observe that connective tissues are stress-responsive and that bones heal, but we don't understand how. We are complex self-healing, self-organizing and self-regulatory systems – cells of life itself. As a therapist we have many roles – from manager of our accounts to cleaner of the therapy room, from secretary to someone who delicately manipulates the myofasciae and skeleton, from teacher and a listening ear to a magician whose very presence and touch seems to facilitate a healing process in the client.

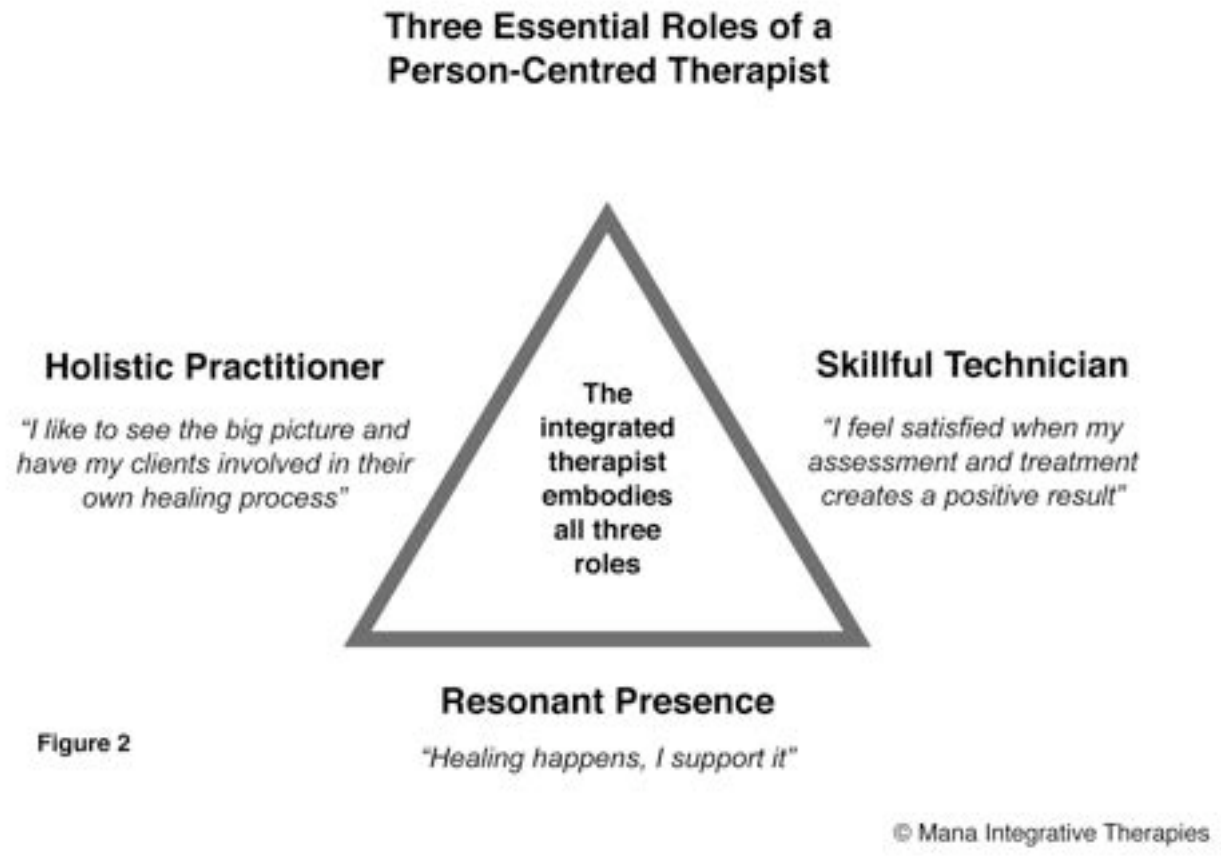


Figure 2

Figure 2 suggests three primary roles for the person-centred therapist – the Skillful Technician, the Holistic Practitioner and a Resonant Presence. Each role is required at different times and in different amounts for the practitioner to be able to respond appropriately.

I think it is easy for us as bodyworkers to be seduced by the skilled technician and the Magical Rescuer roles, and from that position to not sense the whole person of the client, or fulfill all of our potential as a facilitator. In the IASI 2004 Yearbook, Schleip discusses this process as a shift from hero technician to humble midwife: "Usually, it works better to assume the more humble role of a facilitator, who is curious and interested in learning and whose personality is more comfortable to deal with uncertainty principles. In the context of a bodywork session, practitioner and client then work together as a 'learning team. (Schleip, 2004, p. 80)'"

The Skillful Technician has a perceptive awareness of patterns, systems and diagnostic possibilities and can create effective procedures and moments of magic. The Skillful Technician who is not person-centred may become detached or arrogant and see a client as a 'knee' or 'back' problem; may focus on symptoms rather than the whole person, or

hold a narrow view. Beware the syndrome, 'if the only tool you have is a hammer, every problem looks like a nail'.

The Holistic Practitioner holds a wide perception of the healing process and looks beyond symptoms to core causes, creates a Learning Team, a cooperative therapeutic alliance and works with the person to achieve the best result. If the Holistic Practitioner is not person-centred, he or she may become arrogant or hold an extreme view that doesn't take the client fully into consideration. In the more active roles of Skillful Technician or Holistic Practitioner the practitioner may be more likely to think that they are doing the healing.

The practitioner as Resonant Presence holds a soft, awake, heartful and spacious attention, learns to become comfortable with 'not knowing' and waiting for inspiration. He or she is able to listen and respond to the being and energetic level of the system, and to use their own being to sense or resonate with the client. Healing is more about being than doing. The Resonant Practitioner who is not person-centred could get lost in their own experience and perspective and lose meaningful connection with the client.

I was presenting a Communications Skills class to a group of osteopaths some years ago. I asked each of them to speak a little about their rapport and relationship with clients, their successes and challenges. They were clearly unused to, and uncomfortable with, this sort of sharing in a group situation. There was a theme that was summed up by a male osteopath in his fifties, "What works best for me, is to tell jokes or stories that keep the client distracted while I work, so they don't really notice what I am doing."

This style may be effective in certain situations but doesn't encourage any input from the person receiving the manipulation and the lack of a flow of information and responses can lead to situations where practitioners override pain or the client's feeling of safety. At its worst, the therapist as unconscious storyteller is dumping baggage and may even try to extract support or comfort from the client. To tell stories simply to fill the space while one re-adjusts the soft tissues and bony relationships, maintains the Magical Rescuer role. It does not realize the enormous potential for healing in manual therapy.

Although specific bony or soft tissue adjustments can create great relief or connection, most often to empower a client out of chronic physical challenges requires great awareness. It could require changes in many areas and on many levels. This may include changes to daily activities and habits through to movement and coordination training and nutritional changes. Changes may include as well, new ways to respond emotionally and perceptually from daily habits and activities to the emotional, meaning, nutritional, perceptual, coordination and motion training. It is working in these areas that we have the richest potential to empower our clients. It is not necessary to be a psychotherapist to be a good listener or to help our clients to be more aware.

We should remember that the mature therapist has many roles, and dances gracefully from one role to another without becoming identified or thinking that they do the healing. Each role has its own unique importance.

The Body Brain is Always Listening

I was fascinated by an experience I had in 1989 in a Hakomi Psychotherapy training course. The group was divided into two parts. One half formed a line shoulder to shoulder and stood with their eyes closed. Individuals from the other half then stood silently in front of a partner about a metre away. The eyes shut partner's instructions were to blink, that is to look at the partner with a quick open/close of the eyes, like the body was taking a snapshot. Then, with eyes still closed, to notice what the inner response was and then share it with the partner.

In my blink was a tall, strong-looking woman, yet when I absorbed my impression, all I could see was a small fragile girl. When I shared this, the woman was shocked, deeply touched and was tearful, saying 'but that's not me anymore'. Another person in the line-up said that they were aware of who was in front of them before they opened their eyes. The teacher said that with a fast blink the cognitive part of our brain function doesn't have time to engage. We were more likely to access right brain, intuitive, body impressions than when we look at someone, and think about the visual information. That experience gave a new listening dimension to my own body-reading practice, and to how I taught students. It is clear that there is a lot in the blink of an eye.

In the book *Blink* by Malcolm Gladwell, he describes an experiment that highlights how our bodybrain, our gut feeling, may understand well before our cognitive brain.

> *Imagine that I were to ask you to play a very simple gambling game. In front of you are four decks of cards – two of them red and the other two blue. Each card in those four decks either wins you a sum of money or costs you some money, and your job is to turn over cards from any of the decks, one at a time, in such a way that maximizes your winnings. What you don't know at the beginning, however, is that the red decks are a minefield. The rewards are high, but when you lose on the red card, you lose a lot. Actually, you can only win by taking cards from the blue decks, which offer a nice steady diet of $50 payouts and modest penalties. The question is how long will it take you to figure this out?*
>
> *A group of scientists at the University of Iowa did this experiment a few years ago, and what they found is that after we've turned over about 50 cards, most of us start to develop a hunch about what's going on. We*

> *don't know why we prefer the blue decks, but we're pretty sure at that point that they are a better bet. After turning over about eighty cards, most of us have figured out the game and can explain exactly why the first two decks are such a bad idea. That much is straightforward. We have some experiences. We think them through. We develop a theory. And then finally we put two and two together. That's the way learning works.*
>
> *But the Iowa scientists did something else, and this is where the strange part of the experiment begins. They hooked each gambler up to a machine that measured the activity of the sweat glands below the skin in the palms of their hands. Like most of our sweat glands, those in our palms respond to stress as well as temperature - which is why we get clammy hands when we are nervous. What the Iowa scientists found is that the gamblers started generating stress responses to the red decks by the tenth card,* forty *cards before they were able to say that they had a hunch about what was wrong with those two decks. More important, right around the time their palms started sweating, their behavior began to change as well. They started favoring the blue cards and taking fewer and fewer cards from the red decks. In other words, the gamblers figured the game out before they realized they had figured the game out: they began making the necessary adjustments long before they were consciously aware of what adjustments they were supposed to be making* (Gladwell, 2005, p. 8)

So, our body brain really does know how to listen to many levels and this may account for what we call 'gut feelings' and much of intuition. Even the simple act of unconsciously massaging our neck or head when we have a headache usually happens before we think of it.

A Journey of Awakening

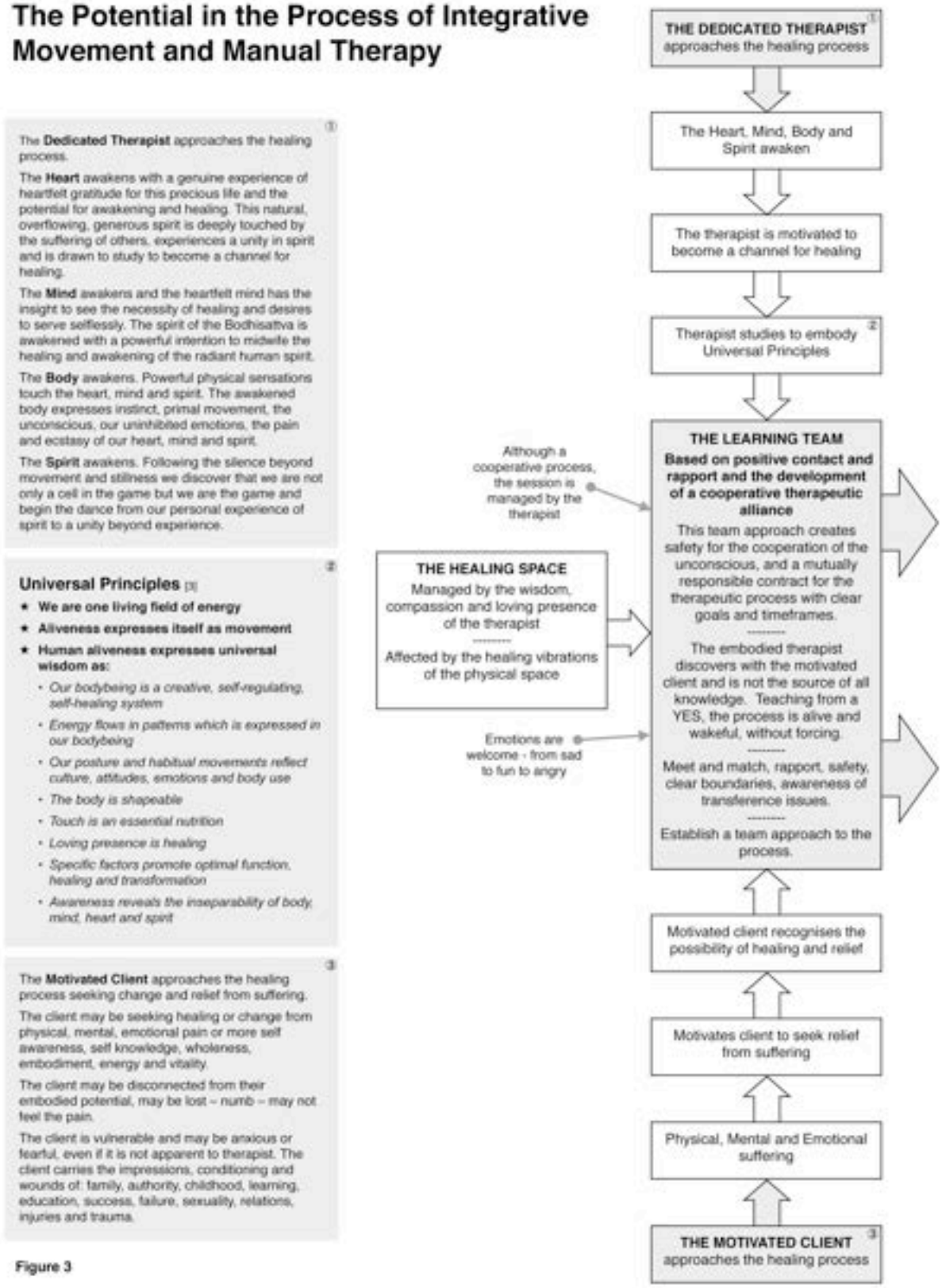
The Potential in the Process of Integrative Movement and Manual Therapy

The path of a facilitator of the healing or learning process is a continual journey of awakening. The two page chart, Figure 3, has evolved over the last five years. It is the product of many sleepless nights and long, inspiring conversations with a few of my very patient colleagues as we considered the possibilities of a truly integrative approach. The chart describes a series of stages for therapists and clients and the work they do together as an integrated team.

The chart presents the Dedicated Therapist passing through stages of understanding and embodiment in order to have the capacity to create the Healing Space and the Learning Team. The therapist manages the Healing Process from Assessment and Planning to Application of Methods and Completion. The client enters the relationship seeking change or relief from suffering and in turn must develop and grow in order to participate fully in the Learning Team. The words *healing* and *learning* are at times used almost interchangeably. Healing is a kind of learning in the system or parts of the system, and optimal learning is also functionally healing.

The successful outcome of the Healing Process is an experience of embodiment and satisfaction, a fully embodied awareness, for both the therapist and client. Each are traveling the spiral path of the Cycle of Effective and Healthy Action [Figure5.]

The Potential in the Process of Integrative Movement and Manual Therapy



1

The **Dedicated Therapist** approaches the healing process.

The **Heart** awakens with a genuine experience of heartfelt gratitude for this precious life and the potential for awakening and healing. This natural, overflowing, generous spirit is deeply touched by the suffering of others, experiences a unity in spirit and is drawn to study to become a channel for healing.

The **Mind** awakens and the heartfelt mind has the insight to see the necessity of healing and desires to serve selflessly. The spirit of the Bodhisattva is awakened with a powerful intention to midwife the healing and awakening of the radiant human spirit.

The **Body** awakens. Powerful physical sensations touch the heart, mind and spirit. The awakened body expresses instinct, primal movement, the unconscious, our uninhibited emotions, the pain and ecstasy of our heart, mind and spirit.

The **Spirit** awakens. Following the silence beyond movement and stillness we discover that we are not only a cell in the game but we are the game and begin the dance from our personal experience of spirit to a unity beyond experience.

2

Universal Principles [3]

- **We are one living field of energy**
- **Aliveness expresses itself as movement**
- **Human aliveness expresses universal wisdom as:**
  - *Our bodybeing is a creative, self-regulating, self-healing system*
  - *Energy flows in patterns which is expressed in our bodybeing*
  - *Our posture and habitual movements reflect culture, attitudes, emotions and body use*
  - *The body is shapeable*
  - *Touch is an essential nutrition*
  - *Loving presence is healing*
  - *Specific factors promote optimal function, healing and transformation*
  - *Awareness reveals the inseparability of body, mind, heart and spirit*

3

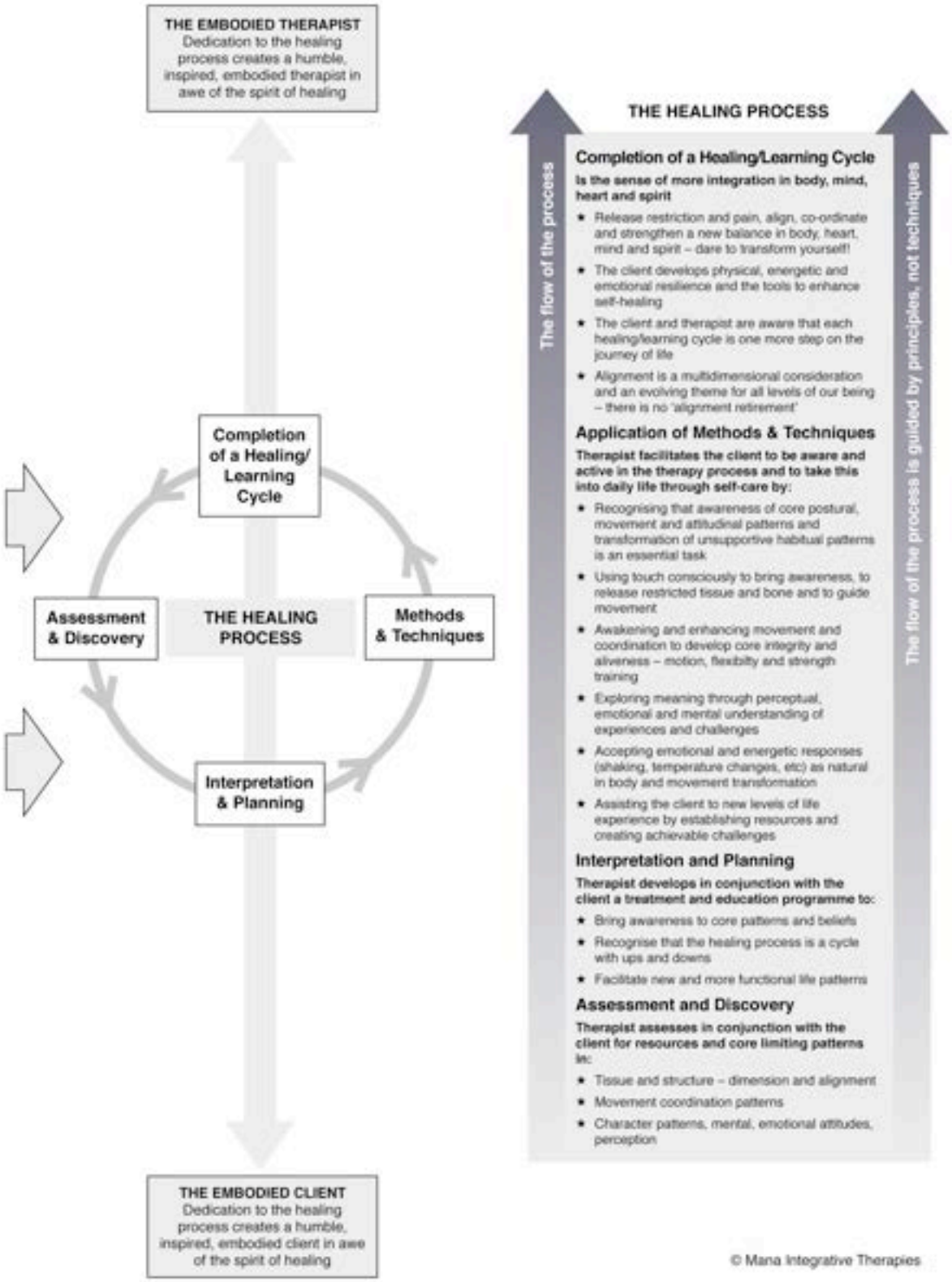
The **Motivated Client** approaches the healing process seeking change and relief from suffering.

The client may be seeking healing or change from physical, mental, emotional pain or more self awareness, self knowledge, wholeness, embodiment, energy and vitality.

The client may be disconnected from their embodied potential, may be lost – numb – may not feel the pain.

The client is vulnerable and may be anxious or fearful, even if it is not apparent to therapist. The client carries the impressions, conditioning and wounds of: family, authority, childhood, learning, education, success, failure, sexuality, relations, injuries and trauma.

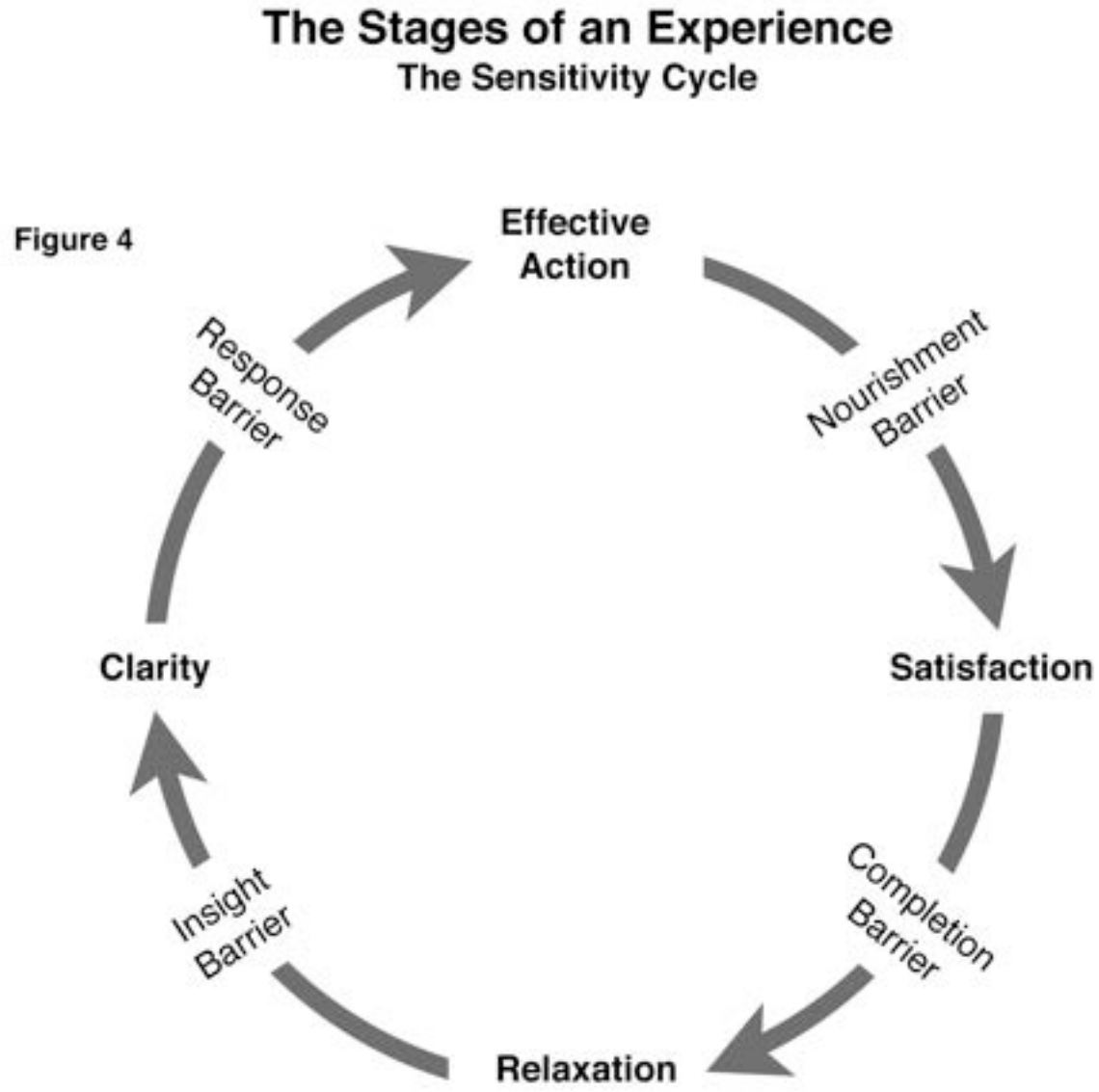
Figure 3



This page and the previous one form the entire process chart portraying the potential in the art of integrative manual and movement therapy.

Cycles in Life –
Cycles in Healing

In the Hakomi Method, Ron Kurtz refers to the Sensitivity Cycle (Kurtz, 1990, p. 166-75) as a way of understanding the stages of life experiences. Each experience has its own unique rhythm and pace. We begin with insight and awareness, a gathering of information about what we are doing and how we will do it. With that knowledge we respond, we act to fulfill our goal. When we respond effectively, we feel satisfaction and allow ourselves to be nourished by our success. Satisfaction allows us to feel complete around the insight or need that we were initially responding to. We may feel happy or sad. We rest and restore ourselves for other journeys. As the need is satisfied, we relax our efforts, and this allows us to be more aware and more sensitive. And so the cycle begins again at a more sensitive level, from clarity, to action, to satisfaction, to relaxation.



Sometimes We Get Stuck –
Barriers on the Cycle

Sometimes we just can't see or understand what is in front of our eyes – we don't seem to be able to get clear. Love can keep someone in an abusive relationship and become a barrier to insight. At other times we see only too clearly but get stuck and either don't respond or do so ineffectively and are challenged at the response barrier. At times we are very effective, but remain dissatisfied, and never experience the out breath of satisfaction. We have a barrier to receiving nourishment. A deep satisfaction allows us to let go, complete and enjoy, yet at times it seems that we will do almost anything to avoid or abort the relaxation phase. We may feel anxious and fling ourselves straight back into action. The barriers are outlined in Figure 4.

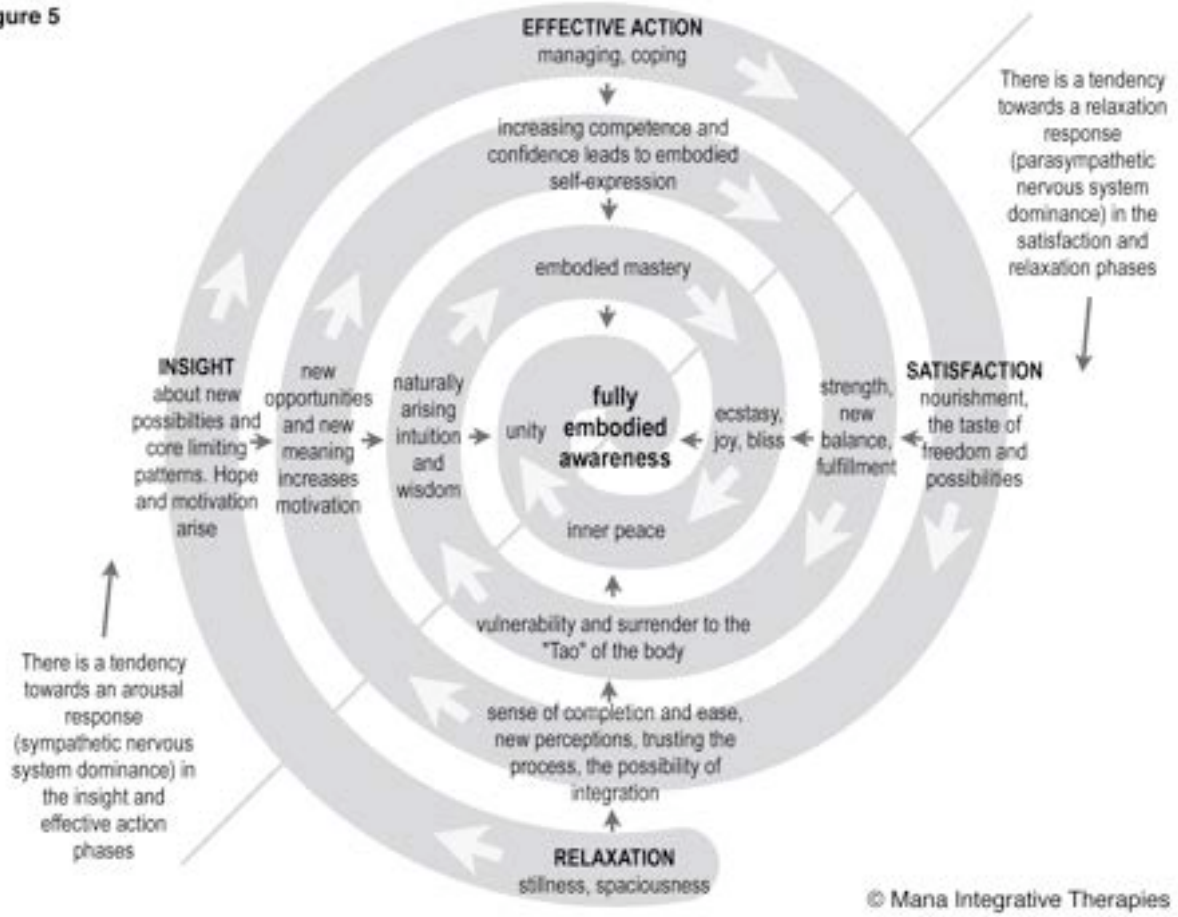
Each of us will have tendencies and habits that get us stuck at certain barriers. Understanding this helps us to appreciate the complexity of our character, how those tendencies affect our relations with others and the relevance to healing and education.

The Cycle of Effective and Healthy Action

Any experience is just one step along the path of our life. Figure 5 shows the cycle as a spiral of increasing sensitivity and effectiveness. We are aroused with insight and action, and the satisfaction and completion phase brings a relaxation response to our physiology. Insight and clarity lead to intuition and wisdom. Coping and effective action lead to confidence and mastery. Satisfaction leads to fulfillment, joy and ecstasy. Relaxation leads to integration, surrender and inner peace. The entire spiral completes itself in fully embodied awareness. This spiral could be seen as the journey that therapist and client share.

The Cycle of Effective and Healthy Action

Figure 5



How Can I Assist the Healing Process ?

George Sweet in *The Advantage of Being Useless, The Tao and the Counselor* (Sweet, 1989) says:

> *What I need to know most of all is;*
> *for this client, What Is?*
> *To observe, to be aware of What Is,*
> *without giving it any slant or interpretation.*
> *To recognize without*
> *judgement, condemnation, justification,*
> *agreement, disagreement.*
> *To follow What Is, calls for a still mind,*
> *a pliable heart, a tranquil energy,*
> *a Body in Tao.*
> *Because What Is*
> *is constantly changing and moving.*

To develop as a therapist is to grow and develop as a mature human being. In order to be a guide for others, we must also learn to be a guide for our self. At times for those in the 'helping others' profession this may be one of our greatest challenges. Here are a few suggestions which may help develop your self-awareness.

Work on Your Self – Self-study and Self-care

1) Develop the quality of your personhood – your empathy, acceptance, compassion and wisdom.
2) Develop habits of self-care, self-study, self-healing. Travel through the entire cycle of effective and healthy action. Rest. Let your embodied awareness be an inspiration to others.
3) Learn to recognize your own core limiting and core expansive patterns.
4) Do some volunteer or service work.
5) Learn something about bodywisdom from animals.
6) Practice mindful awareness. Use awareness arts such as Vipassana, Tai Ji and Yoga to support you. Become a presence for yourself and your being will allow others to stop and deepen.

Professional Development

At a recent movement training I attended, one of the participants shared with us her definition of humility: "Humility means that you are teachable". As a professional, am I really willing to be open and look from a new place? Am I really willing to learn?

1) Contemplate and write about your personal vision of healing and integration.
2) Study psychotherapeutic skills to develop the person-centred nature of the work
3) Get supervision that covers both technical and relational skills.
4) Practice self-reflection and self-supervision.

Self-Reflection and Self-Supervision

Many years ago a manual therapist colleague mentioned that he would, with his clients' permission, record their sessions to deepen his understanding of his use of language during sessions. Later he would listen to the tape and analyze the quality and the appropriateness of his conversation throughout the treatment. It was a valuable experience for him, and made me think more deeply about my own dialogue. As a Structural Integration trainer many of the sessions I have demonstrated for students have been recorded on video. Observing myself, as well as getting feedback from the students, has been incredibly instructive, and at times surprising and humbling. This process has helped me to become more aware and sensitive to many levels of unconscious patterns. This experience prompted me to add a requirement into the Mana Integrative Therapies training programme, that Structural Integration students submit critiqued videos of themselves working as a way of deepening their insight.

We also offer the following Session Self-Evaluation questions during the training to develop self-reflective skills. You may find these useful in your own practice.

How did I feel before, during and after the session?
Previous session:
- *how well was it digested, integrated?*
- *did anything stand out, any lessons?*

Present session:
What was the flow of the process like?
Did I achieve my objectives in:
- *assessment*
- *relationship – communication, safety, boundaries, rapport, relation to sensation or discomfort, work on the growing edge*
- *learning team – cooperative therapeutic alliance*
- *soft tissue/joint manipulation*
- *movement awareness*
- *education or self-care*

How was my body use?
How was the quality and pace of my touch?
How do I think the client felt? – any important releases, insights or experiences?
How did the client feel?
Did the client meet their objectives?
- *pain or tension relief*
- *development of resilience or coordination*
- *meaning*

Did the session give the client a satisfactory level of experience and integration?
Did the session build on the previous work?
What insights did I gain for future work?
Did I over treat?
Time management – any areas I overlooked or didn't address?
Successes in the session?
Homework – awareness, self-care, exercise or motion training[2]

Listening to the Wisdom of the Body

This article has explored many dimensions of the healing relationship as it applies to manual and movement therapies. Yet it is a starting point rather than an end point. It has focused on a mindful approach, on listening, learning and responding to what arises in the container of the treatment process.

Research indicates that the person of the therapist is of primary importance in the success of any therapy and as George Sweet says, "I cannot teach my client more than who I am (Sweet, 1992)."

In order to remain "teachable" these are some reminders that I use in my practice:

Create good contact and a safe healing container
Clarify the contract and goals that you are both working towards
Look for resources that the client already has to build resilience
Create a Learning Team – promote self-study and self-care
Bring a quality of wakeful awareness to the session, to sensation, thoughts and emotion
Humor can be healing and bring insight
Take care with how you observe clients – How can I create more safety?
Recognize different paces and styles of learning as well a character differences
Touch with respect, elegance and care
Don't force
Learn to listen
Get curious about your responses and reactions, learn about projection
Appreciate the power of your words to a client when you are the therapist
Don't overload the client with too many experiences or too much information
Learn to recognize core limiting patterns and core expansive patterns in your and your client
Be curious about meaning and assist your client in their discovery of meaning
Learn to recognize and take care of trauma, get advice, and refer
Know your skills and your limitations
Develop your loving presence and compassion – we are all travelers on a journey together
Remember the body language and the being of the therapist is powerful medicine!

There is enormous potential for healing in the field of Manual and Movement Therapies. It is possible to be incredibly effective as a skillful technician in the areas of soft tissue and joint re-organisation and movement coaching. But greater healing is possible. When a person-centered practitioner embodies the Learning Team perspective, and brings their skills to bear in the container of loving presence, the ultimate magic of healing can happen.

Everyone is longing for a deeper connection. If we take our time and listen to what's really there, we can touch the core. It doesn't need to be difficult.

As a psychologist and yoga therapist on a workshop on Psychotherapeutic Skills for Bodyworkers said, "I learned that when listening becomes effortless, the body and mind return to the wisdom of love and loving." This is healing for both therapist and practitioner.

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[1] *I would like to thank Ron Kurtz and all my Hakomi trainers for their teaching and inspiration. For enormous patience and input in late night conversations: Robert Schleip, Hubert Godard, Mark Gray and Carrie Tuke. For unending work on chart design: Mark Gray and Sarah Tuke. For the process charts concept: Ron Kurtz. For some welcome fine-tuning to the article, Halko Weiss. Original spiral chart: Marilyn Morgan. For her tireless reading, support and editing: Penelope Carroll. And to all my clients and students who are of course my greatest teachers.*

[2] Mana Integrative Therapies training materials, contact MIT@theradiantbody.com.

Modified Hakomi: Coaching Clients with IFS and Hakomi Skills

Dave Cole, LMP, CHT

Editor's note: A number of Hakomi Therapists have been cross trained in Internal Family Systems Therapy (IFS), as well as other modalities. In this article Dave Cole outlines how he integrates the IFS "in-sight" method of engaging the client's Self (IFS term that combines the mindful and compassionate aspects of the Hakomi understanding of the Witness) in relation to their parts in way that compliments and expands Hakomi Therapy's employment of the "Adult" in relation to "Child Consciousness."

Dave Cole is a certified Hakomi therapist, teacher and trainer. He is also a Licensed Massage Practitioner, and has studied Internal Family Systems Therapy for two years with Richard Schwartz. He maintains a private practice for couples and individuals in Seattle, teaches personhood workshops and Hakomi trainings as well as leading nationally a one day CEU workshop entitled *Mindfulness, the Practice of Compassionate Presence*. His publications and productions include "Mindfulness, the Practice of Compassionate Presence" (co-authored with Carol Ladas-Gaskin and Lynn Morrison), 2005; "Tom" a VHS video with Ron Kurtz 2001; "Mindfulness Centered Therapies, Vol. I." with Carol Ladas-Gaskin, a Pacific Healing Arts Production, 2006 (a two hour training DVD). He can be contacted at www.jdavidcole.com or jdcole@verizon.net.

ABSTRACT: Discusses how therapists trained in Hakomi use skills like contact statements, acknowledgments and "working with the child" to create trust, attunement and to access unconscious material in ways that address clients' experience directly. Outlines an adaptation of method that adds "parts language" and the indirect therapist/client role from Internal Family Systems Therapy to Hakomi that allows therapists to move freely between direct and indirect roles with their clients. Notes that the direct role is primarily used for attunement, accessing and nourishing, while the indirect role enables clients to use Hakomi skills with their own internal parts. Benefits of the indirect role are described in terms of helping clients distance and un-blend from parts with extreme feelings, reduce reliance on therapists for attunement, self-comforting and sustaining mindfulness, and address cognitive distortions (generalizations, exaggerations, black and white thinking) by identifying them as the thought-habits of young parts.

Introduction

This article describes a way of working that combines elements of Internal Family Systems Therapy with Hakomi Body-Centered Psychotherapy. What began as a simple technique, a few new moves, evolved into a different way to stand in relation to a client's emerging experience when using Hakomi. Whereas in conventional Hakomi therapists work directly with clients' experience -- acknowledging emotions, interacting with the child, comforting over-whelming feelings -- in this new adaptation the therapist acts indirectly. In this new role the therapist acts as a Hakomi coach. The coaching relationship allows a therapist to teach and encourage clients to apply Hakomi skills as they nourish, comfort and relate to their own internal experience.

In developing this method I have treated internal experience as "parts." In the therapeutic method know as Internal Family Systems (IFS), "parts" are internal experience construed as autonomous sub-personalities (Schwartz, 1997). Since I have trained with Richard Schwartz, the founder of Internal Family Systems, I often use the language of parts (also sometimes called "parts language") with my Hakomi clients. However, it is not necessary to use parts language with this new adaptation. In most of the client/therapist dialogues offered below therapists can substitute phrases like, ". . . go inside and say to that *sadness* . . ." or ". . . go inside and say to that *sad part* . . ." In the former we are addressing a feeling as if it were a part, in the latter we are addressing a part to which we are attributing a feeling and possibly other properties like body sensations, thought and motivations. I favor the use of parts language because I think the use of parts adds an increased capacity for separation between the client's adult consciousness and his or her present moment experience. It is also more accurate with regard to how feelings and other internal experiences actually behave.

It is not necessary to think of this adaptation as a new role -- from direct to indirect, or therapist to coach, since one can shift effortlessly from one to the other as called for. Alternatively, one can think of it as a different way to use language. In a recently published article, Ann Weiser

Cornell (2005) describes a "presencing language" that has evolved out of her work with the therapeutic method known as Focusing, another mindfulness based experiential therapy developed by Eugene Gendlin (1975). This "presencing language" accomplishes much of what I am describing here and does not depend on the introduction of the notion of parts or "parts language". However, in her examples and her discussion she also uses the language of parts. I take this to illustrate that while it is not necessary to use the concept and language of parts, it is natural and almost unavoidable to do so when using experiential therapies that employ mindful elements.

The Internal Family Systems Model

Like Hakomi, Internal Family Systems is a depth psychotherapeutic method. It includes a set of skills that enable therapists to help clients observe, understand, sooth and transform their inner experience in order to relieve unnecessary suffering, increase mindfulness or Self-leadership, provide more response flexibility, and therefore more freedom. It is also a way of thinking about who we are that posits a model of the human being. This model represents the human personality -- the ego, or the 'self' with a small 's' -- as an inner family or multiplicity of semi-autonomous sub-personalities. These sub-personalities are called "parts". Like individuals these parts possess feelings, motivations, memories, and creative abilities. Also like individuals, much and sometimes all of their properties and activities exist outside of consciousness.

In addition to parts the IFS model posits another essential aspect of the individual called the "Self" (Schwartz, 1990). According to the model the Self is not a part and, unlike parts, it does not possess feelings or an agenda. This Self is recognizable in experience as that aspect of experience that seems to witness or observe experience. While it is not possible to directly experience the Self, it can be said that we are "in Self" or "identified with Self" or, "Self-led" when we are being mindful. In other words, the Self is the observer or witness aspect of conscious awareness. It is the perennial subject that makes an object of everything it observes.

Some IFS practitioners compare the Self to the Atman, some call it the little Buddha that resides in each of us, others think of it in more secular terms, as conscious awareness, or the pure executive oversight of the orbital-frontal cortex. It is not hard for Hakomi practitioners to understand this "Self" since it can be equated to the state we call mindfulness. In Hakomi we talk about mindfulness as a "state of consciousness" (Kurtz, p. 27). We address something very much like this "Self" when we ask, for example, "what does that feeling remember?" or "what does that child need right now?" One can think of this "Self" as being the adult self or adult consciousness that these questions address. In Hakomi we recognize this self in practice and do not explicitly define it whereas in IFS it is explicitly defined and named with the word "Self".

Regardless of how we name it, the experience of being "in Self" or being "mindful" has certain properties. To the degree that one is "in Self" one is calm, curious, compassionate, creative, courageous, and confident. Keeping these qualities ("c"-words)in mind, the IFS therapist can learn to evaluate when a client is identified with Self just as a Hakomi therapist learns from observing non-verbal indicators to know when a client is being mindful. An IFS therapist can help a client to attain and sustain a Self-led state just as a Hakomi therapist can help a client to achieve and sustain mindfulness.

Hakomi Therapy

Within the method, for purposes of training and discussion we often distinguish a set of steps or phases in an ideal Hakomi Session. I have taken some liberties in naming and summarizing the phases described by Ron Kurtz (1990) so that the reader may see precisely where in the Hakomi process we switch from the conventional Hakomi approach to the indirect approach I am introducing here.

Tracking

We begin a Hakomi session with a process called tracking in which the therapist listens to and observes the non-verbal expression of a client while maintaining a state of Loving Presence and making occasional contact statements. During this period the therapist is noticing indicators of how the client is organized, and looking for ideas that will be tested in the next phase of the process. I like to think of this in terms of locating the neighborhood, the unconscious issue or concern that the current session is about. Perhaps it is about safety, being loved, feeling connected, being seen, being enough or not being enough. We usually think about this as the tracking and relationship phase, but it is also the idea or intuition phase.

Testing/ Accessing

At some point in the session the tracking phase yields to the hypothesis testing or accessing phase. At this point the Hakomi therapist moves from following to leading, gently intervening in the client's verbal and non-verbal monologue in order to test a therapeutic intuition that has arisen in regard to the client's current state. While this phase has the intention of testing it also can be said that it has the intention of accessing unconscious experience. I therefore like to think of it as a testing/ accessing, or experimenting/accessing phase.

Depending on the skill of the therapist and the situation, the testing/accessing phase of a session usually evokes unconscious material. It could be a sensation like tightness in the chest; an affect, like a feeling of panic or panic mixed with

sadness; or it might be a memory image or a felt-sense (somatic) memory. Often it is a combination of these kinds of experience that was not in consciousness prior to the testing/accessing move. At this point the testing/accessing phase ends and a new phase begins. I think of this next phase as the Affect Deepening and Nourishing Phase.

Affect Deepening and Nourishing

In this phase the therapist's job is to help the client *be with*, or mindfully observe the emerging unconscious material that arises from testing and accessing. In the course of this process the client will be supported in naming, learning about, regulating the affect of, bringing mindfulness to, and accepting nourishment for the emerging unconscious experience. In doing this, the conventional Hakomi method is to address the material directly, allowing the person to embody the part, as well as study it from the witness.

For example, if the evoked experience is one of sadness the therapist may use an acknowledgement which provides recognition, connection, compassion, naming and nourishment in a single speech act. This might take the form of the therapist setting up an experiment in awareness where he or she says in a compassionate voice, "I see how sad you are." With permission, this could also be done in a non-verbal way as well by making the experiment the gently taking the client's hand. There are many kinds of direct moves that the therapist can make to support and deepen the unfolding of the experience in its richness and fullness while providing the safety and nourishment that allows the client to stay present and mindful as the experience unfolds.

At this point in the Hakomi session, the client will often begin to convey through appearance or voice that he or she has become identified with a "child part" that is operating out of deep formative memories. Hakomi therapists are well trained to work with the emergence of these parts (Kurtz, 1990). In Hakomi we handle them by altering our voice to the kind of voice that would be both appropriate and comforting to a child of the age and gender that the child part appears to be, and showing up as a "magical stranger" who provides the healing interaction that the child needed but was missing during the original scene.

Here again, the Hakomi method is to work with the part directly. The therapist is trained to speak as if speaking directly to the child, using acknowledgement, contact statements, nourishing phrases, giving permission to the needs and feelings that the child part conveys through words, affects and actions. Throughout this part of the session the client is encouraged to maintain mindfulness as an "adult" observer of the interaction between the therapist and the child part who is sometimes actively called on, as in asking "what does this child need right here?"

If the unconscious material is simply a feeling and does not manifest itself in a personified younger form, the interaction is much the same: the therapist offers comfort directly while the client mindfully observes the interaction. If the client is overwhelmed with affect the therapist provides nourishment and supports spontaneous behavior. This allows the client to return to a calmer state and restores the client to observant mindfulness.

Introducing the Complimentary Technique

I have elaborated the Affect Deepening/Nourishing Phase of the session more than the previous phases because this is the phase in which I usually introduce the complimentary technique. I will therefore replay this portion of a session first by explaining how this is ideally handled with the optional method and then I will provide an idealized annotated transcript to illustrate the general explanation. For purposes of this demonstration I will assume that the client has been introduced to the idea of parts and Self in a previous session. He or she not only knows what the therapist means by the word "part" but the client has also had some experience working with a part in the past.

The main departure from conventional Hakomi is as follows: as the unconscious material emerges, instead of moving to work with it directly by the therapist acknowledging the experience, the therapist encourages the client's adult consciousness or Self to connect with the experience. The intention is to set up a relationship between the client's Self and their part, through which the therapist can support or coach the client in providing the presence, acknowledgement, comfort, unburdening, and nourishment to the part themselves.

If at any time this arrangement breaks down the therapist can step back in and use the conventional direct method. Even in this event the therapist will step out again and turn the direct work over to the client as soon as possible. The objective is to put the client in the driver's seat, and to have the client engage with the experience-as-part as soon as possible. In order to do this the therapist calls upon that powerful effect of language that allows us to connect ourselves to an event or experience while distancing ourselves at the same time. This is illustrated further in the following example.

Setting Up the Indirect Relationship: An Ideal Annotated Transcript

The following idealized scenario illustrates how a therapist sets up this indirect relationship between therapist, client and client's part. We start working directly with the client. The steps in the example lead to a new relationship in which the therapist is acting as a coach or trainer as the client assumes the role of a Hakomi therapist to an internal part.

We enter this hypothetical session with a testing/accessing move that arouses a feeling: in this case, a feeling of

anxiety or fear accompanied by a tight feeling in the client's chest.

Therapist: (making a trial offering of nourishment to the client in mindfulness) **It's safe here.**

Pause. (Therapist is attentive to non-verbal indications as he/she waits and sees the client's chest compress.)

Therapist: Something seems to change when you hear those words. (Therapist tracks and contacts the client's response)

Client: My chest got tight and I felt afraid. (This is where we shift away from Hakomi as usual and introduce the complimentary move)

Therapist: I wonder if you can think of the tightness in your chest and the feeling of fear as a part, a part of yourself that feels afraid and feels its chest getting tight. (This distances and un-blends the client from the part while affirming the connection between the Client and the part)

Client: Yes, a part. OK. (The client knows what we mean, because of previous work).

Therapist: Now see if you can go inside, see if you can just be with that part, with its tight chest and its fear. Can you do that?

Pause. (Hakomi and IFS always allow spaciousness for slowing down and learning more from present moment experiences)

Therapist: It looks like you're being with that part now.

Client: Yes. (Therapist uses non-verbal indications, empathy, intuition, client's tone of voice, and clients timing, checking to see if the connection is really there and what kind of a connection it is. We especially want to be sure that it is mindful and non-judgmental -- in other words, compassionate)

Therapist: Good! Now, see if you can say to that part, silently, from your heart, in a sincere way, just say to it "I see how scared you are." (This is a Hakomi acknowledgement and the therapist models the compassionate, empathetic connection through tone of voice and through facial expression even if the client's eyes are closed. Similar acknowledgements are used in many other methods including IFS and Focusing. Sometimes I completely avoid reference to words by saying "send a silent message from your heart . . ."

Pause.

Therapist: What happens for that part when it feels your presence and it hears you say that. (Here the therapist is coaching the client on observing reporting results, and encouraging the relationship).

Discussion: Transcript One

This example embodies the essence of the complementary intervention. It illustrates what a therapist does to reposition the client with regard to emerging experience. The therapist no longer relates directly to the (formerly) unconscious material or "part," but supports the client in making a "Hakomi-like" direct connection. While the move itself is a simple one, there are important things happening that merit attention.

First, when the therapist offers the acknowledgement, in this case, "I see how scared you are", there is the possibility of its having a powerful direct effect. To accomplish this possibility the therapist must direct the nourishing phrase toward the subject's part where the intonation of the phrase is very important. As we speak we are providing a model for the client. The client will imitate what we say, how we say it when we offer it the first time. We are demonstrating what being state the client should be when they attempt the acknowledgment. In other words, to imitate what we do, the client must move into a mindful, compassionate Self-led state since it is only from such a state that this kind of calm and attentive presence can be mustered.

Secondly, it is important that the therapist pay attention to non-verbal signals during this process. With practice a therapist can tell whether a client is in a mindful state or not. We are trained to do this in Hakomi. If the part emerges with overwhelming emotions the therapist must first calm the emerging part down before proceeding. This can be done in the usual direct manner. Or, switching to IFS mode, the therapist can ask the client if he or she would like help in having the part pull its feelings back. I usually do this by saying, "Would you like some help in having that part pull its feelings back?" If they say yes, I say, "Just ask that part to pull its feelings back so that you can be with it and not be overwhelmed. Tell it that you can't be with it in a helpful way when it's feelings are too strong." If the feelings are too strong for this type of move, you may have to shift to direct Hakomi mode and support the client's spontaneous behavior and provide comforting emotional nourishment until the feeling calms down, especially if they are riding the Hakomi rapids (Kurtz, 1990).

Third, it is good to fully appreciate the power of language when using the complimentary option. Any sentence used in direct address that contains a subject, verb and object, has the rhetorical power to objectify a feeling, thought, sensation or part. For example, if fear arises in the experience of a client, when the client names it as fear, that naming makes separation possible. Furthermore, when a client attributes the status of 'part' to that fear, this act of attribution increases the sense of distance. It also reduces identification and promotes un-blending.

When we teach the client to say to a part, "I see how scared you are . . .", this sentence automatically and powerfully creates the following with regard to the frightened part: (1) "I am not you", (2) "I am witnessing (experiencing) you and your fear" (3) I am connected (in relationship) with you. In addition, by using a compassionate voice the client also says "through my empathy and compassion, I want to accept and support you." Seen from this perspective, a simple acknowledging sentence carries a very powerful rhetorical effect and the more we appreciate this, and experience it, the better

we can use it. When we teach this to a client we are giving our client more than a fish, we are truly teaching them how to fish for themselves. We will do this by modeling it repeatedly in sessions with them. Furthermore, when they are ready we can tell them what we are doing and teach them refinements so that they eventually can do this for themselves, without our presence.

Finally, the last question or request in this little sequence is deceptively important. In this move the therapist asks the client, "What happens (what does this part do, what do you notice) when this part hears you say that?" Without this move the re-positioning is likely to fail. Anyone who has done supervision sessions with Ron Kurtz in the past few years will be familiar with the phrase "get the data". In Hakomi, when we work directly with a client we are trained to find out what happened after we have performed an experiment in awareness (Kurtz, 1990).

In working indirectly, it is equally important that we train the client to do the same thing. "Getting the data" has a number of important benefits. It returns the client's attention back to the part after nourishment has been offered. If it is done with good timing the client will return to the part in time to see the effect of contact and compassion. They will actually feel the part calming down, or they may feel the emotion shift to something else, for example, from anger to sadness, or from sadness to grief, or from bitter to sweet sadness when it has recognition and comfort. In any case, the relationship between client Self and part is encouraged.

Furthermore, when they report their observations, they are including the therapist in the process without breaking contact with their experience. This move on affirms the full set of roles in play in this situation and provides an opening for the therapist to continue coaching possible moves. Last, but not least, it gives the therapist feedback from which he or she can confirm or revise interpretations of non-verbal signals and intuitions. If nothing has happened, then usually something has been left out: the connection is not solid, the client has been hijacked by an unfriendly or critical part, or the part that has been addressed does not trust the client's Self yet. This last possibility is fairly common. And will be discussed later in more detail.

If the client reports a shift in the part, even if that shift is simply from fear to mistrust, a great deal has been accomplished. If the part takes in the nourishment, then the emotion will usually calm down. In this case I usually encourage the client to "just stay with the part." I might say something like, "Just see if you can stay with that part and experience what happens next." If mistrust is shown, I help the client work with the part's mistrust. For example, I might suggest, "why don't you go back to that part, and reassure it. Just say 'I can see that you don't trust me yet.' Notice what happens when the part knows that its OK to not fully trust you". If the mistrust does not move, I might suggest the client re-assure the part with: "Its Ok, I know it takes time to trust." This is a very potent intention and often shifts a part's reluctance to trust within a few seconds.

Training the Client to Work with a Part: The New Skill Set.

Once the indirect relationship has been established and can be sustained, a large repertoire of moves becomes both possible and profitable. One way to catalog the moves is by intention.

Being with Experience, Non-Judgmental Witnessing, Self Study. This intention involves having the client witness a part's experience or its memories of a specific incident or event. This includes feeling the feelings that come up during the process. Instead of telling the client about its feelings, a part will have the client feel them. As each feeling comes up, we help the client to acknowledge it, see and report what happens. Occasionally I remind the client: "Oh, so now (he/she/name of part) is letting you know how it is feeling. It can't actually tell you how it feels with words but it lets know by letting you feel its feeling. See if you can just stay with its feelings. If they get too intense you can let me know. I'll help you".

Typical Coaching Moves: There is a balance here between therapists interjecting their own wisdom and compassion, and encouraging clients to call on and rely on their own.

- "Does it need contact? like just saying, 'I see how scared you are.'".
- "Could you acknowledge it by saying, 'I feel your sadness.'"
- "Tell it to pull its feelings back a little, so you can be with it."
- "Maybe it would be good to thank (him/her, the part) for showing you that."
- "Find out if (he/she\the part) has any thing more to show you."
- "Would it be good to ask the part, "what else do you want me to feel or know right now."

Nourishment or Affect Regulation: This intervention pertains to soothing the part's unregulated or painful feelings. Sometimes this means taking the part out of a very traumatic situation, having the client hold the part on their lap, speaking to it, and so forth. Sometimes a pillow helps to give the client the felt-sense of holding the part. Tiny baby parts can be held against the chest until they calm down. Parts with vacuous or empty feelings can be given a sip of warm milk. Children who experienced colic often need lots of this kind of quiet comforting.

Typical Coaching Moves:

- Have the client nourish the part physically as describe above.
- Have the client acknowledge the feeling in a compassionate voice and from a compassionate

Self place say appropriate things such as:
I see how upset you are.
I know it hurts
I won't leave you. I'll stay with you.
I understand you or I want to understand you.

Discovering core beliefs and decisions, insight, cognitive therapy. In Hakomi we often focus on discovering what decisions were made as a part of surviving a formative crisis. Often the child decides "I'll never trust like that again" or "No one loves me" or "there is something wrong with me." The client can work with this by (1) acknowledging the decision and validating it for the strategic value in the time it was made (2) providing nourishment "There's nothing wrong with you" or "your ok just the way you are" (3) helping the part to understand what happened (4) updating the part.

We do all of these things in Hakomi. We do them here in a complimentary way as well, but instead of doing them directly we model them, and have the client do them with their part just as if the part is their Hakomi client. For example we can have the client:

Typical Coaching Moves:
"Ask the part what it learned from all of that".
"Find out what decisions this part made".
"Maybe this part can tell you what it decided"
"Let's just stay in this calmness now and see if some insight shows up."

Letting Pain Go (Un-burdening). Unburdening is a technical term form IFS Therapy. Once the witnessing is accomplished we can have the client ask the part if it is ready to let go of its pain. Often this will stimulate a whole new phase of working with the part at some earlier or later age, or working with some other emotion, or aspect of the situation of memory. Eventually the part will have nothing more to reveal and it is time to help it to let go of the pain.

Typical Coaching Moves:
"Ask (her/him/ the part) 'is there anything else to know before we move on'"
"Ask (her/him/the part) if its ready to let go of that now"
"Find out how (she/he/the part) would like to release that pain"

Working with the future: One of the nice IFS moves after the pain is released is to find out what qualities the part would like to have to replace the pain. It might be playfulness, or creativity, or more love or nourishment (more touch, more comfort, more sleep). Once the desired replacement is named, the therapist can help the client while still in the indirect relationship to create a little guided imagery ritual to reify the idea of that quality flowing into the part, into the space that is left when they give up the pain.

Typical Coaching Moves:
"Now that its pain is gone, what would (he/she/the part) wish to have instead."
"See if this part would like to have something to carry in place of the pain"

Trying new behaviors: (Response flexibility). Sometimes interaction with the part is around some new skill, like asking for what one wants, or saying no. I usually leave this to the end and do some work on this directly with the client during the integration phase that brings the new internal insight into present time and space behaviors. This is a Hakomi move and it is one that Ron Kurtz demonstrates in many of his video-taped sessions.

Embodying the part. A good way to finish is to have the client find in their experience of themselves or in their body a place for this part to stay and invite the part to stay there. It is also good to suggest that we will check in with that part in the next session or the client will check in with it during the week to be sure that it is still ok. We can also instruct them on staying in touch with this part during the week by, say, finding a picture of themselves at this age and placing it on a dresser top, or something they made at school, or journaling to or about this part. This is especially important when abandonment is part of the part's issue.

Example 2: Transcript of a sequence from an actual session.

Here is a second transcript to further illustrate the application of this technique. It is rendered from memory, but I believe it to be sufficiently accurate to serve as an example of an actual session. In this scenario the therapist and client have worked previously for three sessions. The client is acquainted with parts language so that it is not necessary for the therapist to explain what a part is when the word is introduced. The client has just become aware of some sadness and has mentioned it to the therapist as the dialogue begins:

Client: Yes, I'm feeling some sadness.
Therapist: Ok. Good (sympathetically). **I see your feeling sad. Are you ok with that?**
Client: Yeah, Pause, (tears) **I'm ok.**
Therapist: OK. So just see if you can stay in connection with that sad part. Let's think of it as a part. A part of yourself. One that's feeling sad. Is that OK?
Client: Pause. Yeah, OK.
Therapist: Fine. So . . . how are you feeling right now toward that sad part. What is your feeling or your attitude toward it? (evocatively).
Client: Well, I'd kind of like it to go away. I don't like to feel sad.

Therapist: Fine. I see. We could say that there's a part around that doesn't like the sad part . . . doesn't like to feel its sadness. Your noticing that part right now, is that so?

Client: Yeah. Doesn't want to feel sad all day.

Therapist: I wonder if you could let this part know . . . just quietly, inside . . . that you're ok now and you would like it to stand back so you can just be with the sad part and offer it some comfort. Tell it we just want to make the sad part feel better. Is it willing to step back and just watch for a while as we do that? (This is an IFS move, usually unnecessary in conventional Hakomi, but it is handy and important in this technique. We must be sure that the client is in Self and is not in some other part when working with the subject part)

Client: Yes. It can do that.

Therapist: Good. Why don't you thank it for doing that and lets return to the sad part now. Can you reconnect with the sad part now? Is it still there?

Client: Yes. Its here. Eyes tear up a bit. (Non-verbally the client seems accepting of the sad part.)

Therapist: Good. Now with that other part standing back, and as you connect with this sad part in a compassionate way, from your heart maybe, just go inside . . . to this sad part . . . and say to it: "I see how sad you are." (In saying this acknowledgement the therapist models a very warm gentle and compassionate voice).

[Therapist maintains a little pause of a few seconds while that happens. Then adds)

Therapist: What happens to the sad part when it senses your presence and hears you saying those words? (Ask this question in an curious caring manner.)

Client: Its calmer now. Feels better.

Therapist: Fine. You could just say to that part . . . . You could just say: "I see that you are calming down now. (The tone of voice models talking sympathetically to a child part. Then we ask for a report.) **"What happens went you say that? Quietly. Inside . . . to that part?"**

Client: It calms down more and there is a warm feeling . . . feels better.

Therapist: Good. It seems like just being present with this part is comforting. Pause**. Fine. Just see if you can stay with the part. It might want to tell us something about its sadness. Or maybe it has other feelings or a story, maybe even a memory that it would like you to know about.**

Client: Father left and my mother was crying.

Therapist: I think the part is showing you a memory. How old is the part now?

At this point we are moving into the witnessing phase. The therapist will simply sustain the indirect relationship while the client witnesses the multi-sensory memory that has been evoked, offering nourishment as needed and keeping any interfering critical, judgmental or worried manager parts at bay by assuring them that we are not going to empower or provoke the feeling parts, but that we are going to take care of them so that they will feel better.

Discussion of Example 2.

This sequence demonstrates the technique more fully than the first example. It contains the necessary steps. It also illustrates some points taken from IFS that are important to the method. For example, in Hakomi we track mindfulness very closely since we realize that bringing mindfulness to unregulated feelings has a soothing and healing effect. We use our heightened awareness of non-verbal signals to do that. Tracking and contact statements also help us to keep the client in present time with present experience. This is in keeping with the implicit nature of Hakomi work.

When we work with clients in the indirect relationship, however, we must be more explicit. We can still use our non-verbal skills to check out what the client says, but it is sometimes a good idea to explicitly ask the client how he or she feels about a subject part to make sure another part has not blended, fused, or overlaid the essential Self.

In IFS and in this alternative Hakomi method the initial checking out is done with a direct question: "How do you feel toward that sad part right now" or we can elaborate by asking "what is your attitude toward this part right now." I avoid saying what "do you think . . ." since this will invite problem solving, figuring-out parts to get involved. If there is a critical, judgmental, or hostile part around, this question will usually bring it to the fore. We can then have the client give it assurance and ask it to step back. Useful moves are (1) being with the intervening part (2) acknowledging its feelings, giving assurance (3) telling it that it can stand by and watch (4) assuring it that it can interrupt if it doesn't like what we are doing. If a part won't step back then it is a good idea to work with it until it communicates more about what concerns it. Just shift the client's attention to the new part while asking the original subject part to wait.

If nothing has happened to a part after the client has acknowledged its feelings, if the feelings don't calm down or shift, or if they intensify, it is a good idea to check to see if there is a critical, worried or hostile part that has intervened. Exile parts that carry the bulk of our unresolved feelings are often very sensitive to internal managers, and will not trust the therapist or the client until one or the other or both demonstrate their commitment to defend and protect the young, often sensitive part.

We should also be aware of highly sympathetic parts. There is a big difference between compassion and smothering sympathy or self-pity. If a client is sorry for a part and I suspect that there is a smothering manager around, I usually ask the part that feels sorry to step back. This can be a very effective way to deal with dysfunctional self-pity that keeps clients stuck in feelings and systems of victim-hood. The

therapist, however, must be careful not to be insulting or disrespectful to the sympathetic part as we work to tone it down and show it that it can take care of the part better by facilitating the connection between the part and the clients Self.

While I have used some IFS language to explain this, the Hakomi therapist does not need to look far to find a good language for discussion. Self can be equated with the client's state of mindfulness or Loving Presence. A critical part is just a critical voice. Being self-sympathetic is not being mindful and usually leads to the postures of victim-hood (victim, persecutor, rescuer). Victim-hood is a system and in Hakomi training we learn how to help a client jump out of it by naming it. IFS therapists usually think of this system as the behavior of a certain kind of manager-caretaker-therapist-healer part.

Returning to the Direct or Conventional Hakomi Mode

It is possible to return from the indirect mode to the direct mode at anytime without confusing the client. The important thing is to honor the shift by carefully stepping the client through it each time it happens. If the therapist is not careful and explicit in marking the shift the client becomes confused and this interferes with the session and future use of this method.

To make the shift from the indirect mode to the conventional Hakomi direct mode, the therapist asks the client if it would be ok to talk to the client's part directly. If the client gives consent (I have never had a client say no to this request) the therapist instructs the client to stand by and observe what happens. It is important that the client observe from a mindful, non-judgmental space and the therapist can give whatever coaching is necessary to attain and sustain mindfulness.

Once a client gives the therapist permission to go ahead and talk to a part, he or she is placing the therapist in the direct mode. The therapist proceeds to do what conventional Hakomi therapists do when they set up mindfulness. When the client is observing mindfully, the therapist says to the client, "Notice what happens when I say (or when I ask this part) . . . pause . . . "what do you remember?" or (using an acknowledgement) "I see how frightened and scared you are", or "I see how disappointed you are".

Once in the direct mode the therapist can re-enter the indirect mode with the same moves above. Just have the client connect with the part, be with the parts feelings, acknowledge the parts feelings, and be sure to have them notice what the response is.

Conclusion

After almost three years of working with this complimentary method in my private practice I can recommend it as an addition to conventional Hakomi or as a way to combine Hakomi and IFS into a single set of skills that can be joined seamlessly into an integrated approach. I also intend to write a similar article addressed to IFS therapists that recommends cross-training in Hakomi. What I have presented here are the essential moves, and I should think that therapists who use them will discover many additional elaborations. The essential elements are very simple and are set forth below in review:

1. Make the parts language available to a client and teach the client to label an emergent experience as a part. This should be done before introducing this process. I usually do this in the first session or two.

2. When you are ready to introduce this technique, begin by introducing parts language in order to distance the client from an emergent part sufficiently so that the client can remain in mindfulness or in a Self-led state with regard to the part and its emotions while remaining connected with it.

3. Model acknowledgement for the client and have the client acknowledge the parts feeling, attitude or situation.

4. Support the client in observing the part after the acknowledgement, and getting a report on what happens.

5. Set the client up as a compassionate observer and support him or her in self-study. Help them to witness the part, its feelings and its story.

6. Direct the client in effective ways of working with estranged parts to provide attuned presence, connection, emotional nourishment and affect regulation, along with an opportunity for cognitive re-thinking and reframing of the parts interpretations, decisions and conclusions.

The use of the indirect method in Hakomi multiplies the repertoire of moves available. It is especially helpful in distancing the Self from parts that the client perceives to be dangerous, terrifying or otherwise extreme, and hard to be with or hard to separate or "un-blend" from. The IFS concept of Self combines the passive mindful quality of the Hakomi Witness with its active compassion or Loving Presence.

Many of the Hakomi methods are adapted to a group situation where helpers are available to take over the work of parts, voices or physical behaviors. Ron Kurtz has recommended this, but I find that it is often not practical in

private practice since many clients cannot afford to pay for more than one therapist, and unpaid assistants and trainees are not always available. One can ask clients to bring in friends, but this comes with complications, for example, issues of trust, confidentiality and ethical/ legal complications.

Given these considerations I have resorted to this indirect method frequently, and it is my preferred method of working. Overtime the indirect method teaches client's how to work with their own parts. This does not happen right away, but after anywhere from six to twelve sessions clients will often spontaneously recount an experience in which they employed it to handle an upsetting situation without my help. It is an extremely gratifying moment and one that tells me that I am getting my job done.

While I have taught this method to colleagues and find that Hakomi therapists can learn it without difficulty, I have not taught it in trainings. It may be better to offer trainings in these skills to therapists who are certified in Hakomi and want to explore using Hakomi with other methods. I have found that Hakomi can be combined not only with IFS and Focusing, but even with cognitive therapy. It is not a large leap to realize that the distortions of thinking and speaking that cognitive therapists correct and revise (Burns, 1990) are the thoughts and utterances of young parts.

In Hakomi and IFS we hear pronouncements like "nobody loves me," "I'm not enough," "its my fault," and "don't trust." We recognize that these voices reflect the conclusions and decisions of young inner parts. It may be that many clients who suffer from serious mood disorders can enter the doorway to self-study through the cognitive method and, as they become capable of increased separation and un-blending from overwhelming parts, they will be empowered to make a seamless transition into working with Hakomi and IFS methods.

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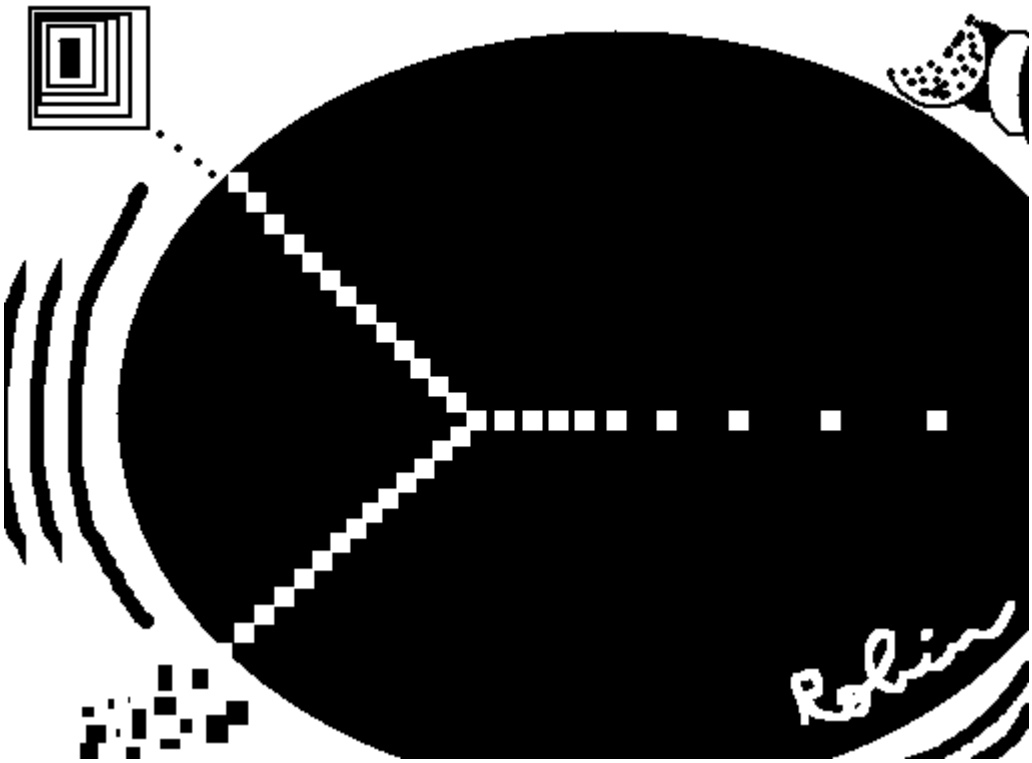


Practice Notes

Donna Martin, M.A.

Editor's Note: Donna has been a skillful and inspirational Hakomi trainer for many years. In this article she shares some of her insights from both her practice of Hakomi Therapy as well as her training and supervision practice. "Part I: The Hakomi Way" was done in conjunction with Hakomi Founder Ron Kurtz and concentrates on the overall Hakomi method. "Part II: Expressing Feelings in Hakomi" applies the method to this particular issue.

Donna Martin, from British Columbia, Canada is a Certified Hakomi Therapist and international trainer who has been working closely with Hakomi originator Ron Kurtz since 1991 through Ron Kurtz Trainings. Donna has many years of experience as a bodymind therapist, stress management specialist, yoga and meditation teacher, psychotherapist and addictions counselor, who worked for several years as clinical supervisor and program developer of outpatient services at an Alcohol and Drug Counseling Center. She is the co-author (with Paul Brenner, M.D.) of *Seeing Your Life Through New Eyes*, which describes their original Family Triangles process for reviewing personal history, and supporting insightful transformation, forgiveness, and healing relationships. You can visit Donna's website at www.donnamartin.net.

ABSTRACT: Reflects on the overall process of Hakomi Therapy in terms of studying the organization of experience for indicators of unconscious core organizing beliefs and the corresponding missing experiences needed to organize in nourishing possibilities currently organized out. Emphasizes the need for the therapist to develop relationship of loving presence while encouraging mindful exploration of present experience, and applies this approach to the specific issue of expression of emotion in therapy.

Part One: The Hakomi Way

(edited by Ron Kurtz)

The Hakomi Method of psychotherapy has been recently described by its creator, Ron Kurtz, as a method of *assisted self-study*.

What Hakomi is interested in studying is the *organization of experience*. To do this, Hakomi uses *mindfulness* – a kind of quiet, non-interfering attention to present moment experience – and little experiments to evoke experiences to study. The attention in Hakomi is on *present* experience.

The Hakomi practitioner is trained to pay attention to two things about present experience: first, what it is (i.e. what is happening now); and second, how it is being organized. We call this way of paying attention "tracking". First, we are tracking *signs* of the client's present experience. Secondly, we are tracking for *indicators* (that may be signs) of how the client is organizing present experience.

Yes! We're tracking for nonconscious habits which may be indicators of foundational experiences, which resulted in implicit beliefs that organize experience into actions and emotions that create unnecessary suffering.

Experience is organized by habits. Some habits create experiences of suffering, suffering which is, in effect, unnecessary. This is the kind of experience that we can actually help the client with. We can also help with the kind of suffering that is normal, like grief for the loss of a loved one. If the client's present experience is painful because of difficult life events happening in present time, we can offer compassion and comfort. We also offer comfort when the client is experiencing emotional pain related to some past experience that has been brought to consciousness by the therapeutic work. Many of these painful past experiences were overwhelming and were not completely integrated. This leaves an 'irritation' to the system which requires energy and habits to keep the painful experience away from consciousness. We are also very interested in helping the client become awake in the present moment and aware of the possibility that some kind of nourishing experience, formally unavailable, is available right now.

So, in Hakomi, we are not working on the person's history. We are, after all, only able to guess at someone's history. Even someone's memory is not a reliable source of information about their history. Remembering, however, is a present time experience and, as such, it can reveal how experience is organized, unconsciously and automatically. It is the habitual organization of experience that we want to address as this is what causes unnecessary suffering in present time.

The Hakomi Way is grounded in spiritual understandings gathered from Taoism and Buddhism. Buddhism teaches that the world is always changing. Taoism teaches that these changes are spontaneous, natural, appropriate and do

not need to be controlled by humans. ("Spring comes and the grass grows by itself.")

Taoism teaches us that what happens is what happens. There is no *should* or *should not* about what happens . . . or what has happened. We learn to rest into things as they are and as they are unfolding. Buddhism teaches us about wisdom and compassion. In Buddhism, we understand that the only reality is the present. The past is a dream. The future is a dream. Only the present moment is real. This is wisdom. However, many of us continue to experience the present as if in a dream. We are dreamers. But, this power to dream also makes us great planners with a great capacity to anticipate and to remember. So our minds are filled with imaginings, many full of fear and hurt that do not match the present state of things. This ignorance and delusion causes unnecessary suffering. We are not fully awake to life as it is.

Experience is organized by habits and ideas. When the ideas that organize our experience are operating outside of consciousness, they are called implicit beliefs. When our actions are organized by behaviors that are on automatic, outside of conscious awareness, they are called reactions.

In Hakomi we want to assist clients to study present experience for clues about their implicit beliefs and the reactions that influence how they organize life experience. We want to help clients discover nourishing experiences that they are not having in present time because of how they are organizing their experience.

There is some misunderstanding about what is meant by the "missing experience" in Hakomi. Let me try to clarify.

Since Hakomi is a method that focuses on present experience, even what we mean by the *missing experience* is something happening (or not happening) in present time. This might be related to childhood experiences, but those are outside our sphere of influence (unless we are working with an actual child). The only place where we can realistically intervene is in present time. We can ask, how does the person seem to be organizing his or her experience based on behaviors or ideas that are outside of conscious awareness?

And what positive or nourishing experience is missing for the person, right now, because of how she or he is organizing experience? There is this very significant connection between implicit beliefs, habits and the inability to receive certain kinds of emotional nourishment. Implicit beliefs and the habits associated with them, inhibit those perceptions and actions that would create positive experiences. One good reason to bring such beliefs into consciousness is it provides an opportunity to realize how such beliefs actually do that. So, one kind of missing experience is missing because of the habits that keep it from happening.

A second important type of missing experience is one that would have supported the integration of a painful event at the time it first happened. When an old emotional hurt comes into present consciousness, it can be met with a kind of emotional support that was missing during the original event. With kindness and understanding there to meet it now, emotions may flow freely and come to a natural completion spontaneously.

With genuine emotional support, the old pain and its negative effects on the organization of experience have a good chance of dissolving. This kind of unintegrated painful experience is very common. Providing the emotional support that was missing can be very effective.

Talking about past events is only one source of information about how someone is organizing experience. Nonverbal behavior is perhaps a more accurate source. Memory is a very unreliable source of accurate information about the past, but it can be a source of information about beliefs, especially when we pay attention to the person's unspoken assumptions. A better source is paying attention to nonverbal behavior, searching for indicators of those habits and beliefs connected to the narrative elicited by the memory.

Hakomi was originally referred to as "body-centered" psychotherapy because the information about someone's present experience and how someone is organizing experience is more available from nonverbal expression than from what the person can or does say in words. So we track nonverbal signs of present experience and indicators of how experience is organized.

In Hakomi, we are accompanying the client on a journey. We are constantly following signs of his or her present experience and where it is going.

The Hakomi Way has four distinguishing characteristics as a therapy method. Two have been with the method from the beginning; two have evolved more recently. From the beginning, there was a focus on present experience and the use of little experiments in mindfulness for the purpose of self-discovery.

What has evolved since is the movement toward a nourishing missing experience. This evolution has been two-fold: First, there is now more understanding of the missing experience as a present experience. We are looking for what kind of nourishing experience the person needs now and is ready for, one that is missing only because the person's own habits and beliefs make them so. And we will supply it, if we can.

Second, we have more understanding now of how important experience is in shaping the brain, and how important the new nourishing experience is in changing how the mind perceives and responds to life. So we want to spend more

time on creating the nourishing experience and less time on the old painful experience. Painful emotions are evoked only long enough to give us the information about what kind of nourishing experience is needed. The focus of attention and time in the therapy session is now on providing the nourishing experience needed and of making sure it is taken in.

One way of doing this, throughout the whole therapy session, relates to the final key ingredient of Hakomi as it has evolved. There has always been an awareness of the importance of what we call the *healing relationship*. In the past ten years, we have realized that the key to the healing relationship is the state of mind of the therapist. We are calling the particular state of mind that creates the best possibility of a healing relationship *loving presence*.

Loving Presence is now seen as the key to the whole method.

Previously, in psychotherapy generally, the therapist was supposed to be in a neutral state, somewhat emotionally detached from the client. Now the latest research shows that the successful therapist needs to be loving--emotionally connected with the client, full of compassion (without sympathy), and skillfully responsive to the client in a way that is felt as caring.

In Hakomi, we call this way of being "loving presence." It means, first and foremost, that we see the client as a source of inspiration and nourishment. We are receiving the client as a gift. This receptive and appreciative state is felt by the client as a reminder of their own personal strength and wholeness.

As Hakomi therapists, we see ourselves, not as professional experts who will heal the client, but as a kind of skilful spiritual friend who will accompany the client on a healing journey. The quality of relationship that this state of mind creates is tangible to the client and to observers. The therapist is relating to the client as a person with another person.

So the four characteristics of the Hakomi way are:

1. the practice of loving presence and all that entails . . .
2. a constant focus on present experience (both the what and the how, using nonverbal expression, emotion, memory, etc as sources of information about present experience and indicators of habits)
3. the use of little experiments in mindfulness for assisted self-study
4. and a movement as soon as possible in the direction of the nourishing missing experience.

Part Two: Expressing Feelings in Hakomi

Since Hakomi is a method for helping people discover how they are organizing their experience, we are interested in using the method to bring organizing habits and beliefs into consciousness. Habits are behaviors that operate outside of consciousness. They are on automatic. It is for this reason that they are sometimes, in some cases much of the time, inappropriate. Some habits actually cause unnecessary suffering.

What is important to realize is that emotions are a natural part of our human experience. Feeling our emotions can help us to know what we need. Expressing our feelings can help us relate to others.

Emotional expression is misunderstood by some therapists as being in-and-of-itself healthy and healing. The idea of "repressed" feelings that need to be released has created a way of working in some kinds of psychotherapy that is not necessarily useful. In the Hakomi Method we have a special approach to understanding how to help clients have a new relationship to their feelings.

All of us have habitual ways of organizing around our feelings and emotions. These habits might be based on temperament, on past experience, on family rules or models, or on cultural messages. However, when someone comes to psychotherapy with feelings that have not been expressed, the simple expression of them is not likely to be therapeutic. In fact, research now tells us that the expression of a feeling, such as anger, actually increases the feeling and increases the tendency to have the emotion. Expressing anger, by beating on pillows for example, not only doesn't "release" the feeling but actually increases the person's anger and hostility, and has been shown to have a negative effect on physical health. (See the HeartMath website.)

In Hakomi, we assist clients to study how they organize their experience. If they have habitual ways of doing something based on unconscious attitudes or beliefs, we want to help to bring these into consciousness where they can be looked at. In this way, people can have more choice about their actions and their experience.

For example, if someone comes to therapy with a habit of not showing her feelings of anger, a Hakomi therapist helps

her to study this. Our goal is not to try to get her to express anger. In Hakomi we have a paradoxical approach. We are studying how experience is organized. If a feeling such as anger is habitually not expressed, in Hakomi we study how this happens. We want to help the client become more conscious of *how* she hides or contains her feelings. And by studying this (we might support the physical containment for example, or take over the "voice" that says *don't show anger*) we want to learn what idea or belief or memory is organizing this behavior.

One person might have the habit of not showing anger because of a fear of being hurt. Another has a fear of hurting others. Someone else fears rejection. The idea or memory that organizes *don't show anger* might mean the person imagines the result would be punishment, or humiliation, or being criticized. Perhaps she expects to be seen as weak, or judged as bad. There is an unconscious expectation of what would happen if she showed her anger. It is very personal. There are many possibilities of the underlying idea or belief.

A Hakomi therapist recognizes the presence of emotions in the client and helps to bring them into consciousness. The first thing to discover is whether the emotion is based on a valid or invalid idea. There's not much point in supporting the expression of a feeling that is generated by an incorrect idea, such as "nobody loves me," or "I can't trust anyone." The very idea needs to be re-examined and a new possibility provided (of a different kind of experience). The feelings will then naturally change. What we are looking for, in Hakomi therapy, is a realistic new nourishing alternative to how the person is habitually organizing her experience. The alternative to "nobody loves me" is feeling loved by "somebody," (not, of course, "everybody loves me").

For someone who has always hidden her feelings, it might not matter what the emotion is about. What might be nourishing is the experience of showing her feelings. But just expressing the feelings is not enough. The nourishing experience must include a different result than the one expected. And in Hakomi we not only want to provide a new experience for the client, we want to client to realize she is having this new experience.

For example, if she has been afraid to show her anger because of a fear of rejection or being judged, part of the nourishing new experience for her is recognizing that the therapist is not judging her. For this, she needs to be looking at the therapist, not just expressing anger with her eyes closed. She needs to express the feeling and notice that the reaction of the therapist is different than what she implicitly expects. Even better if she is in a group and more than one person is relating to her. (With eyes closed, most people continue to imagine their old reality.) What is nourishing is being related to differently than what is expected based on history or family rules or cultural messages. (This is why it is so important that the therapist be in Loving Presence.)

One of the powerful results of the Hakomi Method technique of "taking over" is a demonstration to the unconscious of support for what it is doing. This is a true expression of non-violence, and, along with bringing something more fully into consciousness, taking over gains the cooperation of the unconscious which is organizing the behavior.

So, in the case of someone feeling anger and wanting to hit something, in Hakomi we take over the resistance to hitting. We explain to the person that we know she is holding back so as not to hurt herself or someone, and we will help her to hold back so she doesn't need to work at it so hard. Instead of helping her to hit (a pillow for example) we experiment with offering resistance, preventing her from hitting. Amazingly, this allows the person to put more energy into trying to hit, which might feel really good. She is freed from the internal conflict and can just enjoy the energy of the impulse to hit (and the presence of someone not reacting to her.)

If taking over resistance, or whatever we're doing, doesn't feel like a good experience for the person, we stop. We then want to find something else that does feel nourishing.

There is also no point in the person expressing a feeling that doesn't feel good to express. Painful feelings do not go away by being expressed. What can happen, in a good therapy session, is that feelings come into consciousness that were previously "exiled" or cut off in awareness.

There are two reasons we want hidden feelings to come into consciousness: One is because they might be expressing a need; the second reason is that they might be generated by an old idea which is invalid (incorrect). In the case of the latter, a wrong idea, the belief needs to change. Expressing feelings about a wrong idea that continues to be believed is counterproductive.

Feelings that are useful to express are those that point us clearly in the direction of what is needed. For example, fear needs reassurance. Sadness needs comfort. Loneliness needs contact. What is the nourishing experience the feeling asks for? How can the therapist or therapy group provide the nourishing experience in present time? This is how Hakomi works with feelings.

We know now that how we organize experience is based on experience. Experience changes the brain. How we perceive, make meaning of, and react to life and to others is organized by the brain which is shaped by past experiences and how we perceived, and made meaning of, and reacted to them in the past. To change how we experience life means having new experiences as well as experiencing in a new way. This is the opportunity and the point of psycho-

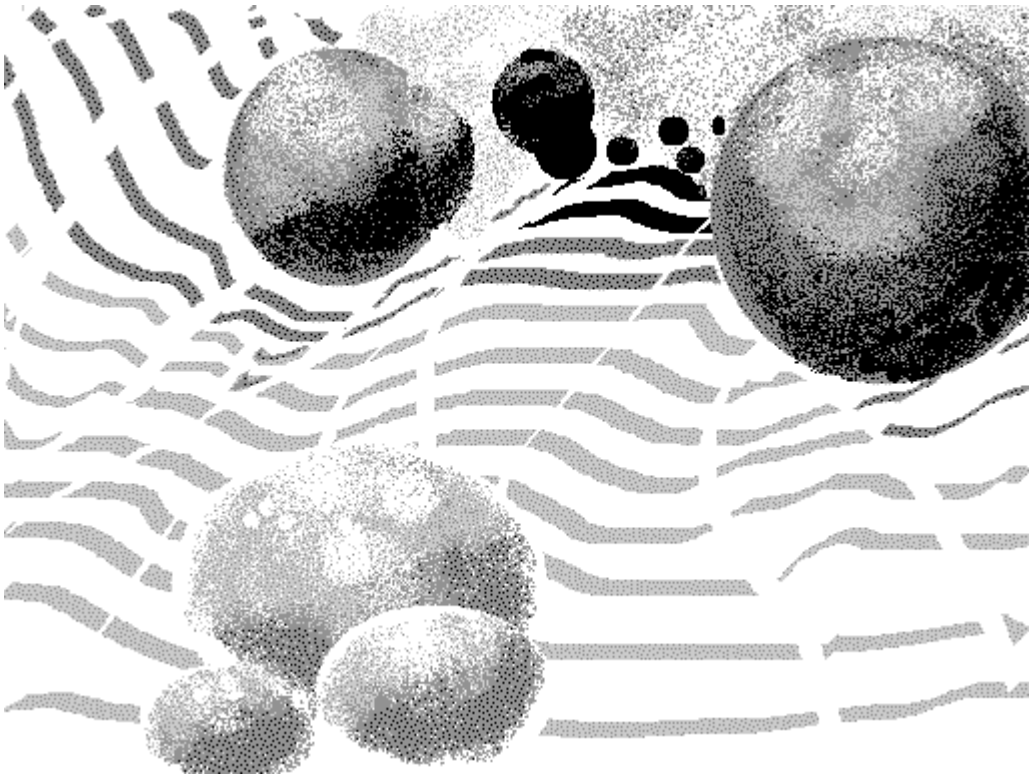
therapy. A repetition of old painful emotional experiences changes nothing. (In fact it apparently reinforces the neural pathways and receptors for the same kind of experience to happen over and over again.)

The important point about expressing feelings in Hakomi therapy is to discover what *need* the feelings are trying to express. Is there a need for a more realistic and positive idea about self, or life, or others? Is there a need for comfort, reassurance, acknowledgement, for company, support, understanding, for validation, or acceptance . . .? How can the need be met in a way that can be experienced consciously, realistically, believably, *in present time*?

In Hakomi, we not only want the client to have a nourishing experience, but we also want to help the client to *realize* she is having this experience and to notice how the experience feels, as well as to see future possibilities of having the experience again, (and even, hopefully, to have some idea about how she can make that possible for herself.)

Along the way, she might need to realize what has kept her from having that experience (an old belief, or a habitual behavior), and she might need to re-visit an old experience, perhaps a childhood memory, to integrate or *digest* an event that was too confusing, painful, or overwhelming for a child to properly digest. This will arise spontaneously if it needs to be part of the process.

In the end it is always about allowing emotional expression to be one step on the path of finding a way to make possible a nourishing experience in present time, one which offers the person a realistic new possibility for a happier life.



"Untitled"

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Leisha Douglas, Ph.D.

Marblehead Minuet

1.

On this northern beach,
everything clear and visible against a gray green
sea,
barefoot children scamper along the pebbled
taupe.
Falls are cushioned, movement unrestricted.

2.

A teenager lifts his pant legs,
wades back and forth in the frigid water,
stares out at the ocean.

A few couples, in sweaters and jackets,
huddle on benches or stroll.

3.

The swings hang on their iron scaffold.
I swallowed the wind when I used to swing.
A pump of legs brought more and more height
until
I reached the ends of the arc.
At that moment, I dared myself to jump.
To land unscathed, on my feet meant bravery,
success.

I wedge myself into the plastic loop
that pinches my thighs.
The chain straps are cold metal.
I lean, lift my feet from the earth
on this crisp spring day, hope
my body remembers.

Of Rooms and Wings

It is frigid outdoors
I want to let in chickadees and jays,
fill rooms with wings,
let them relax rumpled feathers into sleekness.

Despite ice and darkness,
they arc, dive in blurs of color,
celebrate their bounty of thistle and seed
with flight not prayer.

In early morning birds fall
one right after another
transformed by winter nights into missiles
that burn with the frenzy
to preserve and renew.

Does a bird ever question
its incessant struggle for warmth and food,
pause on a branch,
wonder what that world is behind the glass
where yellow light pools

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.

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.