

Editorial: *Words & Meaning*

Leisha Douglas, Ph.D.

As Hakomi practitioners, we share an integrative, wholistic vision that values curiosity and creativity in a multiplicity of forms. The *Hakomi Forum*'s media section is intended to provide a place for us to share books, films, art and poetry which we find complement this vision, the principles and our work.

As Media Editor, I am thrilled to include poetry from several members of the greater Hakomi community in this edition, Bari Falese, Ikue Tezuka and Cathyann Simmons. Their work illustrates how choices of words, syntax and the turning of the line can be used so differently and therefore produce different effects felt by the reader. So often in therapy, we find that a word and/or an inflection communicates one meaning to one person and something else to another. We shine the light of mindfulness on these subtle choices bringing them from unconsciousness to consciousness much like the poet chooses his or her words and crafts the line to embody meaning.

Quotes from Lao Tzu's *Tao-te ching*
Found in the chapter "Dealing with Enemies"
in Greg Johanson & Ron Kurtz
Grace Unfolding: Psychotherapy in the Spirit of the Tao-te ching
(New York: Bell Tower, 1991)

*Fine weapons of war augur evil.
Even things seem to hate them.
Therefore, a man of Tao does not set his heart upon them. . . .
As weapons are instruments of evil,
They are not properly a gentleman's instruments;
Only of necessity will he resort to them.
For peace and quiet are dearest to his heart,
And to him even a victory is no cause for rejoicing.*
(Wu, 31)

*His enemies are not demons, but human beings like himself.
He doesn't wish them personal harm. . . .
He enters a battle gravely, with sorrow and with great compassion.*
(Mitchell, 31)

Patient with both friends and enemies, you accord with the way things are.
(Mitchell, 67)

*Mercy alone can help you to win a war. . . .
For Heaven will come to the rescue of the merciful, and protect him with its Mercy.*
(Wu, 67)

*To engage in war lightly is to violate my essential teachings of compassion, renunciation, and never
longing to be first in the world.
Therefore, when two armies join in battle,
The one that is compassionate wins.*
(Chang, 69)

*When Tao prevails in the world, evil loses its power.
It is not that evil no longer possesses spiritual power.
It is that its power does not damage men.
Indeed, it is not that its power does not damage men.
It is primarily that the ruler does not become harmful to men.
When opposites no longer damage each other,
Both are benefited through the attainment of Tao.*
(Chang, 60)

*"To the good I am good; to the non-good I am also good, for Life is goodness.
To the faithful I am faithful; to the unfaithful I am also faithful, for Life is faithfulness." . . .
The Man of Calling accepts them all as his children.*
(Wilhelm, 49)

Three 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 thoughts and thinkers.

Ron Kurtz is the Founder of the Hakomi Institute and the Director of Ron Kurtz Trainings. Author and co-author of three influential books (*Body-Centered Psychotherapy*, *The Body Reveals*, and *Grace Unfolding*), Ron has led hundreds of Hakomi trainings and Hakomi workshops around the world over the last quarter of a century. At present he is leading trainings in the USA, Japan and Mexico. He can be contacted through his website www.ronkurtz.com.

ABSTRACT: Hakomi Therapy founder Ron Kurtz offers a three part sequence of reflections on the method in dialogue with Eastern thought, Richard Schwartz, George Hebert Mead, and Richard Feynman, and the concepts of Niroda, multiplicity, phantom communities, freedom, science, and spirit

1. Nirodha

*Yoga is the containment [nirodha] of the
modifications of the mind.*

Patanjali (Yoga Sutras)

*The third noble truth is Nirodha This word means to
confine. 'Rodha' originally meant an earth bank. 'Ni'
means down. The image is of being down behind a
sheltering bank of earth or of putting a bank around
something so as to both confine and protect it. Here
again we are talking about the art of containing a fire.*

David Brazier, The Feeling Buddha

In Patanjali's second sutra, the one I've quoted above, nirodha is often translated as inhibition rather than containment. Some of the words the Thesaurus coughs up when the prompt is inhibition are: coercion, force, compulsion, pressure, restraint, repression. The sense of all of that is too severe. The word contain, on the other hand, gets us: hold, accommodate, receive, embody, carry. That's much more the sense of Patanjali's nirodha. The basic idea is protection. Inhibition sounds much more like oppression. How many times has oppression been proffered as protection. Nevertheless, containment involves at least some inhibition. A gentler kind perhaps.

Back in the 60's, my friend Philo Farnsworth, III once took me to visit his famous father. (He was famous for the invention which made television possible and was included in a set of stamps of famous inventors, along with Marconi and Edison and a few others.) Philo's father and I talked (he talked, I listened) about a lot of things. One of them was cancer. Although his field was physics, he thought a lot about cancer and he had a theory about it. His idea was that cells became cancer cells at some given rate due to random

fluctuations and mutations. This was normal and unavoidable. The body, just as naturally, had mechanisms for finding these cells and destroying them. This goes on continuously, like a lawnmower continuously keeping the grass cut. Problems come, he thought, when the lawnmower slows down or the grass grows too fast. It was just a rough idea at the time. For him, it was fun to think about.

Of the four noble truths spoken by Buddha the first says that some affliction is unavoidable and the second, that we will have reactions to affliction when it happens. The third, nirodha, is that, for freedom's sake and peace, when these reactions occur, practice containment. (The fourth truth is about how you do that.) For me, the message is this: affliction is a part of life, you cannot escape it without escaping life. Cancer, Farnsworth was saying, is a part of life. You can't kill something like that without killing life itself. He was saying that the natural thing is to contain it. Life is full of things we need to contain. Balance is another good word. Like keeping our body temperature from going too far this way or that, by doing something to balance the inevitable changes in the weather.

I bring this example up because there's something real and basic about it. It's a reflection of our models of life and living in this world. Our fundamental stance, our way of being in the world, is tied to these simple ideas. The usual approach to cancer, drugs, surgery and radiation, in its imagery of destruction and war, in its goal of the total destruction of all cancer is just one expression of the denial of affliction, and therefore misses the truth of containment.

Buddhism and Yoga are spiritual disciplines, practices with the aim of having life altering experiences such as seeing God in everyone and everything, experiences of peace, love

Ron Kurtz

and understanding. Buddha said that upon awakening, he understood everything. These experiences, he told us, come about through containing the passions that arise in reaction to the inevitable pain and loss that afflict all sentient beings. Its okay to love, to feel joy, just train yourself to be ready, to hold yourself together, to contain yourself when the inevitable changes come. Train yourself!

For Buddha the middle way was the right path; drawing back from extremes; balanced between fire and ice; a moderate temperature and a moderate life. The passions, it would seem, require containment. Well, look at all the horrors that flow from the uncontained. Hate, for instance, or greed. Are these reactions to affliction? I think so. How else do such things quicken, but through pain? After years of practice, after long hours of watching and containing the passions and the images, memories and thoughts that feed the fire, after that comes understanding, freedom and peace.

As a psychotherapist, one of my tasks is to help people learn how to contain without repression, how to express without extremes. I help people bring painful thoughts and memories into awareness, and these often evoke very strong emotions. I help people hold onto these emotions long enough to understand them, without letting the emotions completely hijack their minds and bodies. Healing starts with honesty and acceptance and the process needs patience and strength. The wound itself tells us what is needed. So, we give it time to speak and more importantly, we listen.

For me, containment is the heart of the healing relationship. Clients learn to handle their suffering without running from it or being overwhelmed by it. Through that they gain understanding and the freedom to change. For the client who is repressed, some way to express that offers relief. For the client who is out of control, a way to calm down. The method, like the eight-fold way, is a path to peace. It starts with whatever is real right now and passes safely through whatever comes to release and understanding. Helping with that is more than just skill, more than expertise and objectivity. It is that yes, but something more.... I would call it friendship.... as a friend might hold us, when a great hurt sweeps through our hearts and minds.... holds us as we pour out our pain and gather the strength to go on. Banked earth, a fire contained and kept safe from the wind.

2. Listen to You

*We are what we think,
All that we are arises with our thoughts,
With our thoughts we make the world.*
—from the **Dhammapada**

You are what you repeatedly do.
—Aristotle

Everyone talks to himself; the problem is: nobody listens.
—Fritz Perls (a rough translation)

It's true that nobody listens. Well . . . hardly anyone.

We call all this talking to ourselves “thinking.” Basically it's self-talk, and it runs us. Decisions are made. Emotions are triggered. Speech is created and spoken. (Just as I'm writing this.) And almost all of it is automatic; it goes on without a conscious, internal witness, without . . . deliberation.

Orchestral music is generated by about one quarter of a million small, automatic, habitual acts per minute, carried out by something like a thousand fingers, two hundred arms, another two hundred each of legs, eyes, ears, lungs and a hundred hearts and brains. The outcome of all this is beautiful, organized, synchronized, harmonized, complex musical sounds. Almost none of those millions of habitual acts could be called “thought out” or, in that sense, deliberate. The movements are not planned before they're carried out. They've been rehearsed, memorized. If there is anything deliberate about them, it's that they've been deliberately practiced and memorized, and put beyond consciousness. These habitual acts are not witnessed (unless one of them fails, perhaps). Something is witnessed . . . the sounds that emerge, but not the vast majority of acts that are creating them. Why? Because it's the only way to have an orchestra that works, one that people will listen to.

Similarly, we don't generally listen to all our self-talk. We don't pay attention, unless we have to, to all the little habits that go into creating speech sounds, which are also operative in a minimum way, when we're just thinking. But more than that, we don't even “hear” a lot of what it is we are thinking. We're thinking it, but we're not listening to it with any kind of critical faculty, as someone might who was carefully evaluating what was being said. Or in some cases, even just listening to what was being said. As a result, we are organized, synchronized, etc., and we operate in the world. We make the “music” that is our character and personality, but we do not noticed how it's made. We are self-created beings. We have organized who knows how many habits out of the experiences of our lives; habits of thought being a big part of that. More than any other things, those habits are precisely who we are. We are what our thinking makes us. Because that's the only way to have a self that works, a self that other people will recognize as such.

So, everyone is who they think they are. That is, who they say they are to themselves. Only they don't listen. It doesn't work that way. It couldn't. Not in the everyday world of work and relationships and “playing the music of your life.” That needs a lot of things to happen that only habits can make happen at the rate they need to happen. Still, if you're going to change the habits that make you the self you think

you are, you're going to have to listen. If you're going to conduct the whole orchestra, you're going to have to pay attention to the music you're creating.

As you may have guessed, I've got a plan for that. First though, a little something about a mistake we're making when we talk about "the self."

Richard Schwartz calls this particular mistake, "the myth of the monolithic I." It is the idea that the self is one thing. (Of course all of us who've read Ken Wilber know that everything is a part of a larger whole, and every whole is made up of parts.) The orchestra is a whole made up of a bunch of musicians. They're made up of body parts, organ systems, organs, cells, the various parts of cells, molecules, atoms, subatomic particles, and maybe even something much smaller yet, (if those physicists are not just super stringing us along.) Every whole is made up of multiple somethings. And the self is no different. As anyone on a diet considering desert knows, there is more than one voice in our minds, each with its own thoughts about what to do.

"All men are frauds." H. L. Mencken said, "the only difference is, some men admit it." Then he added, "I, personally, don't." Well, all selves are multiple. The only difference is that some selves know it and some don't. Sometimes the parts communicate and sometimes they don't. Some parts communicate with other parts and some parts don't. Freud emphasized conflict as the source of mental anguish. One part against another. Schwartz calls it "polarization." Subpersonalities aligned against one another. Dissociation: parts not communicating. Multiplicity: lots of parts.

George Herbert Mead called this internal world of parts "a phantom community." They're like people, these parts. . . Schwartz says that, too! They have some of the complexity, motivations and beliefs of "whole" people". Each level of organization has its corresponding level of complexity. Parts, and the members of our phantom communities, are one step down from the top—the top being a more or less self-aware, individual person. Naturally, these parts at times come very close to acting like complete people. From the outside, one can hardly tell they're not. But, if you listen . . . they each have their own voice.

Let's take an example. Say you've lost your ability to cry. The habits that organize sensitivity and vulnerability have shut down for some reason. You've gone numb. Maybe the reason was being shamed and told that "big boys don't cry" or you were hit for crying and heard things like, "I'll give you something to cry about." So, a part develops that toughs it out, takes over in "mushy" situations, and that part won't cry. You can call yourself a real man.

Of course, if the people in your world like "real men" and reward you for it, you're likely to stay one. The self is a

social phenomenon. It is formed and maintained through social experiences. Schwartz would say, your internal world is also a social world, full of internal relationships among the parts. I like to think of these parts as stable states of mind and I see, along with others, the possibility of a "higher" state of mind that is conscious of the others in a way that they are not conscious of each other or themselves. That would be the part that listens. We can, if we want, study ourselves by becoming aware of these parts, the members of our phantom communities. We can cultivate and develop higher selves.

I like Mead's word "phantom". It resonates with the Buddhist idea that the self is "empty of separate existence." "All is impermanent. All is without a [separate] self." (That's the mantra that puts you on the A-list of the Amitabha Buddha.) Selves are only phantoms, ghosts that meet in ghostly ways and go about their ghostly business in a dark realm. The situation would be bleak (Many think it is.) were it not for the possibility, the inevitability, that consciousness will come to recognize selves as ghosts.

"In the silence you will see God in everyone and everything." Swami Premananda said. Yes, when the noisy business of the ghosts goes quiet!

To examine our phantoms, we have to stop being them, if only for a moment. We have to observe them doing their phantom dancing. That requires mindfulness. A mindful moment is one in which we are simply observing the doings of our own minds. We're watching, hearing thoughts go by, without "being" them. If only for a moment. In a flash of lightening, a whole range of mountains may be seen. And once seen, we know forever that they're there.

The beginning of freedom is awareness used for self-study, for noticing yourself, for listening to your "selves." We have become who we are: complex creatures, members of our cultures, families, communities. We have developed complex sets of habits, beliefs, thoughts and phantoms. And from this mix we made a self.¹

The good news is that, if we wish to, we can remake it!

There are many descriptions of the structure of the self: hungry ghosts and hell beings, top dogs and bottom dogs, managers, exiles and firefighters, orals, masochists, schizoids . . . , Eneagram types, from one to nine, to name

¹ Inheritance plays a part in all this, so it needs to be mentioned. On this subject, I recommend two books: *Entwined Lives* written by Nancy L. Segal and *No Two Alike* by Judith Rich Harris. The first is a book about twin studies and what they tell us about personality, experience and genetic inheritance. The gist of it is this: we inherit tendencies. Nothing is fixed as far as personality is concerned, but there will be genetic influences, more or less strong, depending on the trait. It's the interaction of nature and nurture. So, it's not black or white; it's complex, subtle and juicy. Harris' book also states that what we call personality is as roughly as much learning and social interaction as it is genetic.

the merest few. They're all good ways to sharpen up our listening. However, just knowing your type won't change what wants changing.

For that, God gave you inner ears, my dears.

3. Science, Spirit, Psychotherapy

My goal here is to place the Hakomi method within three different disciplines: science, spiritual practice and psychotherapy. Any one-way description of the work is not enough. The work is inspired and shaped by all three disciplines. This short article is an attempt at a "three-dimensional" description. First, looking at the work as science, two quotes from a Nobel physicist and a great teacher of science:

The principle of science, the definition, almost, is the following: The test of all knowledge is experiment. Experiment is the sole judge of scientific "truth." But what is the source of knowledge?

—Richard Feynman, *Six Easy Pieces*



I once saw a video tape of Feynman lecturing at Esalen. He said there that the scientific method involved three basic steps: make a guess; calculate the implications of your guess; then do an experiment to test those implications. Do we do something similar in Hakomi? We do! Here's how: These three steps—observe/guess, reason/calculate, test/experiment—describe, in a

very simple way, exactly what the method does. Step one: observe! We watch for indications of the client's present experience. We call that tracking. We watch for the external signs of ingrained habits and deep beliefs. We call those, indicators. We make a lot of observations, a lot of looking and listening for the unusual and the characteristic. We make a specialty of looking and listening for the nonverbal expressions of beliefs and attitudes. We observe in order to get ideas about the person.

In other words, step two: we guess. Guess is another way of saying, we hypothesize. We generate hypotheses about the person. This process is creative. It requires intelligence and a good imagination.² We guess about what beliefs are

influencing the organization of this person's experiences. We get ideas about what childhood experiences led to this. We hypothesize about what core beliefs are part of this way of being in the world.³ Our reasoning process is based on the idea that experience is organized by the deep structures of the mind. We can observe the signs of experiences. We have to guess about the deep structures.

The third thing: we have to test the ideas we've come up with. (*"The test of all knowledge is experiment."*) We do experiments. We call them, "little experiments." Still, they're tests. They also function to bring beliefs, emotions and memories into the client's consciousness. That's one of the ways we help client's discover how they're habitually organized. Still, we're experimenting and we have to come up with these experiments all the time. Whether it's a probe or taking something over, we are testing our ideas. That's scientific method. (Some notes on this are given below.)

The basic work of health professionals in general and psychotherapists in particular is to become full human beings and to inspire full human beingness in other people who feel starved about their lives.

—Chogyam Trungpa *Full Human Beingness*⁴

The second aspect of the method I want to talk about is the spiritual one. I want to touch upon how this method reflects spiritual principles and practices. To begin, let's simply state that the work is spiritually informed. Literally, it has information learned through spiritual practice. As students of this work, we have all spent time doing deep work, using mindfulness, seeking out the depths of our own minds. We are trained to understand that we are more than separate selves; that wisdom and inspiration can be found in spiritual experiences; that love and consciousness are as real as mass and energy; and more. The work for clients is self-discovery. Not problem solving. Not counseling. Not curing diseases. This work is the same internal search that is the work of all spiritual disciplines. It tackles the question: *who am I?*

The work takes place within a spiritually informed mental-emotional container that the therapist establishes through his or her way of being. The work rests within that container in a palpable way.⁵ The feeling is one of warmth, presence and kindness. The therapist puts aside other agendas and is totally present for the other. Chogyam Trungpa calls it, warmth and wakefulness. In Buddhism it's Wisdom and Compassion.

A basic part of this method is learning and using this spiritually informed attitude. We call it, loving presence. There are exercises and talks about it. We practice it every day of the trainings. There are definite skills that have to be

² "...the key feature of intelligent acts is creative divergent thinking, not memory per se. What we need is a process that will produce good guesses." —William Calvin

³ See the paper: On Core Material in this book of Readings.

⁴ in *Awakening the Heart* edited by John Welwood

⁵ See the paper *Nirodha* in the book of readings

learned. Certain habits of thinking and doing can get in the way. So, we study ourselves. That's our spiritual work.

All this is not just pretty talk. It's hard work. Eventually, one learns to rest in this loving state, with patience and faith and good humor. We learn to find inspiration and love within the process of helping others, so that we too are restored and nourished. Over and over again, we are nourished by a source that does not fail. These experiences remind us: this stuff works! It feels right and good and it works!

I rise to taste the dawn, and find that love alone will shine today. And the shining says: to love it all, and love it madly, and always endlessly, and ever fiercely, to love without choice and enter the All, to love it mindlessly and thus be the All, embracing the only and radiant Divine: now as Emptiness, now as Form, together and forever, the Godless search undone, and love alone will shine today."

— Ken Wilber

About the method as psychotherapy: First, it happens within this container full of compassion, patience and encouragement. That makes the method *error tolerant*. It is precisely because the scientific steps we take happen within this spiritual container that makes those steps so effective. The guesses, the experiments, they're all happening within a relationship filled with good will and kindness. The atmosphere is open, creative and full of hope. This atmosphere is the most significant aspect of the whole endeavor. It sustains both client and therapist through the difficult work of feeling what is at times deeply painful. Let's not make the mistake of believing that the method works because of any technique or group of techniques. It works because the people using those techniques are loving and inspired. Unlike Thomas Edison's well known description of genius, the work is more inspiration than perspiration. This special atmosphere is the source of our success.

There is a clean and simple logic to the method, and many techniques. For all of that, there are many papers and notes within this book of readings.

Notes on the Work as Science

This is the view of the work as science. It follows Feynman's description of science above as: observe, guess, deduce and test.

One: Observe and Think (Gather Data, Get Ideas)

Two: Make deductions

Three: Experiment (Test your deductions). And of course,

Four: Observe the outcomes of your experiments and GET THE DATA!!⁶

⁶ Find out what your experiment evoked in the client!

The Steps in a Little More Detail

1. **Observe:** Gather Data

What the therapist sees and hears, e.g., facial expressions, gestures, posture, tone of voice (not words or the meaning of words, actual sights and sounds).

2. **Think:** Get Ideas

With this data, the therapist gets ideas, makes guesses, hypothesizes about:

- what the client is experiencing at the present moment (especially his/her emotions)
- what general qualities the client possesses, like his/her general emotional state, general mental state
- the client's attachment style
- emotional/psychological history

3. **Think:** Make Deductions

The form is: well, if that's true, then if I do this (the experiment), this ought to happen. It is how you think up experiments to do. It's a bit like guessing.

An example might be: you see the client sitting forward, talking fast, lots of energy. You make the guess that this client probably has trouble relaxing. So, you think: well, if I tell him (while he's in mindfulness) that it's okay to do nothing, he'll have a reaction to that, probably won't believe it. So, you go ahead and do that experiment to see if you're right about your hypothesis that this client won't believe it's okay to do nothing.

4. **Experiments**

The therapist creates and, with the cooperation of the client, performs an experiment to test his/her ideas about the client. (How the therapist gets the cooperation of the client is another topic of major importance. It is covered elsewhere.)

5. **Outcomes**

The outcomes of the experiments are sights and sounds and verbal expressions that the client makes and, for the client, the outcomes are experiences resulting from the experiments. All this becomes new data for the therapist and possibly new information for the client. Experiments (especially those in mindfulness, since mindfulness is such a sensitive and vulnerable state) may trigger a change of state for the client. The client possibly may go into an emotional process that needs to be supported right then and there. (How that's done is also covered elsewhere.) We want to know the outcomes. We did the experiment in order to get the outcome. When clients don't give us a report on what they experienced as an outcome of an experiment, we have to ask for it. It's the first rule of doing experiments: *GET THE DATA!!!!*

6. **New Data**

For the therapist, the outcome is new data to be thought about and responded to, either with another experiment or with support for the emotions that have been evoked, or

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with an attempt to create a missing positive, psychologically/emotionally nourishing experience for the client. The process has these several branches at this point.

Note: All of this takes place within a relationship between the therapist and client. Creating that relationship is more important than anything else, because the process is only going to work if the relationship is in place. The relationship is one where the client feels safe and understood, and has a commitment to being authentic and finding out who he is and how he got that way.

The Buddha's Influence in the Therapy Room

Belinda Siew Luan Khong, Ph.D

Editor's note: Like those in Hakomi, Dr. Belinda Khong, has also been fostering the clinical use of mindfulness and Buddhist concepts for many years. In this revised version of a paper, first presented at the 109th Annual Convention of the American Psychological Association at San Francisco, August 2001, she shares her approach to using Buddhist wisdom within the therapy setting. See also her paper on "Minding the Mind's Business" in the 2005 edition of the *Hakomi Forum*.

Belinda Siew Luan Khong, Ph.D. is a consulting psychologist and lecturer at Macquarie University, Sydney, Australia. She counsels individuals and families on relationship issues, depression, stress management and personal growth. She is a member of the editorial board of *Constructivism in the Human Sciences*, *Transcultural Society for Meditation E-Journal*, and served on the editorial board of *The Australian Journal of Counseling Psychology*. Her primary interests include integrating Western psychology and Eastern philosophies, especially existential therapy, Jungian psychology, Heidegger's philosophy and Buddhism in counseling and research. She has published articles and book chapters in *Psychology and Buddhism: From Individual to Global Community* (2003), *Encountering Buddhism: Western Psychology and Buddhist Teachings* (2003), and *Horizons in Buddhist Psychology: Practice, Research & Theory* (2006). Belinda conducts workshops on the integration of meditation, mindfulness and psychotherapy in Australia and overseas. Correspondence regarding this paper may be addressed to the author at Suite 7, 2 Redleaf Avenue, Wahroonga, New South Wales 2076, Australia; Email: bkhong@psy.mq.edu.au.

ABSTRACT: With the growing acceptance of Buddhist practices and ideas in psychology, therapists are addressing the question of how the Buddha's teachings such as meditation and mindfulness, "letting go" and "the concept of dependent origination" can be applied in the therapy room. The practice of concentration and mindfulness meditation enhances the therapist's own ability to bracket and setting aside theoretical explanations and preconceptions, and improves the therapist's capacity to listen quietly, and to remain open to the client. Mindfulness practices afford clients a way to self-explore, and to make space for their feelings and thoughts and to respond appropriately. The influence of the Buddha in the therapy room is illustrated with case studies and anecdotes.

Keywords: Mindfulness, Eightfold Path, Psychotherapy, CBT, Daseinsanalysis,

Introduction

The growing interest in the interface between Buddhism and Western psychology poses helping professionals a continual challenge—how to skilfully apply the Buddha's teachings in the therapy room for themselves as therapists, and with their clients? In short, what happens if we encounter the Buddha in the therapy room? A Zen Buddhist would probably reply, "Kill him," as the Buddha or Buddha-nature is already inside each of us. But for many of us less enlightened or less inclined to "violence," his teachings could provide guidelines or a raft for therapists and clients to reach the "shore" of insight and self-understanding. In this paper, I explore the practice of meditation in Buddhism focusing on the aspect of mindfulness, and discuss its benefits for therapists and clients.

Meditation—An Overview

In his teachings of the eightfold path (the Fourth Noble Truth), the Buddha advocates mental culture and discipline

(*bhavanā*) as a means to quieten down the mind, and to gain insight. Mental culture is now commonly associated with the formal practice of meditation, although what the Buddha emphasizes is not just sitting in meditation, but developing openness and clarity of mind, that is a meditative attitude. In meditation, de Silva (1979) explains, what the Buddha teaches is not the atrophy, but the development and refinement of the senses, including the mind.

Two types of meditation, namely tranquillity or concentration (*samathā*) meditation and insight (*vipassanā*) meditation are commonly practised today. Tranquillity meditation has been taught in many Indian traditions as a way of helping individuals to calm down the mind and develop an attitude of equanimity. Insight meditation, or more popularly referred to today as mindfulness practice is unique to Buddhism (H. H. the XIV Dalai Lama, 1997; Rahula, 1978). This practice is aimed at helping individuals understand the nature and workings of their minds, and manage the emotions, feelings and thoughts that arise. Rubin (1996) notes that the Theravadin school of Buddhism has preserved most of the Buddha's teachings

relating to meditation and my discussion centres on the practices of this school.

In the eightfold path, right effort, right concentration, and right mindfulness are promoted as important factors in meditation. Of the three, right mindfulness is regarded as the most critical factor for as Nyanaponika (1992) explains, mindfulness is “the heart of Buddhist meditation.”

Briefly, right concentration involves focusing the mind on one stimulus, such as the breath, mantra, loving kindness, chanting etc., (the objects of meditation) to the exclusion of other stimuli. Right effort refers to the application of the right amount of effort to sustain this concentration, and to prevent negative (unwholesome) thoughts from intruding. By enabling the mind to stay focused, this practice of “one-pointedness” reduces the mind’s tendency to ruminate and become distracted. While tranquillity meditation focuses mainly on the cultivation of right concentration, insight meditation emphasizes the cultivation of right mindfulness and observation (Rahula, 1978).

What is right mindfulness? According to Germer (2005), the term mindfulness can be used “to describe a theoretical construct (mindfulness), the practice of cultivating mindfulness (such as meditation) or a psychological process (being mindful)” (p. 6). In this article, the word mindfulness is used in the last two ways described by Germer. There are many facets and benefits of mindfulness practice, and in my discussion, I emphasize the aspects that are particularly relevant and useful for therapy.

Different explanations have been given to capture the essence of mindfulness, and what is involved in being mindful. Gunaratana (1991, p. 148) explains that mindfulness involves “the ability to see things as they really are ... to give bare attention, and just looking at whatever comes up in the mind, or in each situation as it occurs.” Mindfulness, according to Kabat-Zinn (1994), “means paying attention in a particular way: on purpose, in the present moment and non-judgementally. This kind of attention nurtures greater awareness, clarity and acceptance of present-moment reality” (p. 4). In a comprehensive article on *The Use of Mindfulness in Psychotherapy*, Johanson (2006) notes that “a mindful state of consciousness is characterized by awareness turned inward towards 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” (p. 24).

Although mindfulness is a capacity that we all possess, yet being mindful and paying attention to our current experiences is not an easy task as we tend to infuse what we perceive with self-interests and subjective judgements. The task of bare attention, as Gunaratana notes, is to eliminate all these accretions to the object proper.

The Buddhist practice of mindfulness is based on the four foundations of mindfulness (*satipatthāna*), that is maintaining continuous awareness of (1) the body (e.g. the breath, posture, bodily sensations etc) (2) feelings (whether pleasant, unpleasant, or neutral) (3) states of mind (e.g. depressed, anxious, angry and so forth) and (4) the mental contents (the objects or thoughts occupying the mind at a given moment) (Nyanaponika, 1992; Goleman, 1984).

In its role as pure awareness, mindfulness allows meditators to freely observe what they perceive and experience without needing to change, justify or repress it. Take the example of anger. Rahula (1978) explains that being mindful means becoming aware of the state of mind as an angry mind, and watching this state objectively, how the feeling of anger arises and dissipates if we do not become attached to the feeling. Mindfulness increases awareness of the circuitous nature of the mind as expounded in the Buddha’s teachings of dependent origination or inter-relatedness (i.e., how one thing leads to another) and karma (cause and effect). Additionally, mindfulness encourages practitioners to acknowledge and accept what is there. By simply observing our thoughts and emotions as they arise, and labelling them objectively (e.g. anger as anger; pain as pain) we uncover strengths and weakness that have hitherto remained covered and learn to deal with them. The practice of just labelling, acknowledging and experiencing the feeling without necessarily having to express it has significant therapeutic benefits (Khong, 2005).

In order to be mindful, it is important to learn to listen quietly. The ordinary mind is constantly ruminating, carrying on an internal dialogue. For example, many of us are busy thinking of our own responses as we are listening to the speaker. The practice of concentration and mindfulness enables us to “see” the workings of our minds without adding associative value to what is being actually enunciated. This is a useful skill for therapists to cultivate.

For the Therapist

The practice of mindfulness is helpful to the therapist in numerous ways. Here I focus on the contributions that mindfulness can make to the attitude of the therapist when interacting with clients. In psychoanalysis, Freud (1912) recommends therapists adopt an attitude of “evenly-suspended attention” (p. 111) towards clients. According to Freud, this attitude, which behoves the therapist “to give equal notice to everything,” and to “simply listen” (p. 112) to the client, encourages the client to freely associate without concern with censorship. Boss (1984-1985) the founder of daseinsanalysis, or existential analysis, refers to this kind of attitude as “constant attentiveness” (p. 122), and adds that such an attitude enables the therapist to hear beyond what is being verbalised. To acquire this stance, Boss notes that the therapist’s existence must be more open and expansive than that of the patient.

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These are laudable recommendations for therapists, and most therapists do that to a large extent. However, there is a significant, albeit subtle difference between the kind of open attitude advocated in psychotherapy and the attitude promoted in Buddhist mindfulness. The stance advanced by people like Freud and Boss is intended to facilitate the therapist's attentiveness to clients' experiences and state of mind. While Buddhist mindfulness promotes a similar attitude towards clients' experiences, it goes further than that. Mindfulness makes it possible for therapists to listen not only to the client, but also to their own state of mind – that is to be constantly aware of the murmurings in their minds and not allow this internal dialogue to impede their openness. As Nyanaponika (1992) puts it “one who is mindful will first mind his own mind's business” (p. 81). In short, mindfulness asks of therapists nothing more than to *just wait and listen quietly* both to his own dialogue and the dialogue of the client.

But how do we bracket conceptualising and just listen? As I noted earlier, the ordinary mind is constantly chattering and ruminating. No matter how rigorously people wish to suspend their bias, judgements and preconceptions, and to remain open, if the bracketing is affected intellectually (as opposed to experientially) it has its limitations.

Batchelor (1990) explains that the meditative attitude does not rely on any formal method to sustain itself. He adds however, that if that kind of silence eludes us, it is helpful to adopt methods that can help us cultivate this attitude. Concentration and mindfulness practices equip the therapist with the skills and mental discipline to quieten the mind and to focus. In psychotherapy, the means of helping therapists to cultivate this kind of attitude is currently lacking.

According to Fulton (2005) and Epstein (2003), one of the benefits to therapists and physicians in being mindful is an increased tolerance for what Fulton describes as “learning not to know” (p. 70) and Epstein calls cultivating a “beginner's mind” (p. 17) when interacting with clients. Fulton and Epstein aver that this kind of open-mindedness allows health-care professionals to learn to accept uncertainty, see each situation afresh, set aside preconceived notions and theories about clients' problems, and “cures,” and respond appropriately to the demands of each moment.

Epstein (1995) explains that “when a therapist can sit with a patient without an agenda . . . the therapist is infusing the therapy with lessons of meditation. . . . The patient can feel such a posture” (p. 187). Caroline, a client of mine explains why she found this stance to be beneficial in our counseling (Khong, 2006).

Because you have a clear space . . . inside of you where I can know that, that space is open, fill you with me I suppose. . . . But you personally, even though I fill that receptacle, or you have that openness for me, you are not there. I mean I am there. I can be there

without any impact from you. Like I am not changed by being in there.

By sitting with Caroline “without an agenda” but more importantly maintaining moment-to-moment awareness of her, and my own, state of mind, I am better able to be there *with* her rather than just being there *for* her.

For the Client

In the previous section, I discussed the usefulness of mindfulness for therapists and for the therapeutic relationship. Mindfulness is also beneficial to clients in and outside of the therapy room.

Mindfulness practice does not require the emptying of the mind or the setting aside or suppression of thoughts. Rather it permits us to be constantly aware of the workings and the contents of the mind so as not to allow them to interfere with our ability to listen quietly. The Buddha encourages people to experience for themselves the tendency of the mind to wander. Understanding this process, individuals have the choice and the responsibility to interrupt this process so that things can be otherwise. Jane, another client, captured the essence of mindfulness succinctly when she explained that mindfulness has enabled her to watch her thoughts and responses taking place in “real time” rather than from hindsight.

According to Kabat-Zinn (1994) mindfulness is “simply a practical way to be more in touch with the fullness of your being through a systematic process of self-observation, self-inquiry and mindful action” (p. 6). In his teachings, the Buddha promotes *self-help* through *self-exploration*. One of the benefits of this process is that clients can learn to isolate the issues for themselves and then deal with them holistically with the help of the therapist. In contrast, in psychotherapy, therapists are often engaged with clients during the process of exploration, helping them to isolate and resolve issues.

Diana's explanation of how mindfulness practice helped her to gain valuable insights and pursue her own personal growth illustrates the value of this meditative process of self-observation and self-inquiry.

Diana's story

Diana, an attractive professional in her late thirties, came to counseling to deal with her feelings of high anxiety, and her panic attacks. Counseling helped her to uncover developmental issues arising from her ambivalent relationship with her family during her growing up years, which have also impacted negatively on her sense of self worth. I encouraged Diana to use mindfulness to explore her feelings, thoughts and responses continuously and to bring her insights to counseling for us to look at them

together. With the complementary use of meditation, mindfulness practice and therapy, Diana was able to recognize, among other issues, the seductive powers of feeling like a victim, and her strategy in using this construct to gain external validation from other people. From these insights, Diana learned to change her negative attitude and to take responsibility for her life. I quote Diana's explanation at length to demonstrate how mindfulness helped her self-exploration and self-understanding:

I just feel more ease with stuff. I had a good week this week. The previous week was lousy. But I didn't dwell on it, and it didn't bring me down, which I used to do in the past. I acknowledge that "I just feel like crap today, but it will get better. Just take care of yourself. Don't try to be a hero. Or a victim. It took me a while to get into the habit of that. Learning new skills. Acknowledging and letting it go. Instead of dwelling on it. I realise that I would get it a bit, and then I would lose it. Get into old habits. But I would get back on the horse, and try again.

Previously I didn't believe enough that it [mindfulness practice] would have such a change, such an effect. I also recognized the power of negativeness. It was so strong in me, that it would always draw me back. I feel a victim as well. I realise that now. I like being in the victim mentality. My self esteem was so low at certain points. Being a victim gave me something important to feel about. If something bad happens to me, and I am a victim, "It's like that is what I am. You know, give myself a label." And then people would look after me and be nice to me. I can get attention. Again it is a lazy way of kind of, to get attention. . . . I was waiting for them to come to me. They have to make the effort because I am a victim, and I can't do that. Like support me and help me. Feed me mentally. Because I can't do anything. I don't do that anymore.

It not just the sitting meditation. Meditation helps me to be calmer. It is more the mindfulness. It is the one that works for me. Allows me to take me outside myself, and to think of others. I find that helpful. It does get easier, the longer you are mindful. Now I don't see myself as all better or bad. It is just who you are. But I know now what my negative tendencies are. I can to recognize them now. Before I never used to. Mindfulness really helped me not only to see that, but also then not go down that direction, dwelling on things, and doing a vicious circle thing. Now I say, "Ok, that's it, let's not think about that, or not go down that road. And move on." I just let it go and move on. That has been really helpful.

I think that the other thing is making the decision to take responsibility. That is a big thing for me. I didn't want to take responsibility. I think that is where I fell down a lot of the time. I didn't want to grow up and take responsibility to be an adult, and say that is all done now, and move on. To take responsibility for my life. It is quite hard to do that. But when you are not doing it, not taking responsibility, that is quite hard to do as well [laughter].

As Diana's explanation shows, mindfulness not only enables her to step outside herself and make an honest and objective appraisal of her limitations, it also affords her the courage to confront and tolerate the "brutal" conclusions she reached, and to let go. Her relationship with her family and partner has improved significantly. Recently, Diana developed a taxing medical condition, but found that she was able to manage it better with her change of attitude.

The Buddha's Teachings and Psychotherapy

In this section, I explore some of the parallels and differences between the Buddhist meditative practices and psychotherapy, and discuss how these similarities and differences can be employed in the therapy room. My discussion will focus on cognitive-behavioural therapy (CBT), rational-emotive-behaviour therapy (REBT), both of which promote the modification of behaviour and cognition, and daseinsanalysis, an existential therapeutic approach that encourages "phenomenological seeing," and "releasement" or "letting be" (Boss, 1963, 1979).

Briefly, the aim of CBT is to change *irrational thinking* into more *rational thinking* (Burns, 1980; Rapee 1998). According to Kwee and Ellis (2001) REBT is concerned with changing *irrational cognitions* into more rational ones "through a process of internal dialogue and through changing one's feelings and behaviours" (p. 13.) This accords with the Buddhist approach of understanding the workings of the mind, and replacing negative thoughts and emotions with more positive ones.

The concept of "phenomenological seeing" (Heidegger, 1927/1962, p. 78) is used by Martin Heidegger, the German philosopher, to describe an approach of permitting phenomena to unfold on their own terms. Following Heidegger, Boss (1963, 1979) incorporated the phenomenological method of seeing in daseinsanalysis. According to Boss, daseinsanalysis is a way of thinking that encourages therapists to understand phenomena as they are immediately perceived and experienced by clients. He explains that by adopting the phenomenological approach, the therapist remains open to the client's actual experiences, rather than attempt to interpret them in terms of scientific theory or past causal relationships. In their book, *Grace Unfolding* (1991), Johanson and Kurtz explore the practice of psychotherapy in the spirit of Taoist philosophy and recommend that therapists adopt an attitude of "non-doing" (p. 9) as promoted by the Taoist sage, Lao Tzu. By non-doing, Johanson and Kurtz explain, the sage, or in this case the therapist, simply attends to, and accommodates what comes up spontaneously in the client's experience. In this way, according to Johanson and Kurtz, clients are empowered and "can move on in a way that does not depend on the therapist's cleverness or insight" (p. 10.)

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Boss also encourages clients to set aside theoretical thinking and adopt meditative thinking, that is adopting a stance that allow their experiences to unfold naturally. The stance adopted by Boss is influenced by Heidegger's notion of releasement (*Gelassenheit*) (1959/1966), a concept that promotes adopting an attitude of "non-willing" (p. 59) or waiting. Waiting according to Heidegger, involves doing nothing, becoming more void, more empty but richer in possibilities. But waiting in this sense does not imply inactivity or indifference, for the released person is not inactive, just open to different possibilities. According to Heidegger "releasement towards things and openness to the mystery never happens of themselves. . . . Both flourish only through persistent, *courageous thinking* (p. 56, italics added.) Hence, releasement for Heidegger involves both action and non-interference depending on what is appropriate to the situation. In this respect, the Heideggerian understanding of releasement appears to reflect the Taoist notion of "wu-wei" which is best understood as action through non-action (Khong & Thompson, 1997).

Like Heidegger, Boss sees releasement or letting be as involving the exercise of "*fundamental thinking* . . . opening your eyes so that all the meaningfulness which makes up a certain thing may show itself to you" (quoted in Craig, 1988). Boss's suggestions appear to be in line with the Buddha's recommendation to see things as they are and to let them be.

The main difference between CBT, REBT and Daseinsanalysis, and the Buddhist approach is that these therapies tend to focus on utilising the intellect to change cognitions while the Buddha emphasizes modifying cognitions through experiential and attitudinal change.

In my view, primarily using the intellect to modify cognitions poses some interesting dilemmas. One of these

dilemmas is that while clients recognize the need to change their irrational cognitions intellectually, they are often unable to do so when they are already feeling negative, anxious or depressed. Another dilemma is the "catch-22" position wherein if clients' thinking is irrational to some extent, they may encounter considerable difficulty in adopting an approach that calls largely for rational thinking or to learn to see things phenomenologically. More importantly, how do clients continue to "help" themselves outside of the therapy room?

Many of these dilemmas can be overcome by employing the Buddhist meditative practices and the Buddha's teachings appropriately. Let me illustrate with two clinical vignettes.

Felicity's story

Felicity a young, attractive woman had a breakdown a few years ago and was diagnosed by her psychiatrist as suffering from paranoia. She had to discontinue her higher education and was unable to work or socialise for any length of time. When she was referred to me, she presented with high anxiety, obsessive-compulsive disorder and depression. Felicity was constantly concerned with people following her, being perceived as "normal," and worried about having another breakdown.

During counseling, I encouraged Felicity to learn to separate the situation from her feelings, internal dialogue and habitual responses. The outline in figure 1 is representative of the type of anxiety-provoking situation, and the pattern of Felicity's feelings, thinking and responses. Felicity's anxiety often spiralled into more and more negativity, and she would ruminate continually. She was unable to break the cycle, and wanted to learn to cope with her feelings of anxiety and depression.

Situation	Feelings	Internal Dialogue	Habitual Responses
Attending a birthday party	Anxiety	"I'm stupid"	Concerns with making eye contact
	Fear	"They must think I'm weird"	Avoid social interactions
	Tension	"People are staring at me"	Emotionally shut down
	Depression		

Figure 1: Patterns of Felicity's feelings, cognitions and habitual responses

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Initially, Felicity was encouraged to try and change her irrational cognitions into more rational ones, and to learn to see each situation phenomenologically. Although she found the combination of CBT, REBT and daseinsanalytic approaches useful, she was unable to sustain this way of thinking for any length of time, especially outside therapy.

Additionally, because of her reactivity she was unable to stop her negative thoughts from spiralling into depression. Felicity was experiencing many of the dilemmas described above. In counseling, by employing mindfulness and various Buddhist ideas with Felicity, she experienced a breakthrough (see Figure 2).

Mindfulness of bodily sensations	Circuit breakers	Paying bare attention (labelling, acknowledging & experiencing feelings)	Internal dialogue / responses
Heart racing	Counting the breath	“There is anxiety”	“I ‘m making friends with my anxiety”
Dryness in the throat	Cooking	“I’m feeling anxious”	“I am feeling anxious, not sick”
		“Just sit & experience the anxiety”	

Figure 2: Felicity—Application of mindfulness practice

Normally, when people are anxious or depressed, they are unable to step out of this state of mind and remain trapped in a vicious circle whereby the negative thinking contributes to the negative mood, and the latter perpetuates the negative thinking. Mindfulness allows individuals to step out of their habitual pattern of thinking before it spiral into more negativity.

Utilising the Buddha’s teaching of the four foundations of mindfulness, Felicity was encouraged to be mindful of her bodily sensations, thoughts and feelings whenever she starts to feel anxious. Felicity reported being aware of her heart racing and the dryness in her throat. She was also mindful of her negative thoughts. Felicity was encouraged to put in place various circuit breakers appropriate to her lifestyle. She used breath-counting and cooking, and learned to put these circuit breakers in place *at the time* the bodily sensations were experienced rather than when the anxiety or ruminative thinking had started. In this way, she was able, as the Buddha suggested, to disrupt the process so that things could be otherwise.

Felicity was also encouraged to pay bare attention to whatever feeling she was currently experiencing without needing to modify, repress or justify it. In this way, she was able to observe how her feeling of anxiety led to fear, to tension, and ultimately to depression. She also learned to label each feeling (e.g., anxiety as anxiety, fear as fear etc) as it arose, acknowledge and accept the feeling by making space for, rather than identifying with it. I will elaborate more on this process when I discuss Caroline’s case.

In learning to be mindful and just sit with her feelings, Felicity was able to let go of each feeling as it arises and

reduce her rumination. Thereafter she found it easier to change her internal dialogue and responses to more rational ones. More importantly, Felicity was able to sustain this way of thinking for longer periods, even outside of counseling

Felicity explained that being mindful and using circuit breakers has helped her enormously. She reported feeling stronger and happier, and that now instead of ruminating for hours, she is able to let go of her anxiety and other negative thoughts in a few minutes.

It is because I allowed myself to feel the feelings. I don’t try to run away from it. I tell myself, “its ok. Just experience it.” For example, when I am feeling anxious, I allow myself to just feel the anxiety. I ask myself where is the feeling located, and give myself loving kindness. I then put in the circuit breakers. I just let the anxiety sit there. I am becoming friends with it now.

According to Felicity, being friends with her feelings has made her more accepting of herself and her state of mind.

I accept it for what I am. There is just anxiety there, and that’s how I am I have become more accepting of myself, rather than saying that I have a sickness and that it is making me worse.

Through counseling and the use of mindfulness practice, Felicity was manage her anxiety, and developed greater confidence and social skills. She was able to resume her education, and has recently completed her university degree.

Caroline's story

Caroline, the client I discussed earlier sought help in dealing with her feelings of anxiety and fear when encountering stressful situations. Her habitual response was to create emotional and physical distance in work situations and in relationships. Her internal dialogue included "I don't like this," "I can't do this," or "I've got to get out." Caroline have had a difficult childhood and learned during counseling that most of her feelings were related to these "childhood fears." Initially she resisted talking about these fears, as she found it too painful. However the fears kept revisiting, but she was unable or unwilling to look at them.

As with Felicity, I encouraged Caroline to meditate and practice mindfulness – In this way, Caroline was able to get in touch with her fears and more importantly to accept and make space for them:

I did some meditation, doing loving kindness, and I felt in my tummy region that there was upset and so I went down that region and see how I feel, like you said. I am feeling anxiety, fear. And then I pose the question to myself, "What does this relate to?" I just sat with the fear. I don't know what happened or what sparked it but the fear was attached to my parents fighting when I was 10 or 11. The anxiety was related to this fear. . . . And then I started to begin to move away from them [my parent] emotionally which was around that age. I started to put distance between us. I realise that the fear that I picked up is the fear that is in other people around me. Not just my parents, but also when I am in situation with other people, when they are anxious or fearful or something like that, I automatically pick up on their fear. I think that what I was experiencing [then] was a loss of orientation. A loss of your world. So change in my life [now] is a re-orientation, and my automatic response is to be fearful of that. Rather than wait for the next thing to evolve, I am stuck in fear.

According to Goleman (1990), in meditation, clients' free association is found to be richer in content and clients more able to tolerate them. Felicity's and Caroline's experiences are good illustrations of Goleman's observations.

Conclusion

Nyanaponika [1992] explains that mindfulness is not a mystical state and does not require elaborate techniques or external devices. Its working material is daily life. He notes that mindfulness is free from dogmas, and does not require practitioners to change their religions or beliefs. I would add that it certainly does not require the practitioner to become a Buddhist. I often explain to people that "I don't counsel as a Buddhist therapist but that I am informed by the Buddha's teachings." What this means is that whenever appropriate, I incorporate Buddhist ideas and practices in counseling, for as I have shown in this article, they can complement and in some cases surpass Western

therapies. As Nyanaponika (1992) notes, mindfulness teaches "the virtues of simplicity and naturalness" (p. 80) and eases the task of spiritual self-help. In my view, it also eases the task of therapists who wish to help clients in the spirit of "non-doing."

My meditation teacher once said to me "You do not only sit in meditation, your whole life is meditation" (Khong, 1995.) The psychological gift I gained from this meditative attitude, as a meditator and as a therapist is in allowing myself and the people I help, accept a range of experiences, acknowledge and let go of different emotions, sit with the uncertainty of not knowing and appreciate new beginning in each ending. I learn that if you encounter the Buddha in the therapy room "Kill him," for the Buddha in each of us is unfolding moment-to-moment.

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"Sophistry or Sensitive Science?"

An Interview with Martha Herbert

Casey Walker

Editor's Note: Martha Herbert, M. D. is a wonderful example of a physician who works in full consciousness of what Ken Wilber terms the intentional, behavioral, cultural, and societal quadrants of life. As such, her wisdom reflects and fleshes out many aspects of Hakomi's unity and organicity principles. She also advocates for lived experience through mind-body exploration and integration. We are happy to welcome to our pages one who has known about Hakomi from the manuals of the early 1980s.

Casey Walker founded *Wild Duck Review*, from which this interview is reprinted with permission, in 1994 (www.wildduckreview.com), and has edited and published twenty issues to date. She was educated at UC Davis and the Institute for European Studies in Vienna, Austria, in International Relations; Western European History; with graduate studies in English Literature; Fiction Writing.

Martha Herbert is a pediatric neurologist at the Massachusetts General Hospital in Boston and at McLean Hospital in Belmont MA, where she specializes in patients with learning and developmental disorders. She is also Vice-Chair of the Board of Directors of the Council for Responsible Genetics. She received her medical degree from Columbia University College of Physicians and Surgeons, her pediatrics training at New York Hospital-Cornell University Medical Center, and her neurology training at the Massachusetts General Hospital, where she remains and is on the faculty of the Harvard Medical School. At MGH she pursues research on brain structure abnormalities in developmental disorders, particularly autism. She also works on health and ecological risks of genetically modified food, and on neurotoxins and brain development. Prior to her medical training she obtained an interdisciplinary doctorate from the History of Consciousness program at UC Santa Cruz, studying evolution and development of learning processes in biology and culture.

ABSTRACT: *Wild Duck Review* editor Casey Walker interviews Dr. Martha Herbert on the difference between science that stems from a distanced control-oriented place as opposed to a participative context-sensitive place. The wide ranging discussion includes the pitfalls of our present science of triumphalistic reductionisms, and how they show up in clinical practice in the lives of those who have endured chemical and emotional insult and overwhelm. The alternative possibilities of sciences such as agroecology that are context sensitive to a whole systems approach are explored. The possibilities of re-inhabiting our bodies and channeling intrinsic outrage at hurtful though powerful societal structures in regenerative directions are outlined.

Casey Walker: In your recent essay "Incomplete Science, The Body and Indwelling Spirit," you sketched the difference between a science shaped by a "control-oriented, disconnected" belief system and a science shaped by a "systems-modulating, context-sensitive" belief system. What are these differences and why do they matter?

Martha Herbert: I don't believe we can adequately critique the uses of engineering technologies if we don't understand the assumptions driving them, just as we can't critique the life and physical sciences if we don't understand the assumptions driving them. We seem to have no problem understanding all other areas of inquiry, such as literature, history, politics, philosophy, or economics, in the cultural settings that generate them, yet fail consistently to question the same for science.

Briefly and obviously, there is a world of difference—all too literally!—between basing a scientific enterprise on the belief that a sufficient scientific control over the body or nature will achieve an end to human suffering, and basing a scientific enterprise on the belief that the body or nature and

all it expresses is our primary source for learning how to live well.

The first, which I would call a "control-oriented, disconnected" belief system, informs most of our recent powerful technologies, from nuclear power, dams, pesticide development, and psychopharmacology to genetic engineering. This belief system tends to make negative assumptions about nature and the human body, suggesting that both are essentially limited, imperfect, undifferentiated, uninteresting, inherently inferior, and morally dismissible entities awaiting the improvements of engineering technologies. Pests have no purpose and should be obliterated; rivers that flood should be paved and straightened; emotional pain is purely chemical and should be drugged. Human suffering can and should be eliminated. Human "nature" is viewed as essentially weak, nasty, selfish, greedy, and lustful, with destructive anti-social impulses that should be controlled externally. The wild spirits of children must be tamed by harsh discipline. The body is a source of pain, appetite, sex, sickness, suffering, and death, which should be fixed, escaped, or transcended. Similarly, the body's pleasures are sinful, dangerous, and

degrading and must be vigilantly restricted. Spiritual beliefs consistent with this view of disconnection and control invoke an authoritative deity remote from the body, mind, or earth. Such beliefs aim for a salvation based on transcendence or escape.

With the recent advent of biotech, nanotech, and infotech, we see a techno-utopian expression of this belief system promoting “exciting” projections for the future-physical “conquests” and “upgrades” via Francis Bacon’s notions of human designs escaping natural limitations. Plants, animals, and babies can be engineered to specifications we choose. The human brain can be enhanced by genetic or synthetic engineering, and, indeed, the brain can be left completely behind once we download it into a supercomputer. A limitless supply of replaceable body parts will ensure immortality. On the face of it, this vision appears less punitive and harsh than the control-oriented view of nature and human nature, but in reality it would subvert both. Cognition would be subverted into a mechanistic process, while bodily sensuality and earthiness would be demeaned as immaturely coy, comic book versions of super-sexual, super-muscular, super-sensory prowess.

In contrast, a “systems-modulating, context-sensitive” belief system tends to make positive assumptions about nature and the body—physical constraints are inherent to a flourishing corporeality and, one could say, the artfulness of existence. This belief system comprehends life as connected and emergent at a profound level that is larger and more complex than we currently understand. While this intricacy and complexity militates against promiscuous or wholesale engineering, we may yet come to understand, engage with, and work with life both elegantly and appropriately at its structural levels. Organisms and ecosystems have capabilities that, when understood, can be gently modulated toward greater articulation. And, while human suffering can and should be minimized, it is nonetheless an ineluctable condition of existence essential to developmental competencies and maturation. Through experience and cultivated awareness, the inherent drives of human nature for love, cooperation, curiosity, creativity, and conviviality can mitigate fear-based defenses. Rage, impatience, self-centeredness, greed, and other defenses caused by harmful experiences (isolation, danger, deprivation, humiliation), can be overcome under properly nourishing conditions. Indeed, the full repertoire of the human body and mind is the very substance of a robustly mature physical, mental, and spiritual life

Admittedly, these characterizations are highly polarized. Yet they do intimate the wholly different worlds that can be created by two such widely divergent belief systems. We live in a time when most of science has been shaped by beliefs about nature and the body that are primarily disconnected and control-oriented and that are supported by motives based on fear and defensiveness. I think it is

essential, therefore, that large numbers of people quickly come to see the problem: In whose hands do we entrust the power of manipulating the smallest genetic, molecular, and atomic levels of living and inanimate matter?

CW: It is also obvious to me that we are hugely mistaken if we believe the first worldview is not dominant in the engineering sciences or is capable of self-correction without confrontation. There isn't just a misunderstanding between these worldviews, there is a basic conflict about the nature of life and existence that is dangerously out of balance. Even worse, the conflict is not in conflict. Where is contention? Will you speak to the deafening silence in media and within the scientific community?

MH: To my mind, there's a dominant sophistry going on. Where is the press for existing, complex system alternatives such as agroecology, alternative medicine, or somatics—all of which work strategically within whole systems, are locally variable, and are not patentable?

I had the opportunity to speak to the National Academy of Sciences last spring on health monitoring of biotech food—which currently is not being done at all and would be extremely difficult to do. After sketching how hard it would be to trace or control the many infectious, allergic, toxic, and other risks this technology poses, I asked my listeners: “How can we know if genetic engineering offers the techniques we really need to use, in spite of all the risks, when we haven't seriously discussed alternatives? Why haven't we consulted people who already argue convincingly, and with a lot of evidence, that there are many other ways to grow and produce all the foods we need?” I suggested that if the National Academy of Sciences wanted to exercise genuine scientific leadership, it would set up a serious dialogue between biotech scientists and agroecology scientists. How does each group define the problems, and how do they approach solutions? How would each fare if they were compared rigorously and in good faith? I don't think it would look so good for biotech—in fact, the kind of genetic engineering currently employed would look pretty foolish.

One reason that molecular biologists are uncomprehendingly blind to complex system oriented alternatives is that they have not been required to study ecology or other higher level biological systems for the last several generations. Of course, another problem with these contextualized alternatives is that they can't be patented or privatized. Insofar as industry gets interested in indigenous knowledge, it takes the form of “biopiracy.” For example, industry scouts will learn about herbs from a traditional shaman, identify some active ingredient in the laboratory, patent it, market it, and give none of the proceeds back to the shaman or the community where the knowledge originated. Such industries also don't have much interest in the complex cultural contexts in which the use of these herbs is embedded--systems of understanding that are hard

to patent and commodify, and is less real to them, in any case, than genes or chemicals.

Imagine what it would mean for science if we didn't have our kind of free-wheeling, intensely escalating, "win-lose" economic pressure. If we could pour all the incredible resources that we're currently wasting on toxic tech "fixes" into sustainable, context-sensitive practices, we could live a lot more simply, effectively, and ultimately more peacefully with one another and the planet. It's a tragic waste that so-called economic imperatives have forced the commercialization of molecular biology and genetics. We could study molecular biology because it's remarkable and beautiful to learn about these mechanisms, and not lose sight of the correctives that come from remembering that these mechanisms operate in larger frameworks.

The sin comes, as I see it, when we use incomplete knowledge to make technological products for mass marketing—and with a hyped urgency, at that. Once we turn these neat little laboratory tricks into products (and one could say this is the essence of commercial biotechnology), we are actively intervening in a system that we don't understand. Technology gives us the power to devastate and to rape without first requiring us to understand.

CW: In "Dialogue on the Art of the Novel," Milan Kundera raises Kafka's question, "What possibilities remain for man in a world where the external determinants have become so overpowering that internal impulses no longer carry weight?" It's troublesome, isn't it, to extend that question to: What possibilities remain if the external and internal determinants for all living things become radically overpowered by engineering projects and their unintended side effects? Will you speak to what you are seeing as a pediatric neurologist, clinically and professionally, in terms of internal change—the numbers and kinds of cognitive, neurological, and behavioral disorders in children?

MH: I think that we are witnessing change in the neurological wiring of this generation of children and that this can be attributed to an unfortunate mix of early chemical insults and social/emotional derailments.

Neurologists and neuropsychologists who have been practicing for a few decades or more often comment on the changing character of their caseloads. More than a few of my colleagues (myself included) have dealt with four-year-olds who pull knives on their mothers, something that would have been astonishingly rare twenty years ago. Overall, more children are presenting with diffuse difficulties—not discrete learning disabilities where everything else is more or less intact, but difficulties spread across multiple cognitive, sensorimotor, social, and emotional domains. And the scale of this is enormous: 17% of children in the United States have some kind of attentional or learning problem, and a significant number of them are on medications of one kind or another. I think we are dealing

with the impact of the disintegration of family and community bonds and a profound environmental insult on our very neurological wiring.

We know that rapid brain growth and development begins before we are born and continues at least through the first three years of life. After the initial structures are laid out, the brain "edits" itself—keeping some connections and eliminating others—in what has been called an "experience-expectant" process. Many palpable, but hard to measure, qualities of ambient experience impact this process in ways we are only beginning to look for and discern. For example, an infant raised by a depressed mother can develop more right-hemisphere electrical predominance, which predisposes him or her to depression. Or, children raised in busy, jangled households will accustom their autonomic nervous systems to this level of stimulus and find it very hard to relax. And children who have been emotionally or physically abused can show repetitive, stereotyped motor activities as well as inappropriate aggression and abnormal sexual activity. The patterns of such symptoms strongly suggest that brain circuitry and chemistry are altered by experience in ways that are enduring.

Chemically, the effects of malnutrition and intrauterine drug and alcohol exposure have been fairly well-researched and documented. We already know that children whose mothers used cocaine or drank or smoked often during pregnancy have behavioral, attentional, and language problems that are hard to control. Yet far less research money has been spent on studying the impact of industrial chemicals on brain development. In fact, out of the 85,000 chemicals in our environment, only twelve—that's one dozen—have undergone the developmental neurotoxicology testing protocol (www.preventingharm.org). Thus far, testing is voluntary for industry, which is fiercely resisting any more rigorous requirement even though fetuses are almost always more sensitive to toxins than are mature organisms.

Now, in clinical medicine it's hard to make cause and effect connections between cellular-level changes and behavioral problems because of course we don't routinely take brain biopsies on our patients. So although brain-behavior connections have been found in animal models of intrauterine chemical exposure, making such connections gets complicated when you bring these models back to human beings. For one thing, unlike laboratory animals, human beings don't get exposed to toxins in controlled, systematic ways. Instead, exposure happens to different people at different times and in all kinds of combinations with other toxins. Even babies exposed to the same chemical may show different effects depending on when the exposure happened and what else was in the mix. Two pregnant sisters could visit their aunt near Lake Superior and eat fish with PCBs in it, but if one were two months pregnant and the other seven months, the consequences to themselves and their babies would be different. So unless there is a massive, well-documented toxic exposure, like a

factory explosion or a major chemical leak, it's hard to pick up patterns of toxic effects in groups of people-and industry exploits this problem in its denials of toxicity. Even so, effects are being demonstrated from chronic or intermittent lower-level exposures.

CW: *Will you speak to the difference between the unintended effects of pollutants or deprivations and the intended effects of engineering technologies on human beings? Could we say that before accepting engineering technologies as instrumental to increased "health or reproductive" options, it's absolutely critical to see how the more radical technologies, such as cloning, germline enhancement, anti-aging, or anti-death engineering, determine people's lives at a structural and experiential level? Are we permanently foreclosing on a biologically natural, situated consciousness and its human potential?*

MH: Yes. I think our ability to say no to these more radical technologies can and should come quite easily from this insight: We may permanently foreclose our human potential for a biologically situated consciousness and, one could even say, conscience. This same tension already exists in the recent and pervasive bioengineering of the human mind and body through psychopharmacology in the United States. We don't have to deny that schizophrenics can be helped by their medications to wonder why everyone knows someone on Prozac or Ritalin. When patients come in with medical or psychiatric problems, medicine tries to manipulate or fix them so they can return to their lives without making waves in their particular situations. We then expect everything to return to normal. For medical psychiatry, "normal" is a static concept that is, arguably, increasingly reified by the need for high-functioning, competitive performance in the workplace—doesn't our culture prize an evenly energized extroversion? Such a notion is at odds with natural bodily rhythms, having time and attention for loving relationships, and the ability to perceive depth and nuance, or the feelings that many of us have that allow us to know ourselves as well know and feel empathy for others.

Now, so much of the time the cause of a person's distress or disease makes it impossible to go back to "normal," because that crisis has revealed what previously seemed "normal" to be bankrupt. A major attraction of alternative medical practices is that they involve patient participation and validate personal awareness and change at a level more meaningful than the symptom. Neither western allopathic medicine nor mainstream psychology (especially psychopharmacology) gives us any kind of vocabulary for that kind of change within life. Yet many people are desperate for a deepening of experience, for a way to respond transformatively to the messages of their discontents.

Still in the realm of fantasy—but a very active quest for some researchers and advocates—is the genetic

modification of human behavior and intelligence. This fantasy reflects a belief that we are basically bags of genetically determined fixed traits into which we can plug new traits as if they were spare parts. The "cracking" of "the human genetic code" is viewed by these people as further proof that we are just as digital as computers and that upgrading humans should be little more complicated than plugging in a new memory card. There are a number of problems with this concept, not the least of which is that the "code" metaphor does not hold up to research. The initial hype that we would find "genes" for neurobehavioral disorders like schizophrenia or autism has deflated after more than ten years of work. These disorders are far more complicated than people originally thought. Similarly no one has found the gene for intelligence or high scores on college admission tests. Even so-called "single-gene" biomedical disorders such as cystic fibrosis or sickle cell anemia turn out to be modulated by other factors in highly variable ways that we hardly understand at all.

So, can we dismiss bad science as bad science and depend upon its own self-correction? No. Techno-utopian visionaries, many of whom hold prestigious medical positions, still deny that our knowledge is exceedingly incomplete and enthusiastically forecast catalogs of traits that yuppies of the future will choose from to customize designer babies. The frightening truth is that the limited scope of our knowledge will not in itself stop experiments with human genetic "enhancement." The danger that such experiments will fail or produce human beings with unforeseen illnesses or complications (who can neither be forbidden to have children nor eliminated like sick lab rats) does not stop such fantasies either. Indeed, the danger that such experiments may threaten the "human genome" does not occur to these people.

Industry knows there are vast markets of people—supported by much of urban, media-driven western culture—who are so alienated from the promptings of their inner experience that they see no other way to enhance human potentiality for themselves, their children, or others than through externally imposed engineering. These sorts of people may already push themselves professionally and physically, but to external rather than internal measures. They run more miles, lift more weights, climb more peaks, get more promotions, buy more things, network more cyberconnections -- and refuse to admit there may be more than quantity to life, that they don't or can't literally "have and be it all." For these people, acquiring even more of all these externally measurable things seems a self-evidently worthy goal for genetic or synthetic engineering. Once such attitudes are set, we can see how difficult it is to register, let alone value, aspects of existence that involve sensitivity to private feelings, other people, communities, or nature. It logically follows that these people see no problem with a social Darwinism built on a selection of the "fittest" and are genuinely mystified by objections to eugenics or human genetic "improvement." Indeed, these people appear to be

parochial and presumptuous enough to believe that the qualities making for “success” in a domineering, planet-destroying, corporate culture represent the pinnacle of evolution and should be immortalized in the genome/germline. For them, the suffering of “losers” is theoretically regrettable, but a “price to be paid” for the advancement of the human species.

So, the horror of these various levels of bioengineering is three-fold. First, these technologies are not as precise as their advocates suggest because they are based on a simple-minded model that is at odds with the great complexity of biological systems. Second, the intended use of these technologies is based on a conception of human beings and nature that is ecoculturally destructive and impervious to reasoned discourse. Finally, full employment of bioengineering technologies is capable of bulldozing both biological and cultural systems in spite of the incredible flaws in the basic assumptions of such technologies. In fact, this bulldozing may be approaching, or even already have passed, a critical point of no return.

CW: *From a neurological point of view, what did you think of the Waldorf education article describing German studies that show a degeneration of consciousness due to overwhelming sensory stimulation in modern environments—that 4,000 people were showing a decreasing ability over twenty years to perceive and synthesize information such as nuanced subtleties in color, sound, and taste, while showing an increasing tolerance for dissonance. Are you seeing neurological evidence for what amounts to a change or restriction in consciousness?*

MH: This study at least has a conception of transformative experience, even if by investigating its absence! To have an increased tolerance for dissonance along with problems perceiving and synthesizing information means that you are less likely to engage in the process of integrating complexity. You simply let it sit there as a mess, and you don't rise to the challenge of coming up with a more comprehensive framework that could account for why it is dissonant, why it doesn't seem to hang together.

I wish more had been said in that article about how these researchers went from their electrophysiological measurements to characterizing specific brain pathways that, at one time, had helped people integrate information and that now apparently are no longer used as much. This process is not obvious and I would like to see it elucidated. However, I am sympathetic to the notion, both for neuroscientific reasons and because it is easy to infer that attention spans have in fact shortened for people living in highly mediated, urban environments without a sustained focus on just about anything. It is also easy to infer that the ability of such people to perceive the world has become constricted. Many of us don't have the time or space to settle into perceiving the world's more subtle and nuanced features. Things don't get time to weave themselves

together in intricate patterns. Information is thrown at us in increasingly bright colors and at higher decibels just to get our attention. And the information is so ungrounded it doesn't repeat itself in any kind of a natural pattern—it doesn't have to do with regular routines or rhythms, it just has to do with whatever somebody threw into some video somewhere on your tube. This creates an arbitrary reality of brutal thrills. And because we perceptually fatigue in these environments, the producers of film, music, radio, TV, and fast foods are always upping the ante on effects. So, the idea that we are losing the ability to perceive subtleties on all sensory levels makes good sense. Alarming.

The neurobehavioral disorders I see clinically in kids, such as autism, attention deficit disorder learning disabilities, and the various results of intrauterine drug exposures, seem to me like exaggerations of the sensory and mental processing issues the rest of us face daily in our overloaded lives. These kids are usually swimming in chaos—which looks like a mix of disorganized daily routines, hyper-vigilant jumpiness, and genuine problems with processing experience. A lot of these kids are clumsy and get overwhelmed by tasks that require coordination they can't muster. I often see major problems with processing sensory input, particularly with autism. Some of these kids have complete meltdowns because they can't tolerate things the rest of us don't notice, like the scratchiness of labels in clothes or the high-pitched noise emitted by fluorescent light bulbs. They also melt down if they have to process too many sensory modalities at once or process them too fast. Some of the so-called explosive behavioral problems also seem to be set off by some combination of sensory, cognitive, and emotional overload. And some of these kids engage in what people call “self-stimulatory behaviors” that can range from head-banging to cutting themselves with razor blades—compulsive self-infliction of extreme sensations. Some of my more articulate patients have told me that they do this because it makes them feel “real.”

But to lay the blame for this degeneration of consciousness only on psychological, sensory overstimulation doesn't go far enough in comprehending the amount of injury our bodies and minds sustain from chemical and emotional insult. It's clearly ominous for any individual and for society as a whole to have our brain's capacity to process experience first impaired by toxins and then overwhelmed by sensory and informational input. How, then, can we rely upon our thinking, our feeling, our judgment?

CW: *Taking the effects of toxins and the effects of sensory overload a step further, we are forced to acknowledge that the possibilities of the human body and mind are inseparable from the possibilities within our environments. It's here that things get interesting to me: Can we become conscious of how we are shutting down the living substance of possibility—both wild nature and human nature—before we extinguish it entirely? This is where Paul Shepard's work becomes provocative. Is there a genetically conserved*

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human “nature” that retains genuine impulses—or are we witnessing a threshold disintegration of that human “nature”?

MH: There are several ways to look at this question. One is that yes, we do need to deepen our critique of our actions, to see quite clearly the assumptions and outcomes of designing and determining the exterior and interior worlds of wild nature and human beings. I do think we must question the results of our creativity and judge them—where and how do they violate life at a systemic level and at a level of being or ontology? But if we have to make these judgments from our own sense of life that has not been corrupted, violated, or simplified to begin with, then, obviously, we’re skating on thin ice, some of us more than others. After all, global chemical, cultural, and increasingly genetic meddling has affected all of us and all life on the planet—and we cannot call it an “experiment” because we have no “normal controls” anymore. We know that physically and cognitively we become the world we create, which brings back the original problem of what kind of worldview is driving our creativity and what constraints does it work within—what does it rub up against? If we acknowledge that we do not “create” life at the structural level, but engage in a discovery of what exists wildly, naturally, we comprehend life much differently.

Reading Paul Shepard’s *Nature and Madness* was a transformative experience for me. His idea that the “progress of civilization” has meant the loss, rather than the gain, of conditions necessary for the epigenetic unfolding of our potential profoundly reverses deeply conditioned assumptions. Shepard was really courageous to make his argument, as others are who don’t buy the central hegemonic myth of “progress” that claims the past was brutish, miserable, and dumb.

Shepard ends *Nature and Madness* with an evocation of our inner—indeed, I would say, bodily or “somatic”—potential for ecological integration and maturity. He says:

“Beneath the veneer of civilization, to paraphrase the trite phrase of humanism, lies not the barbarian and animal, but the human in us who knows the rightness of birth in gentle surroundings, the necessity of a rich nonhuman environment, play at being animals, the discipline of natural history, juvenile tasks with simple tools, the expressive arts of receiving food as a spiritual gift rather than as a product, the cultivation of metaphorical significance of natural phenomena of all kinds, clan membership and small-group life, and the profound claims and liberation of ritual initiation and subsequent stages of adult mentorship. There is a secret person undamaged in every individual, aware of the validity of these, sensitive to their right moments in our lives. All of them are assimilated in perverted forms in modern society: our profound love of animals twisted into pets, zoos, decorations, and entertainment; our search for poetic wholeness subverted by the model of the machine instead of the body; the moment

of pubertal idealism shunted into nationalism or ethereal otherworldly religion instead of an ecosophical cosmology.”

“But this means that we have not lost, and cannot lose, the genuine impulse. It awaits only an authentic expression. The task is not to start by recapturing the theme of a reconciliation with the earth in all of its metaphysical subtlety, but with something much more direct and simple that will yield its own healing metaphysics.”

From where I sit, the approaches to science that are context-sensitive do conserve a human responsiveness to the natural world. They express an old and enduring vision and practice that are to me the only real way out of our destructive tailspin. The question of our millennium is really, How can we regenerate our bodies and minds so that living is bearable and safe? So that cultural and biological diversity thrive? So that material needs are simple and spiritual life is rich? So that everybody has enough and nobody has too much? A regenerative vision requires these sciences—not only to untangle our big mess but to demonstrate the whole-system approach. We desperately need a sensitive, complex sophistication in our scientific culture and in our culture at large. And we need to generate this ourselves—we’re not going to get it from the dominant sciences, industries, or cultural mythologies, which flourish when all of us humans are dumbed-down, obedient consumers, disembodied from the real feelings of life.

Yet Shepard’s poignant hopefulness rests on a delicate interplay between our intrinsic potential and a facilitative ecocultural environment. What remains for us if we poison and engineer not only our environments but also our very selves beyond the bounds of our integrity? From where do we then draw our regenerative powers? Do we give up and revel in the ostensibly infinite combinatorial possibilities of nano-digito-geno-transpeciation? This is a “post-modern” choice, but its dismissal of any integrity that can be violated contradicts its championing of diversity, which was hardly generated digitally. It is a sellout to an opportunistic and misguided reductionism that reduces the world’s phantasmagoric complexity to a set of codes (genetic, digital, etc) which are presumed a priori—and wrongly—to interface without residual. Then it engineers on the basis of these ideological reductions, and ignores the screams of those whose non-digitizable qualitative realities are thus violated.

If we don’t take a fundamental stance against this triumphalist reductionism, we won’t be able to fight it. We won’t have any real arguments against industry’s picking away at nature gene by gene, chemical by chemical, extinction by extinction, to the point of cultural decimation and ultimately genocide and ecocide. If everything is reducible and interchangeable, like money on the international market, then we’re just dickering over spoils, not fighting for sustainability.

Pitted against these true believers in false progress are the rest of us, a ragtag and harried bunch who are dependent upon, implicated in, and damaged by the forces we need to overcome. Shepard's work gave me a new kind of compassion for the unevenness in—or virtual lack of—maturity in every adult I've ever met. Growing up as we have, disconnected from nature and all its wild non-human beings who could have provided models of wisdom different from our own, growing up in denial of the price we pay for our dominion over nature, we haven't stood much of a chance to do better. Add to this the enormous karmic burden from millennia of organized barbarism, and what we've created for ourselves is even sadder and more barren of possibility for psychic health.

“Development” and “progress” have deprived us of any culturally developed basis for imagining how things could be truly different. Paul Shepard's evocation of an intrinsic capacity for ecocultural maturity represents a source of resistance and regenerative creativity that may not hang on as its wellsprings dwindle or are deformed. Yet there is still intrinsic outrage, and we can only work hard to channel it into regenerative, complex, and sensitive directions away from the fundamentalist, nationalist, sit-com, simple-minded hell that otherwise awaits us.

CW: Will you describe the kinds of scientific approaches you see today that are conserving and could advance the Shepardian ideal through “systems-modulating, context-sensitive” practices?

If we were interested in the epiphanies people experience—those moments of great transformative insight—and if we had instruments sensitive enough, we could detect many ways in which the mind affects matter. We could learn about how changes in neural circuitry, neurotransmitter concentrations, and gene expression accompany one another during such experiences, as well as about larger-scale bodily functions such as breathing, heart rate, and skin conductance that are also affected. It will be a very long time, if ever, before we model in detail the totality of such experiences. Indeed, understanding the processes of such experiences would not enable us to engineer them.

In fact, the folly of the quest to engineer ecstasy comes home to us in the drug crisis—playing with neurotransmitters out of context of cultural meaning and self-discipline hardly leads to wisdom. Biofeedback, on the other hand, is a technology that enhances awareness of otherwise imperceptible somatic processes and enriches our capacity for sensitive self-regulation. The biofeedback device translates the participant's normally imperceptible physiological responses to relaxation into perceptible sound or light messages, that help the participant learn to work with his or her own inner capacity to relax. The participant can learn to enhance the perceptible signals—by making the sound deeper or the light cooler, for example—and thus alter his or her own physiology. Biofeedback is a

participatory dialogic technology, rather than one to which we subject ourselves passively.

Were we oriented to developing more such participatory dialogic technologies, we might exquisitely inform the discipline, should we realize it, of lived experience. The more we learn about the interplay of experience and our system of physiology and regulatory mechanisms, the more we might deepen our understanding of when things are working or not working systemically. With these intentions, monitoring molecular, genetic, and other technology-mediated markers may help us to fine-tune how we modulate our body-mind systems, but I don't think these technologies will ever substitute for long-term programs of sophisticated training and discipline, like t'ai chi or yoga or meditation. Those complex practices were developed over generations of cumulative observation in cultures much slower and more mindful than our own. Our technologies may uncover some mechanisms underlying the effectiveness of such practices, and possibly somewhat fine-tune them or help people get started, but could probably not replace them or invent them de novo.

This is what I mean by searching for an elegance and appropriateness of technologies—in this case a participatory somatic technology. How do we ask questions that grow intrinsically out of the wisdom of the process, not out of the naiveté of the investigators or the limitations of the measuring instruments? When I study complex self-regulatory practices, I don't want to reduce those practices to my instruments; I want to raise my instruments to the practices. We have all but buried our indwelling dimensions of sensuality, perception, and profound, enormous creativity. In what ways can the new technologies for body-mind exploration help us re-embody rather than caricature our intrinsic sensibilities?

It's these kinds of sensibilities that make genetically engineered food so viscerally repulsive in cultures less ravaged by commercialism and corporate agriculture than ours, cultures in which people perceive food as something entirely different from “consumable products.” Food is an inextricable part of the lives of the individuals, families, and communities who grow it, trade it, cook it, and eat it together. This belief is the foundation of the “slow food” movement we see in Europe, which wants to put the “food” back into agriculture. Sticking genes into patented food commodities, which are grown as manufactured products and sold in identical packaging all around the world, obliterates the reality of food as plant or animal and the reality of people sharing the bounty of field or hunt around a communal hearth. Once the context for food is obliterated, we slip into thinking it's normal and even virtuous to pass off all sorts of abominations because no one has proven them “unsafe.”

In contrast to genetically engineering our food, agroecology (<http://www.cnr.berkeley.edu/~agroeco3/>) is a scientific

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approach to agriculture that is grounded in and respects ecological, cultural, and socioeconomic context. It sees crops and weeds and insects and fungi and bacteria in their ecological interrelatedness. It takes seriously a traditional agricultural practice like multi-cropping, as such a practice has developed through ages of experience and reflects the wisdom of sustained observation. Finding out why planting marigolds next to tomatoes keeps the bugs away can lead to low-tech, low-chemical, high-intelligence, innovative practices. I should say that these questions are quite parallel to those raised by the context-sensitive study of self-regulatory processes I just discussed: How do we raise our agricultural practices and science to the complex potentialities of nature rather than dumbing nature and science down to our market and patent systems?

Like traditional agriculture, the transformative experiences facilitated by traditional “inner arts” are generated slowly and as a result of sustained observation, discipline, and enculturation. These kinds of changes lead to a wisdom about life from experience and are fundamentally incommensurable with the gimmicky techno-quick fixes consumer society has trained people to expect.

As agroecology refutes genetically engineered food, so the inner artful sciences are a deep refutation of “human enhancement” as promoted by advocates of permanent, germline engineering, such as those in the Extropy Society, who are absolutely sure that we can and must do better than “Mother Nature.”

Here we see our most serious confusion between constraint and liberation. Those who earnestly believe that the potentiality of the human body must be liberated from its current design constraints, and re-created beyond nature's conception, seriously and tragically confuse constraint with deficiency or deprivation. They do not comprehend that instead of escaping the “limits” of our bodies and the “limits” of nature, we need to reinhabit our bodies and our rightful place in nature, lest we lose them forever to a techno-hive in a techno-sphere. We must pursue the constrained but infinite potentialities of both.

Once we experience constraint not as deficiency but as the actual basis of art, we will understand the structural integrity that creates open-ended potentiality, and might just begin to exercise what is already possible within us and in the world around us.

Self – No/Self

Robert K. Bornt, MFT

Editor's Note: Robert Bornt's article here is condensed from a book he has in development titled *Let go of my ear*. He employs the wisdom of Huna philosophy and developments in neuroscience to emphasize Hakomi principles of the self-in-relation. Individualistic approaches to psychotherapy are noted for their lack of efficacy. The power of relationships, attachments, and the cultural self outside the therapy hour are emphasized for their efficiency in supporting well being within a more systemic unified self state.

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ABSTRACT: "Self/No-Self" is a condensed introduction to a model of how recent findings in neuroscience support relational, system oriented therapeutic models of healing; especially The Hakomi Method of Psychotherapy and its adaptation to working in what might be referred to as the extra-therapeutic field with The Triage Method developed by the author. The article begins to explore how these methods can expand their efficacy in supporting the wellbeing of clients by utilizing the neuroprocesses defined as "instinctual mechanisms" of emotional development, the innate expression of systematic emotional states known as temperament, the emotional strategies of character, and the phenomenon of mirror neurons influence on neural radiance between developing selves and self consciousness.

Monty's Sanity

I recently met with Monty, a Canadian that had served in the U.S. Army during the Vietnam War. It seems, Monty had been a little defiant after coming home from two in-country tours and found himself detained in an Illinois jail, anxiously waiting trial and facing a possible 15-year sentence. His defiant attitude apparently created a wave of tension, causing his in-house handlers to assign the longhaired troublemaker a few days of sense deprivation.

Monty was thrown into a special cell in the SHU (solitary housing unit) especially designed to provide a sightless, soundless experience. After a few weeks or days, he wasn't completely sure which, he found himself asking, "Am I going insane here? Am I already insane? Do "I" even exist?" After he had told me much of the story, he looked at me with an awkward smile and concluded that at the time, pondering the question just deepened his concern. We both laughed at the insanity of the situation he described.

We could afford to laugh because we were sitting safely around a campfire in the hill country of Texas, well grounded in the present, observing the incongruent experience of his past. Sitting across from me, looking at me through a soft evening drizzle, Monty had the opportunity to make sense of and even find humor in his past experience. In an unfortunate way, Monty had experienced an inversion of insanity's process, where a developing state of mind prevents normal perception, behavior, and social interaction. In Monty's case the

prevention of access to normal perceptions, behavior and social interaction had created his uncertain state of mind. Perhaps that was exactly what his captors had hoped for. Surely they were not intending to correct Monty with an "environmentally created" emotional enlightenment.

Witnessing His Mind

The more Monty was deprived of external stimuli the clearer he could – as he put it, "notice my mind". He described the experience as noticing and studying his mental processes from another "place" in his mind. When I mentioned the word witnessing, he seemed relieved to have a descriptive word, saying, "That's it exactly. I was witnessing my mind struggle to make sense of the moment." He wasn't referring to making sense of why he was in jail. He was describing a struggle to make sense of core information essential to a rational existence.

Monty explained that as he examined the question, "Am I insane here?" he witnessed his mind searching for something to define who he was, something to indicate normal perceptions. He said pushups were often the only thing that kept him from floating down a weightless, lightless abyss. As it turns out, pushups were used for more than experiencing his body's physical existence; he unknowingly used them to define his mental existence – his sense of self, as well.

The process involved reflective imagination. With every pushup he said he became more confident and focused,

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more emotionally defined as a resilient, sane, intellectual powerhouse, using anger and a quest for justice as the motivation to “keep his stuff together”.

The next morning, as the heat began to encourage incredible humidity, Monty and I were out in the rock hard driveway digging a little trench, dripping with sweat. The trench was to relieve rainwater pooled up in the rose garden before millions of twitching, crescent shaped larvae became little flying Texas vectors. As we worked our conversation returned to Monty’s solitary experience. Something about sharing the physical effort of digging through rock during a central Texas summer reminded Monty of pushups and sanity. Figuring all expressions are motivated for a reason, I asked him if he wanted to explore the experience more deeply. He looked up, stopped digging and leaned on his shovel. That seemed like a good indicator of his interest, so I began asking him about how he had maintained sanity by doing pushups.

Initially, he described how the more his strength surged the more he began to imagine confronting his captors and the judge making him feel powerful and in control, but he quickly countered by admitting how fast the sense of control vanished in the silent darkness of his cell; yet he kept his sanity. There was something else he was doing to keep his wits.

Getting Curious

We both got curious and went through his experience again, step by step, slowing down to connect the dots; the pushups pumped him up, increased physical sensations, causing his attention to focus on his body; where he noticed his wrists connected to his shoulders, connected to an image of facing the guards, to the feelings while he faced the guards, to the feelings he felt from the guards. They weren’t actually aggressive feelings!

Slowly, he began to notice he had imagined more than revengeful confrontation. Beyond the urge to destroy, he had imagined interactions where his guards stood down and respected his space and the judge had agreed with his political purpose - letting him go. We talked about how the guards and judge had actually reflected feelings confirming his sense of “who he *really* was” – a strong and just person. After a long pause, actually an interruption from a rabid raccoon that stumbled out of the forest had a seizure and died in the puddle near our feet, Monty said, “You know this sounds insane, but it was like I had no real sense of myself until I had confirmation from those interactions. I knew I was a real person with value, I wasn’t really angry or hateful, but in the darkness! That’s why I thought I was going insane. I became less and less sure of anything.”

In the end, the judge didn’t agree with Monty’s political convictions but must have admired something about “who he was”. Rather than sentence him to further confinement

the judge admonished him to return and remain in Canada. Monty was on a bus home that night, quietly enlightened with valuable tools for maintaining his sanity.

Defining “Who we are.”

Monty’s struggle with sanity reveals important processes in the creation of an efficient foundation for achieving and maintaining healthy emotional function, especially under adverse conditions. Emotional function defines “who we are”, organizes our sense of our self and is a valuable part of our consciousness. The ability to witness one’s own emotional processes, from another “place” in mind, and track the organization of one’s sense of self, is an essential skill for developing purposeful and efficient emotional functioning.

Monty hadn’t done both in jail. He had witnessed his mind struggling and found refuge in emotions – anger and a call for justice, which helped him survive moments but may have been adding to his struggle. By focusing his awareness on each step in the process with me he was able to discover information about how he actually, unconsciously, organized a congruent sense of self – one that made sense to him. Learning to track his own process of utilizing reflective feelings (emotional signals from others) to collaborate his historic experience of self seemed to be a valuable new tool for Monty. It also illuminates new understanding of how the self becomes known.

The Drive to Know

The drive to understand “who we are” is a vital aspect of many cultures and appears to be an element of emotional stability connected to survival. The physical body is genetically designed to survive within a certain, limited range of emotional states. When there is uncertainty, survival systems are activated, energy use accelerates, and emotional suffering is limit’s alarm. If we know who we are, references are available to give meaning to the pieces of life’s experiential puzzle and we efficiently maintain a secure sense of self. Thus, figuring out “who we are” is the conscious experience of an instinctual drive designed to maintain emotional stability and secure survival (Damasio, 1999).

All the figuring takes energy and time and unless it is efficient could be a stressor in itself – pushing survival systems closer to their limits. In homogeneous cultures (cultures of like members) individual selves seem to be woven into family and community, collectively experienced without an apparent drive to individuate, to know one’s self. The experience of living life, as part of a known fabric, provides emotional stability and creates a secure, functional base well within survival limits. It may be that individuals in these situations are missing the wonderful experience of having known their self, but they may also be rejoicing in a life of non-self, without struggle; honoring the potential of a

natural process of co-creation where emotional energy (mind) of the group influences the development of individual consciousness – the known fabric.

Early Healers

The earliest purveyors of psychic healing were Shamans. In preparation for treatment the Shaman still uses psychedelics, rhythm dancing and fasting to enter an altered state of mind where intuitive knowledge of the patient's struggle is revealed. Treatment is both physical and psychological and often includes reparation of fractured social relationships – indicating that they too respect the potential of social (other minds) influence on healing. In these cultures there is great respect for the healer's capacity and intrinsic reliance on social unity. There is hierarchy – top down influence, but it seems to be a hierarchy of capacity, with purpose of guiding another's healing through unification with many realms of reality – a process of confirming and supporting who one is.

Ancient Polynesian Huna philosophy addresses suffering as an expression of imbalance, between levels of one's self and between the many earthly realms of reality. Huna understanding of emotional processes conclude that a low self represents the psychic realm of instinctual biological processes, a mid self represents the psychic realm of learned processes of the aware mind or brain, and a high Self affirms spiritual qualities and universal unity. Huna treatment is a process of merging psychic energy where guides and spirits transcend self-states to encourage the reunion and collaboration between one's inner selves and between the various realms of shared reality. There is respect for unity of minds and the existence of a non/self state in Huna tradition (Long, 1958).

Eastern strategies of understanding self have persisted throughout time, recognizing a drive for salvation as a motive for awakening one's "true self" – the spiritual self within universal oneness. Eastern traditions of healing transcend deep into recognized levels of mind. Utilizing meditation and Yoga techniques, enlightenment of one's self comes about through recognition and correction of thoughts, the search for meaning and the need to cope with suffering. During states of mindfulness the highest levels of sensitivity transcend emotional process and expand in spiritual realms of unity. Enlightenment is healing.

Modern Healers

Western psychological culture has developed concepts of what and who a self is, relying heavily on biological science, physics and evolution – or denial of evolution; where understanding comes from separation, reduction, and the assumptions of causation. (Monty's strength caused the guards to stand down and the judge to let him go).

Mostly, western concepts amount to complex developmental systems where it is assumed that one's sense of suffering

develops out of conflict between parts within one's self, where unresolved experiences define and direct emotional expression. Western language defines self as a person's essential, individual and unique being. Synonymically, self is one's ego, I, oneself, persona, person, identity, character, personality, psyche, soul, spirit, mind, or inner being that is distinguishable from others.

In general, western psychology compartmentalizes self into unconscious (non-conscious), conscious and spiritual operating systems, seeking to support what is considered an instinctual (organic) drive to individualize one's self and thus know and have control over one's "whole self". The assumption is that due to enmeshment -- entanglement with the wants and needs of other "selves", -- one's personal drives are thwarted motivating inner conflict and erroneous thoughts, which are believed to fester into mistaken energy absorbing assumptions.

Treatment amounts to digging deeper into the layers of one's self, finding what is conflictual and taking control over it -- mastering it, with the help of a trained analyst or therapist who can make sense of it all for you. Generally, there is hierarchy of individual selves and their capacity to heal and be healed.

Fractured Culture

After Europe was shaken and rattled by its second major war, the displaced intellectuals of central Europe involved in therapy of the psyche or mind, began to have major impact on western thinking. "Who we are" transformed into a unique, independent self struggling against the pressures of its environment, striving to be independent, like the physical body. Sigmund Freud took an early lead by introducing a new concept, Psychoanalysis. His theories evolved from existing psychotherapy and biology. He structured the self into the id, ego, and superego, focusing on analyzing the drives, internal conflicts, and fantasies, which he believed were influencing the organization of the self from within.

Heinz Kohut, become a psychoanalyst following Freud's lead. However, he noticed the self as separate but co-existing with the ego. Kohut conceptualized the self as a tripartite (three part) self with "self states," which develop as their needs of self-worth are met through relationships with others. He described this process as "self-object transferences of mirroring and idealization", strategies of utilizing others as external objects to meet the needs of one's self.

Like Freud, Kohut believed healing psychic stress occurred when current relationships (objects) provided what had been missed in earlier relationships. According to his theory, a person would attempt to eliminate feelings of low self-esteem, experienced in the schoolyard, in a developing romance or even in a therapist office, by boasting to others. The child or client would be seeking a reflected or mirrored

enhancement of their self-worth in an attempt to make sense of or define who they are -- or who they hope to be -- if they could replace what had been missed. He also placed emphases on the potential of one's identification with others (Kohut, 2000).

Top Down Control of Self

Modern strategies of psychological treatment often involve analysis and interpretation of psychic (other than physical) pain and emotional limitations as a means of revealing correlations between the pain and its causation -- usually external relationships and events. Focus is often turned to environmental enmeshments (entanglements) -- usually family and cultural influences deemed to be controlling or directing *who* the client is, nullifying their "true self." Importance is placed on the training and intelligence of the therapist who can direct and advise others on how to change and become "*Who they truly are*".

Strategies and theories based on this premise have not proven all that efficient in resolving unhealthy emotional function -- reducing suffering. Kohut's expansion of his theory in the 1970s and 1980s, to address the empty, fragile and fragmented "selves" he believed came from aggressive overindulgence and greed hasn't slowed societies pace. The inefficiency may be motivating current writers and educators to suggest that it takes an eclectic tool bag of techniques to be successful, but molding techniques to meet each client violates the principal need of efficiency in survival. It takes energy to separate, to analyze and to conform. It takes energy to sort cause and effect, and then even more to manage all the pieces -- to maintain accuracy in what they mean.

This is definitely top down management where top -- the therapist's sense of self as the one knowing assumes it knows what is best for the parts -- those seeking. Without exploring more with Monty it may have been logical to suggest that doing pushups caused his mental and physical strength to develop and survive, even to the point they influenced his situation. This would have supported Monty initial thinking. It would have also supported what was incongruent in his sense of self. His "question of sanity" developed out of conflicts between his historical self -- a peaceful, self-reliant and compassionate veterinarian, and his persecutory experience.

Nature's Resolve

Nature, on the other hand, appears to use a different, very efficient collective management strategy that may reflect greater possibilities for our own process of healing. In the phenomenon called "swarming" all the parts (fish) of the whole (school) are communicating and making decisions aligned with what is best for the whole. Research is showing intelligence, beyond genetically programmed instinct, guides swarming.

In swarming each participant monitors and reacts to its immediate environment, which includes its nearest neighbor, based on simple sets of rules. What may start as a survival instinct (to capture food) motivates the first action. Others, responding to the first action, make decisions about what is the most efficient and best next move. As decisions are made the swarm develops. For swarming creatures it is the most efficient means of capturing food or finding a new nest -- for the individual and thus the whole.

Research is not suggesting the thought is, "Hey, I can do better if I join the group and swarm around food", but rather the swarm develops out of a multitude of minute decisions, often influenced by mirroring. One guy goes for food, the neighbor goes too -- perhaps knowing it is safer in numbers and two are more efficient than one. As they initiate the chase, localized decisions are made by neighbors (parts) about turning and chasing, each decision influencing another as it radiates outward. The swarm is formed and lasts until it is no longer efficient. Independent action is influenced by the whole. No one is directing traffic (Miller, 2007).

Tearing from Freud

The inefficient, top down management style of modern therapeutic healing theories may be why theories continue to evolve out of theories, with each new paradigm seeking a greater level of efficiency in order to survive. In addition to Kohut, at least two members of Freud's Wednesday (night) Psychological Society were independent self-thinkers who also evolved away from Freud. Alfred Alder and Carl Jung, both rejected Freud's authoritarian rule and ever-changing personality theory. They may have left because they couldn't tolerate the inefficiencies created by Freud's intellectual drive or perhaps they weren't able to participate in the management of ideas and moved on. In either case, they both professed to find their own system to define and cure emotional suffering.

It is worth noting that the inner emotional lives of these early theorist's seem striking similar to their theoretical methods. The modern history of psychotherapy is full of clashes between these proprietary "selves" and their struggle for superiority, reflecting functional truth in Kohut's theory -- that people seek to have emotional experience they missed in youth (Corsini, 2000). Freud promoted the analysis of another's psyche (self), through dissecting conflicts between instinctual drives and social demands, as a means of individuating and healing. Freud's personal life history suggests his professional efforts were driven by a need to interpret and resolve disturbing conflicts similar to those within his own inner life. Jung sought understanding and resolve for others through defining mystical and creative "internalized" aspects of one's self, a reflection of his own self-described introversion and spiritual journey.

Post-Modern Healers

Recently, Post Modern theories have emerged to heal psychic pain by strengthening one's self through client-centered methods, seeking answers to heal suffering from within the client. It is a popular trend towards achieving happy and productive relationships through the individualization of one's self and even finding one's higher Self through self-discovery, self-empowerment and re-authoring self-narratives. The effort is to support development of a "whole self" and its ability to control its own emotions and behavior, beyond enmeshments, to be self-empowered and self-directed.

Carl Rogers was instrumental in establishing the foundation for this extremely efficient strategy of including the client in managing what is best. However, Rogers' introjection of compassionate "Unconditional Positive Regard" into his theory of Client-Centered Self-creation seems to also be a direct reflection of his sensitive, Christian influenced personality. Keep the peace -- don't hurt anyone, don't bully him or her! On the surface this strategy appears to be an awesome addition to humanities preservation, but is it organically efficient in supporting the development of another's healthy emotional function? Or does it support a belief about how others should treat each other?

Again, neither movement, directing another's self on how to heal or empowering another's self to heal from within, are efficient or effective. Recent research finds that 87 percent of client emotional healing can be accounted for by extra-therapeutic factors -- life unfolding outside of therapeutic influence (Wampold, 2001). Antidotal stories are moving and convincing, they make us all feel good in the moment, but why then are more and more people finding their "selves" lonely, isolated and silently suffering. Why are we continuing to experience insane multi-cultural conflicts? And why is Western culture stuffing it's self with rabid consumption. These behaviors are simply not efficient, and as such cannot promote survival. What's missing?

Perpetuating the Suffering

Collectively, popular strategies to end suffering by individuating the self, no matter how effective they appear on the surface, may actually be perpetuating a deeper suffering -- out of our awareness. Promoting one's self as a unique, personal mental structure entitled to difference and separation, like one's physical body, may exacerbate anxiety -- if it is indeed not separate and unique. We can't really know because emotional pain is expressed as affect. It is not actual physical pain. It is usually noticed as a subtle feeling of discomfort, easily labeled anxiety, stress or depression, and easily sedated by socially accepted, subtle (or not so subtle) behaviors. Drinking, drugging, sexing, shopping, denying and killing are excellent examples of sedation strategies -- just like Monty's use of anger and justice momentarily sedated his anxiety of going insane.

Contrary to western definition, selves cannot be individuated like the physical body. To exist, the formation of a self requires bilateral and bidirectional emotional participation between selves. To attempt separation stimulates anxiety, absorbs energy and collapses efficient, organic possibilities.

Bioscience has begun to understand how self is experienced. Self appears to be emotionally created, a non-physical emotional state, which originates in our physical body and organizes in our brain. Corsini's comparison, of the manifest personalities of the three dominant makers of psychology with their systems of psychotherapy, suggests a direct relationship and collaboration exists between selves (Corsini, 1956). Monty's drive to have his sense of self verified by imagined relationships with his keepers, suggests the same thing -- organization (definition) of one's self is not independent of other selves. Efficiency requires considering the self as a non-self or collective self, a unifying phenomenon connecting living systems.

Respect for Systems

Understanding self as a unified, collective phenomenon has powerful implications. It allows regression, back to the wisdom of the ancients where collective self was honored and celebrated, where awareness allowed room for collective and fluid development of functional emotions and cultures. It takes us back to times when survival demanded respect for the connectivity of systems (ecosystems, biosystems, family/clan systems), when all things were known to be integral parts of nature's whole -- before tolerance for imbalance (Sahara dust covering Belizian coral reefs, rainforest destruction, ozone, global warming and protracted war) and anxiety became the norm.

Strategies of psychotherapy have developed with respect for unity and the functioning of organic systems. The Hakomi Method of Psychotherapy (Kurtz, 1990) is an example of evolved theory, developed from modern and post-modern theories, with reverence for ancient wisdom. Hakomi's founding group -- its parts, contributed to the evolution of a more efficient whole process. The word Hakomi itself illuminates the Method. Hakomi is a Hopi Indian word with two related meanings, "Who are you?" and "How do you stand in relation to these many realms."

Hakomi has a solid foundation in principals of unity, organicity and non-violence. In practice, it is a strategy of supporting the "making sense of who one is" in relation to the many realms of life. Hakomi therapists honor the participation of their self and its potential to influence. Effort is made to remain transparent and emotionally at rest, allowing the client space to learn and explore. The strategic use of mindfulness and self-witnessing are taught, and along with little experiments, support awareness of the step-by-

step, systematic processes involved in the organization of the self's emotional experience.

Orientating with Systems

How system oriented relational therapies, like Hakomi, are effective and efficient is becoming clearer now that neuroscience has focused greater attention on emotions and physiological processes. New research offers understandings of biological processes, especially neural processes, which support the intrinsic processes and principals of relational therapies; providing opportunities to glean valuable insight supported by empirical findings, and regain a solid foundation to make sense of who we are and where we are going with psychotherapy. Awareness of systematic emotional and relational processes, vital to self's discovery, is a very important insight we can glean from The Hakomi Method. Neuroscience offers us how these processes develop and participate in organizing the experience of knowing one's self.

The Triage Method of Psychotherapy (Bornt, 2007) is an adaptation of Hakomi into extra-therapeutic (life outside of therapy) experiences. In The Triage Method the ability to notice and track system development is utilized to effect relationships while participating in life, while systematic processes are weaving self's fabric. The method supports an appreciation that systematic processes are not the thread, not the fabric and not the self. They are the motivation behind how the threads are woven, how the experience of a self is created -- like in swarming they are the individual (parts) decisions informing the whole. Neurobiological research has shown that influencing parts are not only the various internal processes of the individual but also the radiant processes of others. The whole is a radiant emotional field. Understanding this weaving process is critical to developing healthy emotional fabric.

Instinctual Systems

Jaak Panksepp, PhD., Baily Endowed Chair of Animal Well-Being Science, University of Washington, has written extensively about several primary, "instinctual" emotional systems mammals utilize to survive. According to Dr. Panksepp's empirical research, fear, anger, separation distress (panic), investigatory processes, anticipatory eagerness, and rough-and-tumble play are all "instinctual" mechanisms in the body, which inform the brain's emotional processes (Panksepp, 1998).

Dr. Panksepp suggests the separation distress system, for example, evolved to detect separation -- when separation from others was not good for survival. In doing its part in survival this system generates instinctual neural impulses, which are affective signals, when it detects separation. The neural affects travel to the brain where they sponsor instinctual "panic" feelings, which are then processed into emotions. Panksepp further suggests our relations and

attachments to objects (really anything the brain can hold a mental pattern or image of -- a person, place, thing, song, idea or state of mind) are *learned* in relation to these mechanisms or impulses.

Instinctual mechanisms do not operate independently nor in isolation. They are systematically engaged in an ongoing exchange. When separation is detected separation signals are activated, and so are signals of fear, anticipation, investigation and aspects of play. Collectively, they attempt to regulate (survive) the experience as efficiently (a survival imperative) as possible, becoming a woven fabric of systems influencing systems. Relations and attachments to objects are "learned" into these systems, as they become integral "regulatory" influences woven into the systematic fabric; creating self-influencing feedback loops constantly weaving self's fabric -- like the weaving of a swarm.

This understanding offers tremendous potential for greater efficiencies in developing functional emotional wellbeing, especially if the emotional attachment our society seems to have with external objects could be thought of as an expression of a "cultural self" defined by separation distress. Individualizing the self may be tearing the fabric, where relationships and attachments to other selves once regulated our emotions, the brain now substitutes possession and consumption of objects in its attempt to satisfy or calm the separation panic. Unfortunately, sedating our selves with substitution doesn't appear to be creating a happy, healthier culture.

Evolving Brain Modules

The archeologist, Steve Mithen argues that early human brains had different and distinct modules with specific capacities for intelligence, social skills, tool skills, mechanical skills and history or classifying skills. He suggests that it was a genetic change in the brain that allowed these modules to suddenly communicate, causing a great leap forward in human consciousness.

I would argue that these capacities were available in the brain all along, regulated by environmental influences on Panksepp's instinctual survival systems. As groups of humans became cultures, survival pressures must have influenced specific expressions or systems of expressions. If critters became scarce, survival would have demanded more efficient tools. Instinctual mechanisms to investigate, play and even utilize history (combining what has worked into something better) could have "automatically" come up with tying a handle on a sharp rock for leverage in killing, or the use of cultivation as an alternative. Survival would have then demanded the idea's rapid expansion throughout culture.

Survival's pressure could have further defined culture and families by culling for dominance of particular instinctual systems, which appeared to be evidence of modules. A

family or cultural unit could survive best with a certain number of members with dominant fear mechanisms, anticipatory eagerness or rough-and-tumble play. Having all members fearfully waiting at the cave opening for a playmate would impact survival. Somebody needed to figure out the best tools, engage with neighbors and classify threat.

Temperament as Instinct

Selecting a useful assortment of dominant instinctual systems could also help explain the limited variances of innate temperament mapped by Kelsey, sensitivity to the environment, intensity of emotional response, baseline mood, biological cycles and reaction to novel situations. There are correlations between Panksepp's systems of fear, anger, separation distress, investigatory processes, anticipatory eagerness, and rough-and-tumble play with innate temperament.

My discussions with Monty didn't start out with great details about his past. We spent time during the day getting acquainted, preceding our time around the fire. I watched Monty, he never sat still, always going and coming from little projects he would think of, mostly simple things he said needed to be done. Many times I asked if I could help, each time it was, "No, I've got it." I felt we were not really connecting, not in relationship for most of that time. He was very self-reliant, both physically and emotionally.

We had several political conversations as he moved about. He stayed within hearing range or I followed him at a distance to keep them flowing. His detached self-reliance may have been motivated by distrust, but was it developmental or innate? The Hakomi Method tends to view this as a developmental character strategy, a learned distrust of others being there and at the same time hoping they are. My own research with incarcerated young men, actually boys locked up for slightly less than felonies, showed strong relationships between Hakomi character strategies and expressed temperaments. In hindsight, Panksepp's instinctual systems, temperament and expressions of character all seem to define innate processes, reliant upon environmental influence for their complexity.

Character as Influence

It seemed obvious Monty was eager to have my help and conversation. At the same time, I felt a fluctuating anxiety when he went too far or got too close; one I couldn't track as originating within myself. Monty's movement back and forth within hearing range indicated he wanted to relate (to attach). His doing everything himself portrayed what The Hakomi Method refers to as a self-reliant character strategy. It also points to Panksepp's instinctual separation alert system. I believe Monty came into the world a point man, genetically organized to take care of business and investigate. His world influenced the intensity. Just after

dark we collected by the fire for our first true conversation. The smoke keeping the mosquitoes at bay influenced his choices -- it was safer with me at the fire.

I thought about this as we started the next morning -- his not accepting my help and the impulses to both attach and separate. They really defined who he was, who he knew himself to be and influenced my interaction to be potentially verifying. However, I chose to remain emotionally available, emotionally present even when I felt reflective, counter impulses to detach (He didn't accept my help, I stop offering).

Before we started digging he went off to the edge of the woods to gather five heavy sections of PVC pipe for our drain. I yelled after him, "Hey, you want some help with those." Very quietly, almost reflecting off the wooded background I heard, "No I got it." Then, "Well maybe one, if you want." That was it. I knew. Monty now trusted me. His instincts were to not trust, to go it alone like a point man in the Vietnam jungle. But my relentless emotional presence influenced his systematic processes. Next came the deeper conversation about his experience in the SHU and my equal participation in the digging.

Neural Complexity of Self

If we are to learn greater efficiency in supporting wellbeing, neuroscience is where we must continue, with an appreciation for the complexity it offers. We will have to sharpen our capacity to notice the development of emotions, originating as neural processes in the visceral body, into consciousness.

Dr. Steven W. Porges' Polyvagal Theory (Porges, 2004) and Paul Pearsall, Ph.D.'s research on cellular memory, particularly the heart (Pearsall, 1998), offer scientific explanations of how the self is organized by systematic emotional impulses; arising from the stream of ongoing sensory information exchanged between and within individuals. How emotions weave experience, how we know we are having experience and how we reflect on experience as a process of managing life, involves the elucidation of consciousness; accepting the fact that consciousness and emotions are inseparable, and that our sense of self is a unique emotional state arising out of consciousness (Damasio, 1999).

The complexity and intellectualization on matters of consciousness and neural function in relation to psychotherapy will be expanded in future writing. For the purpose of this article they need not limit our development of more efficient methods of supporting wellbeing. Let us continue with the discussion of the self and the bidirectional influences on its development.

Mirror Neurons

Giacomo Rizzolatti recently discovered a cluster of neurons in the ventral premotor area of monkey's brains. These neurons were initially thought to exist in humans at birth then slowly fade away, but Rizzolatti and others excited by his discovery have shown them to remain active in humans throughout the life span.

Researchers found that when a monkey, and later a person, performs a specific single task, specific neurons fire in response. Then, contrary to what's known about motor "command" neurons, they discovered these neurons would also fire when the monkey, or later a person, observed another monkey doing the same single task. Thus, they became known as mirror neurons. The first monkey's neurons mirrored the neural firings of the second's, when the second reached for peanuts. First time a newborn sees your tongue go out or you smile, it feels the emotion and fires off a smile. The second time it anticipates the feeling at the slightest indication of your smile and smiles or simply initiates the feeling by smiling itself. The emotional association is learned, complexity begins and systems become the foundation of organized experience across a lifetime.

V.S. Ramachandran describes the discovery of mirror neurons as "the single most important "unreported" (or at least, unpublicized) story of the decade". Predicting that "mirror neurons will do for psychology what DNA did for biology: They will provide a unifying framework and help explain a host of mental abilities that have hitherto remained mysterious and inaccessible to experiments (Ramachandran, 2000)."

The understanding of mirror neurons can be the foundation for change in psychotherapy as Ramachandran suggests. It provides the information of how the brain is allowed to experience the emotions of others, to find meaning and motivation behind behavior, and to use imitation to learn from others.

Culturally, they motivate the continuance of certain instinctual mechanisms and character, much like their influence on the spread of tools, art and song. The activities of mirror neuron are not necessarily conscious cognitions, and can participate in complex layers of information exchange. Ramachandran speculates mirror neuron allowed for the development of language. Vocal sounds initiated as mating calls, became complex (perhaps into song) and duplicable through mirroring -- into the deeply integrated neural system of language. His thinking on this has implications for using language and conscious cognitions in the emotional healing process, especially as science is illuminating older neural system relationships in the development of consciousness and the sense of self.

Utilizing Mirror Neurons

In Monty's situation it may be easy to contemplate a process of mirror neurons affecting his experience where the guards and/or judge are thought to have experienced his inner emotional state as he came before them, felt empathy, then acted in response. That process could be defined by transference/counter transference. The potential, however, is much greater.

Let's imagine Monty's inner emotional state was conveyed along with his ability to regulate it. What the guards and judge may have then experienced and expressed was an imitation, having learned from Monty how to regulate emotions. Monty had told me he was not only the only white person, but the only white, defiant, long-haired person in the mix, and before being segregated in solitary he had felt a great deal of resentment and prejudice. (This was Illinois in the early 1970s). But yet, at sentencing they were all contained and direct, down to the business at hand.

Another example is Marylyn, a young woman involved in group therapy. She presented with denial of her past and any potential influences it may have on her current situation, not wanting to explore them for fear enormous emotions might overwhelm her. One night when another group member came in she immediately felt deep sadness. As he sadly informed the group he was feeling terrible about a close friend in the process of dying, she witnessed him remain lively, expressive and even able to laugh -- flowing through a range of emotions, not stuck in deep sadness. Marylyn's sadness slowly went away and she was left with emotions she could finally identify as empathy.

The following week Marylyn reported that for some unknown reason she had started thinking about her past and how it may be impacting her life. She didn't seem anxious or afraid to share some of her thoughts with the group. She hadn't processed them or disassociated. She had learned the systematic emotional process of regulating her experiences from the other member's example.

Psychotherapy's Potential

The potential of mirror neurons is very subtle. It happens throughout all relationships. Marylyn's development could have easily been redirected or influenced by an interruptive or directive therapist. If her earlier fear had influenced the therapist and the therapist had countered with a protective radiance, Marylyn may have experienced incongruence and systematically withdrawn to her safer emotional state of denial.

These new understandings clearly demonstrate that therapists, parents, educators and politicians cannot escape their involvement in influencing the emotional development, and thus sense of self -- of others. They can develop an awareness and mentor healthy, emotional functioning

through utilizing an understanding of instinctual mechanisms, innate temperament, character and the influence mirror neurons have on co-creation of one's self.

Therapists specifically have an opportunity to more efficiently support clients in developing greater wellbeing by honoring and exploring the systematic processes involved.

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The Language of Neuroception & the Bodily Self

Aline LaPierre, Psy.D.

Editor's Note: We are happy to welcome Aline LaPierre to our pages once again (see her 2006 article "From Felt-Sense to Felt-Self"), this time in the service of applying "mindful attentiveness to . . . extending our conscious relationship to the internal micro-sensory components underlying affect [that] can enhance our ability for self-attunement." This issue of finding adequate language for bodily experience remains important for all body-inclusive therapies, and we are thankful for her raising it in an articulate way.

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ABSTRACT: In this article the importance of language for the formation of one's self through organizing one's experience into a coherent core narrative is emphasized, especially as it relates to the micro-sensory experience of the body for which vocabulary is often inadequate. The importance of attuned caregivers helping the developing child name reality is outlined. The importance of movement, oscillations, pulsations, and sensations being included in a full experience of a psycho-somatic self is argued. The still open issue of finding adequate cortical representation of the felt sense of these neuroceptive movements is raised.

Introduction

When I began reading neuroscience, I fell in love with the vocabulary. Words such as *neural oscillation*, *pulsation*, or *sinusoidal waves*, like music, evoked in me a sensory resonance born of a mysteriously intangible recognition. Perplexed, I surmised that this terminology activated contact with a dimension of implicit experience where words bridge the passage of the body through the mind and the mind through the body. I became interested in exploring a rationale for these powerful, yet easily overlooked responses.

Orders of Magnitude

From the molecular to the psychophysical, ranging from the smallest structures—genes, cells, molecules, neurons—to whole-body structures such as the central and peripheral nervous systems, and even larger frames of reference such as thoughts, feelings, and fantasies, neuroscience embraces a broad range of behavior. Consequently, neuroscientists work within certain *orders of magnitude* (Llinàs, 2001).

For example, a magnifying glass allows the observation of large single-cell neurons. Two orders of magnitude down, the microscope brings in the range of synaptic transmission, and down two additional orders of magnitude, the electron

micrograph allows entry into the realm of the molecular. Inversely, two orders of magnitude up from the single-cell neuron begins the observation of organized systems and up yet two more orders of magnitude brings in the world of motricity and cognition that is familiar to us as human behavior.

This brought me to reflect upon the orders of magnitude we draw upon in the conscious perception of our subjective embodied experience. Our conscious awareness tends to reside in the larger orders of affective and cognitive narratives. More attention could be given to the *infraverbal experiential* implicit bodily processes out of which our narrative arises, to the "neural architecture which supports consciousness" (Damasio, 1999). In the interest of efficiency, the brain delegates much of what happens in the nervous system to autonomic processes. The micro-feedback levels of the nervous system are mostly transparent to conscious awareness.

Bion (1977) wrote that there are parts of our experience that are so slight as to be virtually imperceptible, but which are so real that they could destroy us almost without our being aware of it. I wondered if the micro-movements of cellular oscillations are too far out of our perception's reach, or if we simply lack a lens and a language through which to experience them. Damasio (1999) describes how we "use part of the mind as a screen to . . . remove from the mind the

inner states of the body, those that constitute the flow of life” and that there is a cost to this skewing of perspective because “it tends to prevent us from sensing the possible origin of what we call self” (p. 29).

Meditation techniques such as vipassana or tantric yoga have, for centuries, taught practitioners to reach beneath the surface of immediate perception to access the vast world of vibration. Our focus on affective and cognitive macro-awareness may well curtail a rich web of neurological subcortical micro-sensory experience for which we as yet have but a rudimentary cortical verbal language.

Naming the Body's Wordless Communication

Naming is an all important function of developing and bringing experience to consciousness. In my clinical experience, I have noticed that very few people have words to describe their micro-sensory experience in its own right. They cannot differentiate it from their cognitive or affective story. There is as yet but a limited and often inadequate biophysiological language through which we can claim, map, and share the micro-sensory aspects of our bodily experience *in its own right*.

Developmentally, it is the attuned caregiver who begins the work of differentiation by *naming* reality in order to modulate the unformed urgency of an infant's affect storms (Sidoli, 2000). It is believed that without word-symbols which mentalize physical experience top down, the unnamed overwhelming experiences lodge in the body and its organs and are expressed as psychosomatic symptoms (Sidoli, 2000).

In addition to the somatic encapsulation of unarticulated states, it is important to note that *the body has its own reality* and its own bottom up struggle to come into being (Orbach, 2004). In my experience, the lack of language available to support the emergence of the body's own voice is a real clinical obstacle.

For example, a patient might make a circular gesture over her abdomen and say: “I feel it in here . . . I don't have any words.” I might reflect: “Your hand is making a movement. Can you describe that movement?” This intervention begins a process of definition: “Something tightening in my throat . . . its falling, swirling around my stomach.” I pursue the defining process: “Can you tell me more about this falling and swirling?” “It changes . . . its like a black hole, the closer I get, the faster it goes . . .” An image emerges as the moving sensory experience differentiates, creating an orienting anchor that helps the mind enter the specificity of the body's experience.

By reporting sensations objectively, intrasomatic experiences can be described without interpretation or ascription of meaning so that in parallel with the psychic

self, the bodily self is mirrored, confirmed, and accepted by its cognizing mind. Putting words to the varied qualities of felt-sense neuroceptive movements—defining direction, amplitude, speed—provides coordinates for cortical representations.

Thus, intimacy with the bodily self can develop if we refine the capacity for sensory attention by co-creating, with our patients, a language to express the sensory events that arise, bottom up, from the neural networks.

I would conceptualize the task of creating a narrative for the body's wordless communication as a multi-level, maturational journey into core consciousness (Damasio, 1999). It involves developing an expanded repertoire of targeted words, leading to increasingly differentiated orders of awareness within the bodily self which is, as Damasio illustrates, the foundation upon which the entire edifice of consciousness is built.

Oscillations and Pulsations As Component Sensations

We speak in energy-images: we are full, drained, or empty, desire melts us, excitement electrifies. What are we referring to? Llinás notes that “the ever-changing nature of the external reality that surrounds us is *emulated and matched* by the ever-changing internal electrical currents activating our neuronal oscillations” so that “mindness is the *internalization of movement*” (p. 5, italics added). The root of being can be found within the *moving* resonant activity and the *rhythmic* waves of neuronal oscillations and pulsations which mirror external reality to form the foundation of what we call our “selves” (p. 8).

Life, from amoebae to elephant, shares the common movements of oscillations and pulsations. Within the boundaries of the dural membranes, in the finer structures of the brain and spinal cord, neurons *oscillate* while the oligodendroglial cells of the neuroglia *undulate* in continuous pulsatory rhythmical fashion—what osteopathy refers to as primary respiration (Sills, 2001).

Life, in the homeostatic action of primary respiration, expands and shrinks, reaches out and pulls back in response to internal needs and outside influences. If we could, as Llinás suggests, “feel the brain at work, it would be immediately obvious that neuronal function is as related to how we see, interpret, and react, as muscle contractions are related to the movements we make” (p. 4). The brain does not solely depend on external input; rather, like the heart, it also operates as a self-referential closed system, whose own internal sensory input generates thoughts through its own intrinsic oscillatory properties (Llinás, 2001).

Our adult self exists in varying states and degrees of coherence to fragmentation, vitality to enfeeblement,

functional harmony to chaos, and it is the failure to bring these states into regulated balance that is at the root of the disorders of the self (Kohut & Wolf, 1978; Shore, 2003). Thus, speculating about the possible self-awareness of our neuronal circuitry, the body can be conceptualized not merely as a repository for the unexpressed, or a metaphor ripe for interpretation, but as rhythmic movement from stillness to resonance, going through cycles of expansion and contraction, organizing from chaos to coherence.

To comprehend nonverbal reality, I believe it is vital to turn our attention towards the microsensory levels of our bodily self. We, along with our patients, can learn to notice, track, and name the shifting currents of oscillations and pulsations that are the language of neurological life. Focus on these component aspects of categorical and vitality affects (Stern, 2004) can generate a sensory narrative that enters ever-more internal and minute orders of magnitude to actively expand our range of conscious embodiment and lead us to intimate regulatory contact with homeostatic disruptions.

Mindful attentiveness to the rhythms of primary respiration and intrasomatic micro-sensations and micro-movements can support entry into our autonomic and self-referential neuronal circuitry. Extending our conscious relationship to the internal micro-sensory components underlying affect can enhance our ability for self-attunement. By extension, this deepening awareness can help us better identify with the needs of our clients and, more important for those of us who are parents, to our children's developing nervous systems so

that they do not remain alone in a world to which we, as adults, have lost access.

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Nourish the Body, Ease the Mind, and Brighten the Spirit

Kamala Quale, MSOM, LAc, CHT

Editor's Note: The subtitle for this article could be "Transforming Physical Symptoms with Acupuncture and Mindfulness." In it Kamala Quale demonstrates a seamless way of weaving mindfulness into what is evoked in body work to effect a powerful mindbody healing compatible with the principles of Hakomi and Chinese medicine.

Kamala Quale has a master's degree in classical Chinese medicine and is a licensed acupuncturist and herbalist in Eugene, Oregon. She is also a teacher for the Hakomi Institute. For the past twenty years, Kamala has specialized in the practice of combining the principles and techniques of Chinese medicine with the internal focusing methods of Hakomi. She teaches workshops for acupuncturists and Asian bodyworkers, and is a contributing author on the subject of enhancing bodymind awareness in "A Complete Guide to Acupressure." For more information check her website, www.moonandlotus.com

ABSTRACT: This article explores an approach to health care that combines the principles and techniques of acupuncture and Chinese medicine, with the self study methods of Hakomi. The three cases in this article demonstrate that this approach catalyzes a process that starts with physical symptoms and leads to a journey that unifies soma, psyche and spirit. The acupuncture points mobilize vital energy (*qi*) that transforms the internal landscape, and mindfulness opens the gateway to the subtle intelligence of spirit (*shen*).

Introduction

The results of combining the principles and techniques of acupuncture and Chinese medicine with the self study methods of Hakomi show significant changes in health conditions illustrated in this article through case studies including asthma, allergies and migraines. In each case the patient had an experience of internal resource that guided her to make the life changes that improved her physical health and emotional well-being.

In "A Healing Journey With Asthma," a young woman discovers how her breathing is connected with her own expectations, her disappointment with her father and her dance with intimacy. Her bodymind exploration leads her to her quiet inner strength that she finds in her belly.

"Tide Pools Of Love And Consistency" shows an interesting correlation between allergies, the immune system and boundaries.

In "I Don't Have To Hunt" a woman explores how she can relax her eye focus and expand her perspective to prevent migraine headaches.

The acupuncture points are chosen for various reasons, either based on my learning and intuition, or as a result of mindful exploration between myself and the client. Some of the reasons for choosing points are:

- The point, as indicated by its name represents a potentially nourishing catalyst for the process, i.e.

Gate of Hope, Inner Pass, Spirit Gate, Palace of the Child, Original Source

- The point releases muscular tension and is used as a focal point for self-study.
- The point calls out as a result of the process and the confluence of mind and body.
- The associated function of the point is indicated for the health condition of the client

Acupuncture points are places where the bioenergetic activity of the body comes to the surface. The balance of energy in the meridian system can be adjusted through the stimulation of acupuncture points with touch or needles. The meridians are conduits for life energy (*qi*) and form an interdependent network that connects the outside of the body with the internal organs, and the person with his or her external environment. Each of the 12 meridian networks (i.e. Lung, Kidney, Heart) functions in the physical body, as well as in the psychic, emotional and spiritual levels of being. Thus, through the acupuncture points associated with each meridian it is possible to interact with and influence body, mind and spirit.

In my experience, the focusing methods of Hakomi are invaluable in guiding the healing process from the physical to the underlying mental and emotional roots. Additionally, the combination of the *qi* (energy) movement and relaxation that comes from acupuncture, and the focused mental state that mindfulness brings, opens the door to intuition and internal resources in a very special way, as the following cases demonstrate.

A Healing Journey with Asthma

This story is about a young woman's journey with asthma, and her discoveries about how her breathing is connected with her own expectations, her disappointment with her father, and her dance with intimacy. Her bodymind exploration leads her to her quiet inner strength that flows like a river in her belly, and her bubbly personality that most people see. The theme of our work is finding new ways to nourish herself by releasing expectations and opening her heart to the quiet inner stillness and self confidence she finds in herself and others. Each week after our session she comes in with new insights, and her breathing keeps improving.

Jane is a very attractive and engaging young woman. She is a graduate student and teacher who just relocated to Eugene after living on the East Coast. Jane has had asthma since childhood, and has been on medication since age three. Her mother and grandmother also have it. Jane reports that she has many allergies to dust mites and mold. Recently she has had increased problems with facial acne. It is easy for Jane to feel frustrated. She has a close relationship with her mother. However, her relationship with her father is very poor. Her parents divorced when she was three, and starting in sixth grade she had trouble with her father.

When I palpated her diaphragm, it was very tight and her upper chest was sore. Her shoulders and neck were also tight. When we inhale, the diaphragm descends in order to assist air movement into the lungs. If the diaphragm is tight, it is hard to inhale deeply. My impression was that due to emotional stress and breathing problems Jane tenses her diaphragm, tightens her chest and raises her shoulders. In order to relax her breathing, I suggested that we work with her diaphragm tension and explore it in the process.

I started by doing a shiatsu-like pressure along Jane's diaphragm. I asked her to exhale when the pressure was applied, and notice the qualities of the tension. As the tension began to release, Jane felt her breathing start to free up. This created a contrast between the way her breathing usually feels, and a more open state. I asked Jane to voluntarily explore this contrast by slowly and mindfully letting her diaphragm tense in its usual way, and then slowly let go into the open state and see what she noticed.

After a few moments she became aware that she tightens through her solar plexus in response to internal pressure to perform well and meet expectations. I asked Jane to gently stay with and acknowledge her discovery as we continued our session.

Before she left that day, Jane decided to focus on her exhale as a way to let go of her inner dialogue about deadlines. She would then be able to decide what activity would be most nourishing for her. I also taught her how to release the

diaphragm tension herself as we had done. In our second session, Jane reported that the practice of emphasizing her exhale and working with her diaphragm tension was extremely helpful for her. It was an active reminder to reprioritize her activities.

The focus of the second session was neck tension. I held an acupuncture point on the side of her neck, in the sternocleidomastoid muscle, along with some related points in her arm. These points are part of the Large Intestine meridian. In Chinese medicine the Large Intestine and Lung meridians are partners, and belong to the metal element. The metal element governs respiration and body energy (*qi*). One of the functions of the Large Intestine is to help the body let go of negative influences (as well as body waste).

While applying gentle pressure to her neck, I encouraged Jane to focus on the relationship between my finger and her neck point. Jane became aware of a desire to tense and push my finger away. She said the tension felt protective, as if she wanted to keep something out. I encouraged her to stay with the impulse to push and even intensify it voluntarily, while she mindfully noticed her response. She soon associated her neck movement with a desire to protect herself from the hurt she felt from her father. She was disappointed and sad about his inability to connect with her in a supportive way.

At our third session Jane became aware of an inner strength that manifested as an opening in her belly. The session was about relationship, and letting people come and go.

When she came in, Jane reported that her breathing was clear and good. "I seem to be doing better and better. This is one of the best times in my life. I'm on a path in my life that I like. Teaching is good and I have a great boyfriend. I do want more women friends though."

Jane went on to say that in the past week as she continued to emphasize her exhale, she realized that a part of her does not want to fully inhale and exhale. "I associate it with letting people in and letting them go. It's hard for me to let people in close, and once someone is in my heart it's very hard to let them go." I could see that tears were close to the surface.

I asked Jane to go to the table and stay with her insights and feelings while I placed some needles. Her chest and throat were tight, and her breathing was shallow. I used points that release diaphragm, chest and neck tension, as well as points that send healing energy to the heart, and activate the Kidney meridian.

Jane stayed mindfully aware of her sadness and the sensations in her chest and torso. After a short time she said, "there is a part of me that is bubbly, and most people

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see that. I also have a side that is quiet, but not many people know that part of me.”

When I asked her to feel where the quiet part of her was in her body, she said, “I feel it in my low abdomen below my navel.” I knew that this was an opening to inner resource, and I wanted to support it and help Jane mindfully explore it.

“What’s it like?” I asked. “It’s deep and peaceful,” she replied. I asked her to feel into the qualities of the deep and peaceful experience and see if there were any other words that described it. “It’s still, strong, and self confident. It’s a quiet strength.” I encouraged her to feel the quiet strength for a while and really let her body and mind savor the experience.

After a while Jane said that she was looking for these qualities in people who she wants as friends. I asked her how she would recognize it in other people. “It’s a light they have that shines in their eyes, and quiet strength that makes me feel calm.” I acknowledged that she had a clear picture of the qualities she is looking for in people who she wants to call into her life. I suggested she put it out as an intention and be open to those who come her way.

Jane’s body, breath and awareness were in a relaxed and flowing place. The transformation from the beginning of our session was very apparent. In this session we discovered an in-road to strength and confidence for Jane, and identified how she can recognize these qualities in others. At the end of this session, Jane decided to make it her intention to be look for new friends with these qualities. She would also practice bringing her awareness and breath to her belly as a way to ground and center herself during her daily activities.

As a result of our work together Jane was able to consistently release her diaphragm and relax her neck, chest and shoulders in response to stress. As her body let go, she also let go of unrealistic expectations that she had of herself and others. Her health, her vitality and her social network continued to improve.

Tide Pools of Love and Consistency

Lois is an elementary school teacher in her thirties who came to my office wanting to get help with her allergies. During the time we have worked together, Lois reported that her allergies have been much less of a problem. The following story happened during a session where we explored the idea that her overactive immune system may be like boundaries¹ that are farther out than they need to be. I

¹ An article about the correlation of allergies, the immune system and boundaries, by Kaleb Montgomery, DTCM, appeared in the December, 2006 issue of *Acupuncture Today*.

asked Lois if this pattern felt familiar to her in any way. She resonated with this idea and wanted to explore it further.

Lois told me that she feels very loved and supported by husband and family, and has lots of love in her life. However she is aware that she often pushes family members away, gets defensive easily, and has a short temper. “On the contrary, I also fall in love with people and let them in very quickly. It doesn’t make sense to my rational mind but I have a need for reassurance, and to know that people love me. I am afraid they will find out that I’m really a boring person,” she said.

I suggested that these conflicting parts often come from ways we cope with affronts to the heart that we experience during life. I asked her if there were any events in her earlier life that may have triggered heartbreak or betrayal. She said that as a kid her mother was in and out of the hospital because of attempted suicide. She also said that her mom, father and sister were alcoholics. “I lived in Africa when I was 17 years old for about 18 months, and I was raped by a friend. That felt like betrayal.”

I acknowledged that these events certainly held great potential for confusion of boundaries and needs for reassurance. I asked Lois to check in with the physical sensations in her body to see how our conversation was affecting her. She placed her hands over the center of her chest and belly. “The first place I notice is my belly. It feels like a churning sea,” she said. “My chest also feels tight. I feel cold, but my hands and feet feel hot.”

There is a primary energy channel that flows up the center of the front of the body called the Conception Vessel. As implied by its name, it is said to originate in the uterus and have a dominating effect on the reproductive system. The Conception Vessel has an alternate name, Great Mother Flow. On an emotional level it is connected with bonding issues with mother. I had a hunch that opening this vessel would lead to some transformation. I told Lois about my reason for choosing this energy channel for acupuncture. When she heard the explanation she said, “I don’t think I told you that I was adopted.” When she said that I felt the Mother Flow was the right choice for today.

I enlisted her feedback before I placed needles by gently palpating down the channel from chest to belly and asking her which places felt right. We chose CV 17 (Central Altar) in the center of the chest. This point is calming and softens the feelings of the heart, CV14 (Great Palace) in the upper abdomen under the ribs. This point helps to clear negative influences on the heart, and CV 4 (Original Gate) that is connected with the uterus and the life force you inherit from your parents. I then added Lu7 and K6 which are points that specifically activate this channel.

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Lois said that she saw a deep, dark blue color in her belly and a red color in her chest. I asked her to look at the colors internally and feel them in her body to see if there was anything else that came up. The blue is like the ocean she said, and the red is like a kite flying over it. I asked her to tell me about the internal image. What was the condition of the ocean and the kite? At first it was stormy and the kite is blowing back and forth, but soon both the ocean and the kite had calmed down.

I asked Lois to check back with her body and see if there were any changes. She said her hands and feet felt tingly but cooler. She felt herself relaxing. "As you feel your body, go back to the images and see if they are changing," I said. "Now I see a tide pool in my belly. It's an ecosystem all on its own." She was attracted to it and I suggested that she let herself float in that tide pool in her belly and see what happened. As she did her eyes filled with tears. I asked her about the quality of the tears, and she said they were tears of relief and comfort.

Lois opened her eyes and said, "I usually don't like water, so I'm surprised I like this feeling of being in the tide pool." I asked her to go back to her internal experience and see if she felt alone there. "No," she said. "I feel like part of the tide pool community." "What are the feeling messages from the tide pool?" I asked. "Love and consistency," she answered. I asked Lois to imagine what the tide pool would say to the part of her that gets defensive and worried that she will lose love. "Relax and float," she replied.

Lois was floating in the direct experience of internal love and consistency, which equated with belonging in her family and community. This experience is consistent with the energy of the "Great Mother Flow." In subsequent sessions, Lois reported that when she feels defensive, she can internally return to her tide pool and encourage herself to "relax and float." As her defensive attitude softened, her immune system improved also. Her allergies have been much more manageable this year.

I Don't Have to Hunt

Diane comes in for acupuncture for tension headaches, chronic migraine headaches and severe neck pain from degenerative disk problems which were aggravated by a car accident a few years ago. Despite her pain level, she is a very active and sensitive person. She has high standards for herself and a strong sense of integrity. Diane also has a bright sparkle in her eyes and an engaging laugh.

In this session we explored tension and relaxation in her eyes with the help of acupuncture points and internal focusing. The tension in her eyes is a trigger for her migraines.

Diane reported that she felt increased neck tension and the onset of a migraine soon after she returned to school from a two week vacation. She also said that she was getting a new prescription for her contact lenses and she was not comfortable with them yet.

I had Diane lay on the table and I stimulated acupuncture points around her eye with a hand-held electro-stimulation device. As I was working, Diane said that she could feel her head and the back of her neck relax as we stimulated these points. When I finished with her right eye I asked her to compare her right eye to her left and notice any differences in sensation, level of relaxation, or the way the eye was holding itself in the socket. She said, "my right eye is softer and more open." I asked her to stay with the sensations of softening and opening as we continued. This exercise of creating a contrast in the body with points and then comparing the left to right helps to anchor the experience of relaxation in the mind and body.

I did the same points on her left eye. She felt her jaw relax and her entire upper back. I then placed acupuncture needles in other points on the Gall Bladder meridian that relate to the eyes and headaches. These were GB20 (Wind Pond) just under the occipital ridge where the head meets the neck. This point is said to clear internal wind, which is associated with the throbbing pain of headaches. GB 21 (Shoulder Well) is on the top of the shoulders. This point helps to release shoulders that move up towards the ears as a result of stress. GB37 (Bright Light) is located on the outside of the mid calf. This point is used to "brighten" and "open" the eyes.

I asked Diane to describe how it felt in her eyes now. She said they felt more relaxed and open, "like the blue sky". I encouraged Diane to let her eyes be the blue sky as she relaxed for a few minutes with the acupuncture needles in place. I explained that this was different than picturing the blue sky with her eyes. This was allowing herself to savor and allow the sensation of "blue sky" in her eyes so that she could find the sky in her eyes, and let her eyes and the sky become one.

As is common in acupuncture practice, I left the room and returned 15 minutes later. I asked Diane to check in with the sensations in her eyes. "My eyes feel happy," she said, "and very spacious. I can see more by being relaxed. I feel like I'm an eagle soaring above, and I have more perspective. I don't have to see every little leaf. It's not important. I'm not hungry, so I don't have to hunt," she said with a laugh. "This is not about survival."

It seemed like Diane was in a place of inner resource and I wanted to name and support that. I suggested that this experience might be about the joy of just being. That really fit for Diane, who is a person of action, and she described more of her internal experience. "It seems like the core of myself inside is larger and my skin is not so thick. The

Kamala Quale

inside takes up more space, but that doesn't mean I'm vulnerable. In fact I'm less vulnerable because I'm OK."

Then she had an idea that gave her a way to integrate her insight into her everyday life. "I have a picture of an eagle flying in a bright blue sky, and I'm going to put it next to my computer at work to remind me that I don't have to hunt."

In a follow-up session four weeks later, Diane said that the past week had been very challenging. Work stress was increased. It was the end of the term and her students were restless. She caught the cold that her students had. Also a friend had died suddenly.

With all the stress, I wondered about headaches. I asked Diane if she had had any in the last week. She smiled and said that she had not had a tension headache, and that she was able to control the onset of a migraine with only ½ of her usual dose of medication. "Even though there was so much stress, I was able to get through it. I find myself sitting back more often and taking a break. I look at the picture of the eagle in the blue sky, which is next to my computer, and that reminds me to relax. I have associated the blue of the sky with relaxing and its becoming a habit." Her integration insight from our previous session was having a very positive effect.

"I was reminded again about getting more perspective when I spoke to the vice principle at my school," Diane said. "In regards to the classroom problems he suggested that we have to step back and take a look at the bigger picture. I chuckled when I heard the same message come from another source."

Diane went on to say that she realized more about how important it was for her to relax her eyes. "I drive home along a street that used to be lined with trees. Recently they have cut down the trees and are putting up buildings. As I was driving, I heard my self say, 'I have nowhere to relax my eyes!' Looking at those trees helped me let go."

As she reflected on the changes, she had more insights about her healing process. "I am going back to the way I used to be before the car accident and all this trouble with my neck

and headaches. I think I have been compensating and over focusing because I was trying to make up for feeling that I couldn't do as many things as I used to. Now I am accepting that things are different, and I am doing the best that I can."

Diane's process and imagery reflect healing in the Gall Bladder and Liver meridian networks, which are often involved in migraine headaches. Eyesight and inner vision are key aspects of these networks, as is the nervous system, and tendons and ligaments that give us the ability to move forward towards our goals. Even trees are associated with the Liver and Gall Bladder, from a Chinese medicine perspective. Trees are strong and flexible like tendons and ligaments should be. They are rooted in the soil and grow upwards towards the sky.

Gaining perspective and softening with kindness often help us move out of a stuck place. These attributes are said to help the Liver meridian network. Since one of the functions of the Liver meridian is to keep energy moving smoothly in body and mind, it is susceptible to stagnation. This can lead to frustration and anger. With perspective, we can relax the narrowing of vision that comes with stress and can literally lead to headaches. With kindness we can move towards our goals with less frustration and tension. As Diane gains perspective and becomes more kind and accepting of herself and her limitations, she is able to enjoy life without having to hunt.

Conclusion

In conclusion, I feel that the combination of energetic transformation via acupuncture points and focused self awareness is a more powerful force for healing than either of the two alone. In the cases above, not only were chronic health conditions improved and pain relieved, but the clients learned to access and trust a subtle wisdom that they experienced through their bodies. This method is an elegant form of self-cultivation that nourishes the body, eases the mind and brightens the spirit.

THE POWER OF PRESENCE IN TRAUMA WORK:

An Elemental Embrace

Karuna Fluhart-Negrete, M.A.,

Editor's Note: Karuna Fluhart-Negrete offers here a report of her experience working with trauma. She emphasizes the importance of therapeutic presence that can provide the safety of containment, and outlines how five element theory can be used to understand dissociation in terms of patterns of distraction.

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Abstract: In order to resolve and heal the de-stabilizing effects of trauma it is necessary to apply present moment techniques. The author shares her experience that the resolution of latent or more recent traumatic events occurs only when the client is a conscious participant. Hakomi therapy applied with presence and skillful observation of elemental types is offered as an effective modality in trauma work that naturally accesses deep layers of experience. Applying mindfulness and presence in therapeutic interventions is shown to help clients return to more stable ground. The necessity of the client participating in this process is underlined. Client awareness is necessary for therapists to follow organic leads and guide them back to safety. When the client has cognitive understanding of present moment processing in therapy, the experience is theirs and the integrative results can be lasting.

I center my body and clear my mind.

Settling, my breath deepens as I check in;

How am I, in this present moment?

I sit, breathe and notice.

I press my feet firmly into the ground.

I listen to the water rushing through the creek bed.

I smile as the sun peeks through the clouds of a chilly day.

I gaze at the huge boulder and its reflection in the almost still river water below.

My heavy, slow physicality and dull mind remind me that I haven't properly cleared my energetic field of all

I've listened to, experienced and observed the last four days.

So I sit in reflection, mindful of my present state.

I connect with my body and the support all around me and I wait.

Eventually, I feel my crown open and energy begins to come in.

I smile and observe my energies gather and flow once again.

I rest in satisfaction for a few minutes before I go on to the next step.

Now I am able to share the power of presence.

Introduction -- Presence

The observations I have made in working with elemental principles through the years help create a safer environment for clients that are in the midst of difficult experience. Presence is necessary to provide stability and openness in

trauma and crisis work. It reassures the client that he or she is in a safe place.

The ability to maintain presence models confidence and makes the therapist a safe haven for the client. It is an invitation to possibility. It also demonstrates a readiness to listen. For one client it may provide grounding through the

therapist. Another client may be able to turn inward to check, “How am I, here in this moment?”

In presence the therapist has room to monitor self while relating to the client’s current experience. It is our responsibility to accept clients where they are and invite them to share their experience. Presence allows space for pain and hurt. It acknowledges intense feelings and reactive tendencies. It can also contain the desire to sidetrack or the tendency to cling. Whether there is pain, denial, “spacing out” or chattering away, it is the quality of our presence that can greet it and begin contact with the clients underlying spirit. (An exception is when we become triggered and unable to maintain a neutral position. This is when we may consider making a referral, if it would be in the client’s best interest.)

When a client presents traumatic material it is our presence which connects us and states “you are safe here,” just as it gives us the courage to be non-judgmental in difficult situations. In presence we can witness our own judgments and other reactions without giving in to them. Only in this way can our words be supportive.

Effects of Trauma

Trauma can extinguish all resources. It scrambles any sense of wholeness. It strips away confidence. Sometimes trauma can be so harsh that it separates people from themselves, their relations and communities. Some effects of trauma include:

Emotional displacement – for example, repressed anger can become depression.

Spiritual disconnection – often revealed as a lifelessness in the gaze, and lack of interest in previously loved activities.

Physical instability – a feeling of being uprooted, a sense of exile or homelessness.

Isolation from relationships – divorce, estrangement from friends or retreat into isolation.

Varying types and degrees of pain – physical accidents, catastrophic events, substance abuse.

The therapist must always bear in mind that reactions to trauma will vary depending upon factors such as physical health and psychological makeup. My holistic education has led me to rely on the wisdom of three modalities based on the five elements: Ayurveda, Buddhist Psychology and Polarity Therapy.

Five Element Theory

When the wisdom of the five element theory is applied, drastic states of imbalance can eventually be restored. The theory is based on observing the interactions of ether or space, air, fire, water and earth. In psychology these attributes are subtle and difficult to detect. The descriptions that follow should help a practitioner begin to use these tools. With practice in the technique, even very subtle imbalances can be identified.

Every organism reflects the interactive qualities of these elements. Each living being is in fact a unique composition of the elements. By recognizing this we can utilize ancient diagnostic systems of healing. Balancing the elements can bring relief from various states of distress, trauma and disconnection.

Our first task is to decide which element is out of balance. Only then can our diagnosis and treatment be accurate. The presence we hold in a session can then re-establish stability and elemental harmony. Or we can provide contact that is elementally supportive.

I have successfully applied elemental theory to tendencies presented in psycho-emotional states of imbalance. In this article I will restrict myself to three patterns of disassociation, which I will simply refer to as Air, Fire and Earth Personalities depending upon the element that is present in excess. Defining these patterns has proved useful for me in working with psycho-emotional trauma. (Please note that my use of the term “disassociation” differs from the that by which personality disorders are described in the *DSM IV; Diagnostic & Statistical Manual of Mental Disorders, Volume Four*.)

The elemental dissociative Types that I am referring to, reflect a distraction pattern. Such a pattern tends to prevent the client from being in the present. It distances him or her from sharing vulnerable states. Thus it prevents the deepening of experience. But it is by accessing the deeper core material that trauma can be resolved. The therapist must take care, of course, not to delve into core material prematurely. The cautious pace is slow. I try to build a relationship with the client and get curious about their tendencies. Thus I get a sense of her or his overall state, story, affect and physical presentation. Then I can supply support that grounds their specific type towards a neutral state.

Type: Air Quality

The first elemental Type of dissociation I will discuss here is Air. An Air Quality person has the tendency to lose focus. This element is most easily seen in movement. As the wind blows, tree limbs sway. Fallen leaves may scatter

and swirl in a chaotic manner. In a similar way, an Air Type person may talk incessantly, a pattern that creates one way conversations. Discussion may hop from one topic to another with no identifiable subject matter.

An excess of Air Quality can present as nervousness. This may be seen as a constantly moving leg or a tapping finger. Often an Air Quality Client talks with her hands moving. An example of traumatic Air Type disassociation is convulsive sobbing. Breathing then becomes difficult. Excess talking can also be an expression of insecurity or anxiety. The hyperactivity is a distraction from the Air Type's underlying trauma.

In one sense these patterns help the person, for the elemental forms of disassociation are, indeed, coping strategies. But at some point the behavior prevents a lasting experience of healing from occurring. Our goal, then, is to work back into a state of relaxed parasympathetic (belly) breathing. Only here can the client cognitively and physiologically relate to the current effects of the trauma.

Often I have observed the Air Client revert to a child state. His voice gets very quiet and he often sounds far away. Sometimes a client can be so quiet that I ask them whether they are still with me. It's very important here to keep verbal contact. If touch is consented to, I may ask them to reach out and touch my hand. Sometimes it is best to guide them to feel their own leg or the chair they are sitting on. I have found in some instances that they are not able to do so. Touch and grounding exercises are imperative for re-establishing present moment contact with an Air Type. I often keep them in touch with my voice and sometimes will offer a warm towel or blanket. This brings the Air Type more fully back into physical experience. More traumatic Air personality features include fear, shaking, paranoia and trembling. All of these symptoms enable the client to avoid quiet confrontation with the disturbing reality that underlies them.

The primary resource to apply in these cases is reconnection through contact. I offer contact through touch or voice, energy or mental intention. To supply warmth with blankets or a heat lamp can also be supportive. The colors orange, red or yellow in the form of lighting, painted walls or a cloth or other object can provide warmth and grounding.

Type: Fire Quality

The second elemental Type of dissociation I will discuss is the Fire Type. A Fire personality is always reasoning, fixing or planning. These clients like to keep active and have tremendous energy. They are masters at maintaining a sense of control. With discipline they can get a lot done, but the same energy can become a limitation.

Even subconsciously, the Fire Type has the tendency to manipulate directives or suggestions. Thus such a client

tends to reject advice. All the same, a Fire Type needs supportive direction to learn to allow a process to unfold naturally.

I find it takes tremendous compassion and care to nurture this Type. Acceptance from the therapist as an outside influence and witness is extremely important, and may be the missing link they've searched for. Kind, gentle reassuring words are called for and perhaps even granting permission to relax in silence. At times I offer to assist them. It is here that they can soften into accepting the possibility of teamwork.

A Fire Type often uses images and stories to support his or her beliefs. There is a tendency to fixate on results and goals. The tendency I have observed in Fire Type disassociation is to do too much, preventing a natural organic flow.

The therapist should be aware of instances of circling around issues. This may be a sign that the time is not right to go further but to stop, and catch the pattern, with curiosity and gentle redirection. At times like this a client can begin to move away from a pattern of self-limitation.

It is the awareness here that is important. Only the client's first-hand experience can provide an understanding of the patterns of limitation. With awareness, the possibility of choice can enter the world of beliefs and limitation. Then the active, astute mind of a Fire Type can access the nourishment they desire. Self empowerment is especially important with a Fire personality. Beliefs can run deep. When the question of changing themselves arises, they may assent intellectually, but there is almost always resistance. This is because honor and responsibility may be affected. The Fire Type's greatest fears are failure and dishonor.

The qualities to apply in working with Fire Types are a blend of kind words and spacious allowance. As therapists, we want to support the process of unfolding without interfering in the client's natural process, but gently redirecting it. In this way the Fire personality softens into a partnership free of expectation and performance. I want my client to perceive the possibility of choice. Only then can they become balanced, healthy and liberated.

Type: Earth Quality

The third elemental Type of dissociation is the Earth personality. Earth is the most dense or solid aspect of the elements. In nature it is represented not only by soil but in the density of boulders or crystals, their hardness and impenetrability. The Earth Type personality is often unconscious of their trauma. When questioned about bodily pain or emotional turmoil they deny it. However, once the exterior layers of their physicality soften, their ability to feel increases. In this case, the therapist needs to be prepared for intense emotion. What emerges may be an old experience

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buried deep in the subconscious mind, or a cellular memory of the body releasing from the tissues. I like to describe the Earth Type in trauma as “frozen.” They are often unaware until some thawing occurs.

As the Air Type, the Earth Type also requires warmth. They benefit from movement. Sometimes I offer stimulation through subtle rocking or gentle verbal probing. I may direct an Earth Type to stand up to more fully embody her experience, for example by twisting from side to side, to boost her state of alertness and energy. Within a frozen state, there may be material buried deep beneath the surface. It is not my primary intention to dredge up traumatic experience. However, it is always necessary to be prepared for surprises. When working with the Earth Type I pay a lot of attention to my intuition. I shelf the information I gather internally as I listen to my client’s report. I maintain contact with them and my own personal experience.

Once, for example, I was doing a body-mind integrated session on a massage table. As I tuned in to the client’s body, my shoulders got heavy and began to hurt. Curious, I inquired if the client had noticed anything in her shoulders. She denied any such pain, so I let it go. However it persisted in my own body. I didn’t push it. A little later my client told me her shoulders were heavy and she was in fact experiencing pain. She said to me “I didn’t realize it, when you asked before. I was so out of touch.” Smiling at her words, I noticed the pain in my own shoulders subside.

We continued to work together and gently progressed to an unfolding of a very traumatic life event. It was an event that had a life changing effect and in fact was the basis of her current life work. Once again it had been worthwhile to

listen to my intuition while continuing to track and contact the client’s actual experience.

Mindfulness and Elemental Experiences

I marvel at the possibilities that arise through the various elemental Types of human experience in integrated process work. Through non-violent guidance and presence, the therapist becomes a model of unity waiting to unfold. The client’s personal elemental communication style is then allowed to evolve. Now unmet needs can access the appropriate resources, grounding into a place of stability and safety.

My work is not about getting the client to change. It is focused on offering varied supports towards nourishment, fulfillment and understanding. I want to help as many people as I can find some satisfaction within their current states of need. Mindfulness and the Hakomi process are the most important means toward this goal.

It is in mindfulness I can observe myself and the other while simultaneously creating an environment for present experience. Identifying elemental tendencies in my clients opens up many possibilities. When I acknowledge the various expressions of disassociation as energy, fear of the unknown dissolves. Then the presence I carry maintains the safety of containment. Whether watching my own tendencies and responses or witnessing my clients’ varied experiences I strive to maintain a neutral position as I wait to see how yet another relationship will evolve towards self-healing.

Experiential Psychotherapy with Couples: A Guide for the Creative Pragmatist

Robert M. Fisher, M. A., M.F.T.

Editor's Note: Rob Fisher's book *Experiential Psychotherapy With Couples – a Guide for the Creative Pragmatist* (Phoenix, Zeig/Tucker/Theisen, 2002) is both an excellent Hakomi training manual and a guide to working experientially and effectively with couples. We are happy and fortunate in this article to have Rob share excerpts from the book that lend themselves to hand's on work in the field. This is congruent with Rob's expertise and training style of emphasizing concrete skills along with underlying principles. Permission for inclusion of these excerpts has been granted by the publisher.

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ABSTRACT: This article includes key excerpts from the book, *Experiential Psychotherapy with Couples – A Guide for the Creative Pragmatist* by Rob Fisher. The excerpts are designed to provide the underlying rationale for experiential psychotherapy and practical information on how to intervene in somatic and experiential ways that gently go to the heart of a couple's difficulties. The article is designed to be immediately applicable to actual practice and to provide new ideas and approaches that can make couples therapy deeper, briefer and more satisfying to all involved.

Introduction

The following article contains excerpts from the book entitled *Experiential Psychotherapy with Couple: A Guide for the Creative Pragmatist* by Rob Fisher. The book outlines how to apply Hakomi principles and techniques to psychotherapy with couples in very practical ways. It includes many case examples and proposed wording on how to lead couples deeply into their experience and away from standard fighting and disengagement. This approach, as the book makes clear in many places, is primarily based on the work of Ron Kurtz, the principal founder of Hakomi Experiential Psychotherapy. It represents one application and elaboration of Hakomi principles and methods, in addition to those of others who have further refined the approach in relation to other clinical populations.

The Rationale for An Experiential Approach

Think about it for a moment. Which would be more satisfying: discussing the chocolate cake you ate sometime during the last week, or sinking your teeth into a piece of

rich, moist, chocolate cake with swirls of butter cream frosting? Which would be more interesting: discussing the last time you had sex, or actually engaging in sexual activity with someone you love? Which would be more likely to change your life: watching National Geographic on television or taking a trip around the world?

There is obviously a world of difference between reporting about an experience and having one. There is also a significant difference between polite conversation and psychotherapy, yet much of contemporary therapy relies on the former, while neglecting the power and aliveness of direct experience. By taking therapy from the realm of second hand reports about events that have occurred in the lives of your clients to the realm of actual experience, you will increase your therapeutic power and depth exponentially. The book *Experiential Psychotherapy with Couples* and the excerpts in this article will show you how to move from the practice of couple's psychotherapy *in vitro* to couples therapy *in vivo*.

Here is an example of an experiential intervention based on an assessment of present time material in a session:

Rob Fisher

Annie walked briskly into my office, followed reluctantly by her husband Jack. While he and I listened, she spoke quickly, outlining their many problems in quite some detail. Her pace was unrelenting. Her sentences had neither commas nor periods. After 20 minutes of her all out assault, she took a breath. I suspected this would be my only chance. I was struck not so much by the content of her soliloquy, but by her internal state which accompanied it, and the system between them that allowed her to talk in this fashion and him to listen in a burdened and overwhelmed state. She was desperately trying to get herself heard while driving away any possibility of this occurring. He was trying to preserve some sense of himself in a way that incited her to escalate her verbal barrage.

I said to her, "You feel really fast inside, huh?" She paused for a second, surprised that someone else was actually paying attention. "Yes", she said simply. "Let's try something", I continued. "I'll write something on a piece of paper and ask Jack to say this to you while you notice what happens inside -- feelings, memories, thoughts, images, impulses, memories, or nothing at all. Would that be O.K.?" "Yes", she said. I wrote something down and instructed Jack to say it to her when she indicated she was ready. Finally she looked up at Jack and he said, "Annie, I hear you and I see you." She wept. No more words. Finally she said, "I have been waiting our whole relationship for you to say that." Right now this may seem magical, but it is a simple intervention based on the principles and interventions you will assimilate from the following pages.

Understanding the causes of a problem is useful information, but few people have been released from the constraints of their personalities through interpretation alone. How many of us have heard a client say, "Well, it must be because my mother was intrusive", or "I think that is because my brother always got all the attention?" Interesting insights, no doubt, yet no change. There is a limit to the efficacy of the analytic process. It relies on our cognitive function (often a defense in itself) and neglects the wealth of information available through the other, more lively categories of experience. Psychotherapy that is organized around conversation simply misses the point. We did not develop psychological and emotional problems by engaging in polite conversation. We developed our character with all its strengths and limitations as the result of impactful experiences.

This is not a new idea. When Freud began analyzing transference, he was exploring an experiential event that was taking place in the therapy room between patient and therapist. Family therapists such as Virginia Satir built family sculptures to help clients bring into consciousness their relational dynamics in a visceral fashion. Minuchin would ask couples to reenact in his office a dispute that happened during the week, so that he would be better able to intervene effectively in live material. There have been

masters of tracking clients' experience such as Erickson, therapists who focused on the energetic flow in the body such as Reich and Lowen, and those who worshipped at the altar of current awareness like Perls. All of these, and others, have contributed to the development of experiential work in individual, couples and family therapy. Using their work as building blocks, the book and these pages will try to responsibly ground, broaden and deepen the possibilities for working experientially with couples.

Couples psychotherapy is an ideal environment to implement experiential interventions because actual interactions are taking place in your office. Your clients can, in vivo, explore the ways they are internally and externally organized around each other. In the safety of your office they can begin to experiment with new ways of relating to each other affectively, cognitively and behaviorally, not just by reporting and discussing, but also by face-to-face, real-life implementation. They can eat the chocolate cake and see the temples of Burma first hand.

Eating chocolate cake is of course very well and good," you say, yet you are reminded that you might get fat! Having sex can be very rewarding and intense you muse, but be careful because you do not want to end up with AIDS! And traveling around the world can change your whole perspective on life, yet you know how uncomfortable those inexpensive hotels are in Burma!

So we sit in our conformable chairs, one step removed. We have developed a sanitized, (if not devitalized) psychotherapy where we can hear about our clients' experiences second hand, apply our (not inconsequential) analytic abilities to their problems, and keep it all nicely at arms length.

This approach is as much about principles and techniques as it is about the state of being of the therapist. While strategically applying experiential methods can be dramatic and can stir the boiling cauldron of the psyche, these approaches are mechanical without the investment of the process with the actual humanness of the therapist. Your internal state of being and your willingness to participate in your clients' experiential world are critical factors in the implementation of what you are about to read. Technique without contact becomes mechanical and dry.

Do not be deluded into thinking that you are being neutral with your clients. They track you like a hawk - consciously or unconsciously. They notice the small changes in inflection, how you sit forward when they become emotional, your bored analytical tone when they talk about their week, the ring on your finger, the slump of your posture, your interest in their sex lives, the softness of your handshake, the pace of your words, your inclination to fix their problems, the rigidity with which you keep your face from showing emotion, etc. Madison Avenue has been aware of the power of these non-verbal signals for a long

Rob Fisher

time. Sales of Cutty's Whisky increased 60% in 1961 when a picture of a nude woman was embedded in an ice cube in their advertisement. This image was supposedly "unobservable to the naked eye." The good news is that your ability to notice what is happening is much greater than you may think.

Working experientially with couples is not for the faint of heart. It demands that you be engaged with all of your humanity, not just your mental or analytic facility. It asks you to come out from behind the protection of your cloak of authority and proceed, hand in hand with your client into an adventure - the actual unfolding of the self. I invite you to join me in this journey, not to the far reaches of the external world, but to the wonder and beauty of the internal world of experience. Bon appetit, use condoms, sign your traveler's checks prior to leaving the bank. And always remember to take your humanity with you into your sessions!"

If you subscribe to the premise that working with live experience is more productive than normal conversation, the creative challenge then becomes, how to design and effectively use experiential interventions. The following section describes a number of such interventions.

Experiments

One of the cornerstones of this method is the deliberate evocation of experiences while the client is in a state of mindfulness. Once a theme is evident, the therapist can design an experiment that the couple or one of the partners can undertake to study more deeply each individual's internal organization or their organization as a couple. Conducting therapeutic experiments in mindfulness is one way to gather information about the couple's internal worlds, to explore how the two worlds intersect, and to deepen each individual's experience of himself or herself toward core organizing material.

An experiment is an experience intentionally set up by the therapist with the permission of the client(s) to evoke, study, and deepen the felt sense of organizing material. The purpose of an experiment is to bring into greater consciousness how a person is organized around a particular issue or conflict involving their partner.

Experiments are always conducted in mindfulness and are oriented toward present experience. They involve and invite tremendous creativity on the part of the therapist. Almost anything presented to a client in a mindful state could be called an experiment. It is most useful, however, to propose experiments that either help clients elucidate their present organization, or provide an opportunity to expand beyond the limitations internally imposed on the self or the couple.

For example, Leslie was angry at Richard because he "never did anything for her." I questioned whether she, in fact, asked him for the things she wanted. She replied,

"No," he should just pay attention to me and then he'd know." I thought it would be a good idea to study with this couple how they were organized around their respective needs. I placed a 3 x 5 card between them. "This is the TV remote control," I said. "Both of your favorite TV shows are on tonight. You guys decide who gets to watch his or her show." She instantly gave up.

We were able to explore in vivo what she said to herself inside that allowed her to do this: "I can wait. My needs aren't really so important. My role as a wife is to make him happy. Fuck him!" was the approximate sequence.

This was an experiment designed to study the present organization of the couple around giving and taking in the relationship. We could have explored his side of this as well, but he indicated that he would be relieved if she spoke up more for herself and so became less resentful. He also admitted that he could become a bit self-absorbed and was willing to work on this.

So we proceeded to construct another experiment in which she tried something different. I knew she had once trained to be on a debating team. We called forth the debater in her and had her practice standing up for her needs. I told her a story about a child who readily stood up for his desires to watch his television program (my son!). I asked her again to be mindful, as she tried on this new role, for what might come up internally either to support or to oppose her new way of being. She held on to the 3 x 5 card tightly this time. This gave us more of an opportunity to explore the forces counter to her asking for what she needed, and for her to have a real life experience of standing up for herself while also being supported by her husband.

We checked in with him, and it was evident that he liked her spirit, even though in the short run it would appear to make life a bit harder for him, and would require more compromise on his part.

Experiments take both the client and the therapist into the unknown. They are exercises that involve one's ability to conceptualize thematic material and design appropriate and edifying experiences around those themes. They require the therapist not to be an authority on the inside worlds of clients, but to be an expert on leading them deeply into their own experience.

As always, experiments should only be undertaken once safety and the therapeutic container are well established. This can take minutes to weeks, depending on the couple. Verbal experiments, supporting defenses, and other forms of deepening already described are all forms of experiments. Anything conducted in mindfulness that helps a client deepen his or her felt sense of his or her own organization can be classified as an experiment. Numerous forms of experiments will be described below.

How to Set Up Experiments

After attending to safety, the therapist should propose an experiment to the couple or individual, making sure that permission to carry it out and cooperation are obtained. You might say, "Let's try this . . .," or "I have something in mind that might help us explore this further. How about . . ." or "Would you like to find out more about how that's put together?"

Explain what you have in mind, ask the client or clients to become mindful, and then engage in the experiment itself. You might say, "Study what happens when . . .," or "Notice what goes on inside when . . ." Make sure to proceed slowly and to allow the client to luxuriate in every phase of the experience.

Remember to track the client's internal experience from the moment you propose the experiment, and also what they say both verbally and nonverbally about it. A compliant client will say that it is all right to proceed even if it is not. Therefore, it is up to you to notice any hesitation or reluctance in the person's voice or body movements, tension, and so on, and not to proceed until these are explored.

The exploration of the reluctance may well be more important than the original experiment you had in mind. If, after exploring the reluctance, the partners are still hesitant to proceed, do not continue to push your agenda, however creative and brilliant it may be. Always adjust to their interest and willingness.

Often a client will perform the experiment internally as soon as you propose it. This is a way of testing the waters internally before doing it externally. Track and contact what comes up for each person, even if he or she starts the experiment before you are ready. Once the experiment is in progress, continue to track carefully and to obtain verbal reports about what is happening. Contact the client's ongoing experience and apply other accessing techniques, such as the Three Step, to help deepen and unfold the experience further.

If clients are not interested in an experiment, or you engage in one that does not spontaneously deepen, feel free to abandon it. It is all right to admit that you may not be on the right track. You can say, "So that does not seem to go anywhere. Let's try something else."

Feel free to use information from the client to refine an experiment by asking what might work better for that person. You are not required to come up with experiments all by yourself, with the client participating in a passive, less empowered role. Generating experiments conjointly helps equalize the power imbalance that often exists between a client and a therapist and engages the client as a real participant in the therapy.

Experiments that fail often have one of the following characteristics: (1) they have been set up without first establishing safety, (2) the therapist proceeds too quickly, (3) the client's interest is not sufficiently engaged, (4) the client is not in a state of mindfulness, or (5) one or both partners are characterologically predisposed to resist whatever you propose, or to stay away from their inner experiences. Check to see which of these conditions exists and take steps to correct it.

Once the experiment is introduced, permission is granted, and mindfulness is established, the experiment can be undertaken. The therapist then tracks the experiences that are evoked by the experiment, and the clients report what happens inside. Whatever comes up as a result of the experiment is then material for further deepening, even if it appears to be unrelated to the original experiment. As in all deepening, find ways to immerse the client in the felt sense of experience and continue to study particular aspects of it as it unfolds.

Types of Experiments

Anything can be used as an experiment as long as it is nonviolent, performed in mindfulness, focuses on present experience, the therapist tracks the ongoing results, and obtains a report from the clients afterward. Experiments can be derived from anything you track, such as gestures, pace, inflection, beliefs, methods of self protection, posture, feelings, and tensions. Here are some examples of what is possible. This list is not exhaustive. The possibilities are limited only by your own creativity and imagination (and appropriate boundaries, of course). Feel free to borrow from other disciplines such as art, dance, drama, sand tray, and rituals, as well as other theoretical orientations.

Mindfulness

One of the easiest and most profound tools of experiential work is slowing a couple down enough so that they can sense underneath the blaming the unconscious ways in which each person is organized around the other's upset. This is accomplished by asking the couple to repeat a tiny segment of an interactional sequence in mindfulness and to study and report their experience.

Mindfulness involves carefully and non-judgmentally studying one's internal moment-to-moment experience. It means welcoming whatever comes and noticing the subtleties of one's feelings, thoughts, beliefs, memories, images, changes in physiology, breathing and muscle tension that occur at any given moment. Mindfulness is oriented completely towards the present.

Here is an example of using mindfulness to explore a couple's dynamics. *Peter complains that Sally is always involved with someone or something else. As he talks, she*

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looks around the room and he becomes increasingly upset as he talks. I might ask them both to close their eyes and go inside. When they are ready, Peter is invited to open his eyes and watch in mindfulness as Sally opens her eyes and looks around the room. Because this is performed in mindfulness and in a homeopathic dose, he will probably be able to notice feelings and beliefs that were previously unconscious.

In an ordinary quarrel, he would be going so fast that he would not be able to sense the real nature of the injury that her looking around triggers inside him. In fact, he would tend to act out, desperately trying to make the feeling go away by blaming Sally. This takes the attention off him and gives him some sense of validity by proving that she is wrong. In mindfulness, he can begin to turn his attention toward his inner world and therapy can begin.

Sally, too, can study the impulse to look around. To accomplish this, she can be asked to look around and be inwardly mindful of the feelings, memories, images, and so on, that arise as she does this. She can also restrain herself from doing it, not as a behavioral prescription, but as an opportunity to study the internal effect of the restraint.

Proprioceptive Signals

We all have inner sensations that determine our outward behavior. Experiments can be devised that orient clients toward their worlds of proprioception. For instance, the therapist can ask partners to sit some distance apart, and then study what happens with their bodies and in the other realms of internal experience as they slowly begin to move closer to each other.

Boundaries

If a couple is struggling with issues around boundaries, experiments can be constructed to bring their process into greater awareness. Physical boundaries can be constructed in the room with chalk lines, pillows, blankets, or other materials.³ These boundaries can be made more or less permeable as each partner studies how the changes affect him or her, as well as the sensations, beliefs, memories, images, and other experiences that are evoked as this is done.

One couple was triangulated with the husband's mother. She called frequently to find out how they were doing and always made sure to say something of a poisonous nature to her only son about his new bride. The wife was incensed that he engaged in these conversations in which she was vilified.

As an exercise, I asked them to sit on the floor and for him to draw a chalk circle around both of them that symbolized a boundary around their relationship. We put a teddy bear that symbolized his mother on the outside of the circle.

They then studied what came up internally as they took in the boundary around their relationship excluding his mother.

He spoke about his sense of loyalty to his family, as well as his mother's intrusiveness in all of his relationships. His wife reported feeling relief and the ability to soften when she felt the security of the boundary. He liked the effect the circle had on his wife, so we practiced having him keep his mother out in appropriate and compassionate ways. Without suggesting it to him, he then went home, called his mother, and announced that he was no longer going to discuss his marital relationship with her. She initially was very upset at this change in the rules, but gradually adjusted.

Working with Defenses

Much of the difficulty in couple's relationships stems from the interaction of one person's defenses with the other's. When one person moves into a protective stance, this can be explored both internally and in relationship to their partner.

For instance, if Steve becomes cold and aloof when he is in danger of being hurt, he can be asked to do this on purpose in the session while he studies the intricacies of how he does it, and Mary Jane studies the effect of this on her. He might notice that he squints his eyes, contains his physical movement and verbal flow, and withdraws his energy deep within his body. When she studies the effect of this on herself in mindfulness, she may connect it to the desolation she felt when her father did something similar, and she might experience the protective rage that still arises to keep her from the deep despair she felt with him. We could then let her have her rage in a "homeopathic" dose — one or two sentences — to explore the effect it has on Steve, as well as to become even clearer on how it protects her from the underlying hurt.

Inexperienced psychotherapists tend to oppose their client's defensive systems rather than help them identify, appreciate, and re-own the wisdom of the defense. When this happens, one of the only honorable things the client can do is resist the therapist, who then classifies the client as resistant.

Another approach to defenses is to support them. By doing this, the defensive system relaxes, feels sympathized with, and the feelings it is designed to protect begin to surface naturally, without being forced. It is in this way that the therapist begins to gain the cooperation of the client's unconscious.

This approach is different from paradoxical intention in that it is not a covert activity on the part of the therapist. Supporting a defense is always done with the permission of the client for the express purpose of studying the defense, providing therapeutic safety, and allowing information and feelings to surface from a deeper level.

Psychological defenses are always somatically represented. In working somatically, one looks for somatic components of the defensive system and offers to have the spouse assist with this.

For instance, Jake complained that he had to do everything and that Sally was never there for him. This reflected certain beliefs he had about the availability of emotional nourishment and his ability to take it in.

As he spoke, I noticed that he held his head rigidly in a military fashion. I asked him if it would be O.K. if Sally helped him hold his head up high. He said "Yes." As she gently took the weight of his head, that he had had to hold up by himself since his father taught him to be a "little man," he noticed how hard it was for him to let go of this control. Beliefs such as "No one will ever be here for me," started to become apparent. He could hear internally his father's injunction: "Be strong and don't depend on anyone." Finally he started to let Sally take the weight of his head and began to experience the sadness of his early abandonment, which had influenced every subsequent relationship.

Jake was defended against dependency. The somatic representation of his defense was the way he literally tried to hold his head up high. By helping him hold his head up, his body and defenses began to relax, and he began to see the possibility of receiving emotional nourishment from his wife.

Gesture, Posture, Tensions

By now, it should be fairly obvious that a tremendous amount can be learned about a couple's partners by noticing their postures, gestures, and tensions, individually and in relation to each other. Here are some more specific samples of each type of intervention:

In the case of a couple afraid of intimacy, one way to work with gestures is to have one partner reach out to touch the heart area of the other while they both study the internal effects of this action, as well as what the hand seems to be saying to the heart.

Here are two examples. Carl would become very upset with Mary. When he did, he fell into a private world of darkness and did not look at his wife. We tried an experiment in which he adjusted his gaze to include her. We noticed that when he made visual contact with her, his image of her as a cruel and dangerous woman immediately diminished.

When Jessica and Dan came to the office and sat down, the most obvious thing about them was the difference in the tension in their ankles. Dan's were more relaxed than seemed humanly possible, while Jessica maintained a high level of tension, wiggling her foot constantly.

One could speculate from this about the kind of conflicts they had around time, money, and agreements. When these differences were pointed out and discussed with them, they began to relax. In the next session, she commented that she no longer felt so compelled to make him be like her.

As an alternative intervention, I could have also had each one try to make the other's ankle like his or her own (which would have mirrored their psychological processes), or I could have asked him to take over the tension in her ankle so that she would not have to do it all by herself.

Couples' Sculptures

"A picture is worth a thousand words." A couples' sculpture is worth at least 10,000. Particularly for couples who are highly verbal and cannot stop long enough to notice what they are actually doing, having them produce a sculpture of their relationship dynamics is a very useful strategy.

A version of this technique was used by Virginia Satir in family therapy. She would tell people to assume positions that reflected their psychodynamic positions in the family. For instance, a blamer would be directed to point a finger toward the placater, who would kneel in front of the blamer and plead for forgiveness.

In this version of the technique, the couple comes up with the sculpture themselves from the inside instead of the therapist's prescribing it. Particularly for highly verbal couples, this is an effective way to deepen therapy and can reveal material that is not so readily available in the well-trodden paths of verbal interactions.

The technique works as follows: Ask the couple to stop whatever they are doing and notice the psychological stance that they are taking with their partner. Ask them to imagine what a physical sculpture would look like that personifies this dynamic. Each will probably come up with something different. Then ask one of them silently to direct himself or herself and his or her partner into this precise position with regard to each other — and hold it for a minute, noticing how it feels in their bodies, as well as any memories and images, feelings, or tensions it calls up.

After a while, ask for a report from each person. From here, you can continue to explore in a variety of ways. The partners may exaggerate certain aspects of their sculptures, or diminish them. They can look for associations about their stances. One partner can modify a part of his or her stance and the other person can notice internally how he or she is affected. Finally, it is usually best to have one partner recreate the sculpture to fit his or her ideal, prior to continuing with the other person's sculpture (if there is time in the session for this). At this point, it is also very important for the partners to search for any part of themselves that resists this ideal sculpture.

For example, a turning point came in therapy with Howard and Susan when they played out his sculpture. He placed himself in a corner of the room, with her reaching out toward him as he beckoned with one hand and held her off with the other. He was able to study each part of his internal conflict about intimacy as he explored the feelings and meanings connected with each hand. We were able to experiment with what it would be like if only one hand were operative, and, in particular, what it was like as he let her in more, breaking the trance of the transference and beginning to experience her as his wife rather than as his intrusive stepmother.

Breaking the Trance of the Transference

We are all familiar with the way in which emotionally laden images from the past form an overlay on present-time experience. When transference occurs, one's partner seems to take on an uncanny resemblance to the emotional characteristics of earlier intimates. Part of the challenge of couples therapy is to break the trance of the past. What follows is an example of a technique that although controversial, may be useful in achieving this result.⁴

As a child, Debby had been molested by her father. When her husband, John, reached out to touch her in a way that could be construed as even a mild sexual advance, she immediately was overcome by fear and revulsion. John, of course, had interlocking issues about his masculinity and rejection, which were easily triggered by Debby's sexual withdrawal.

In the middle phase of therapy, we tried an experiment designed to break the automatic transference association between John and Debby's father. Although she was able to tell them apart intellectually, on an emotional level, they merged, and the image of her father was superimposed on John, making a sexual relationship impossible. After fully describing the experiment and asking both for their permission, I asked Debby to go inside, check into her inner experience, and let John know when she was ready by opening her eyes. I asked him to start reaching out his hand toward her arm (a spot she had designated as "safe.") He did this in slow motion as she tracked her experience to the point where the fear and revulsion began to appear. This was the somatic point at which the transference occurred.

At this juncture, rather than deeply exploring those feelings (which would be more appropriate in an individual session), I asked him to say to her: "Debby, I am John, your husband. I am not your father. I love you, I do not want to hurt you, and you can say 'No' to me whenever you need to." She took this in, and her feelings calmed down.

We tried this three times before it was possible for him actually to touch her arm without triggering her old response. They were then able to apply this successfully to

their sexual relationship outside of the session. He also had more sympathy for her conflict and pain, and personalized her sexual rejection to a much lesser degree as a result of this experiment.

Poetry

Poetry can affect people deeply. I have a file full of poems on my desk. Sometimes a poem will speak directly to a client's situation or quandary and I will read it to the client while he or she is mindful of what it evokes.

I read a poem about seeing the best in people to a client who was studying to be a career counselor, and who felt a deep dedication to evoking the best. She cried deeply and concluded the session saying, "Now I am clear about what I want to offer." The poem met her in a place of deep dedication.

Telling a Story

Storytelling is a time-honored traditional way to communicate wisdom. It often accesses material below the conscious mind. Sometimes people hear stories through the filter of childlike states that are more malleable than adult states. In the structure of experiments, one first asks the client to be mindful, then tells the story, tracks the effect, and gets a report.

I once told a story I had seen on television a week earlier to a man who organized himself around the needs of his girlfriend, losing all sense of himself in the process. In the story, a divorced couple in Japan found themselves about to compete for the national chess championship. The ex-husband called his ex-wife on the phone and said, "Do you know we are competing for the national championship next Wednesday?" "Yes," she replied. He responded, "Do not let yourself lose to me." "I will not," she replied, rather formally. He continued, "I will not let you defeat me!"

In the story, she went on to beat him. My client listened quietly. After a long silence, and with tears streaming down his cheeks, he said, "That cuts right to the bone." It was a model of the kind of relationship that he hoped for, but never let him self have.

Scripting a Line for a Couple

In a behavioral fashion, the therapist can script a line for one or both members of the couple and then ask them to say it while maintaining mindfulness.

For instance, if partners do not listen to each other, the therapist could ask one person to say, "I hear your feelings," and explore the result for both the speaker and the listener.

Taking Over Some Aspect of the Client's Experience

In one session Hillary cried while George comforted her, saying, "That's all right, you don't have to cry." She stopped crying and looked at him resentfully. "Why can't you ever hear me?" she asked.

We could have explored her injuries about not being heard, but I elected instead to focus on her question. I asked him what happened inside him when he listened to her crying. He said, "I feel like I need to make her feel better." I said, "You feel responsible for her, huh?" "Yeah," he said.

I inserted a little story I had heard on the radio about Frank Sinatra. He was asked in an interview what women really want. He answered, "They just want a soft shoulder to cry on." This man was from the Frank Sinatra generation, so I proposed that I would be responsible for alleviating her distress for the rest of the session and he could just sit back and listen to her feelings and enjoy how open and available she was making herself to him. He agreed. She cried, while he appreciated the gift of her tears. I kept checking in, letting him know I was being responsible so that he wouldn't have to be. She had the experience of being heard in the way she wanted, and he was relieved of the burden of responsibility.

This provided the couple with a reference point that could guide them in future interactions involving her emotional world. I had simply taken over an aspect of his inner functioning (his over-responsibility for her feeling) so that he was free to experience something different.

Symbolic Representations

If the partners are discussing a person who is absent from the room, such as a mother-in-law or an ex-lover, they can be asked to select an object that symbolically represents this person and to place it at an appropriate distance from them. Experiments can be generated in which the person is moved closer or farther away, or in which either person interacts with the symbol. Your clients can study how they organize in relationship to the symbol of this other person.

For instance, if one partner feels drawn toward a spiritual practice that excludes the other, he or she can select an item that stands for the practice. I have many small figures for my sand tray that are useful for this kind of experiment. They might choose a statuette of Buddha, for instance, and set it at the correct distance from them in the room. As they turn toward the statue, they each can become aware of its presence in the relationship and how it affects their connection.

This kind of experiment provides a physical representation of a psychological event. Its purpose is to clarify, deepen,

and intensify the couple's experience so that it can be more effectively explored.

Revising the Past

If a feeling comes up in a session that is reminiscent of a feeling from the past, it can be treated accordingly. The person can be asked to remember a time early in life when he or she had a similar feeling, and to describe the events that surrounded it. Following this description, the scene can be reenacted in order to create a better outcome.

For example, a woman often felt abandoned by her husband. When I asked her if this was a familiar feeling, she recalled an incident from the past in which her older, married brother had returned home one weekend with only a single ticket for the circus — which he gave to her sister. Grief stricken, my client shut herself in her room all afternoon while the rest of her family went on about their business and her sister enjoyed Barnum and Bailey. Nobody consoled her or talked with her about her upset. No one represented her side in the interaction with her brother.

When we reenacted the scene, I played her brother while her husband played her mother. I offered the ticket to her sister, while the mother (husband) stood up for her and told me that that was unacceptable. Ultimately, we reenacted the scene in several different ways. One time, the sister refused the ticket, and another time the mother came in and consoled her while she was crying.

All of this helped her husband to understand her sensitivity around this issue and gave the wife some experience of people coming through for her in ways she had not experienced as a child. As a by-product of the reenactment, the tender moments left the partners feeling closer together.

Using Touch

James reported a recent fight he had had with Amy. As he talked, he still looked hurt about some of the things she had said to him. I contacted the feeling, "You still feel a little hurt, huh?" He said, "Yes."

He knew that Amy had not intended to hurt him, but viscerally he couldn't shake the feeling and he was still inclined to be withdrawn. I asked him where in his body the hurt lived. He pointed to the center of his chest. I then asked his permission to allow Amy to touch his chest where the feeling was centered. He agreed.

As she began to reach toward him, he began to cringe. I contacted this. He experienced her reach as hostile. It felt to him as though she wanted to take something from him, trying to force him out of his protective withdrawal.

I asked him if it would be all right for her to feel compassionate toward this hurt place from afar, without

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reaching out toward him. He said that he thought that would feel good. We tried it out. She enjoyed feeling her own heart in relation to him. He enjoyed the compassion without feeling obliged to come out before he was ready. They felt closer and this became a reference point for a new way of relating to each other.

Obviously, one person reaching toward another is a powerful stimulus for internal experience. It can be experienced as nourishing, invasive, obligatory, pleading, grasping, or nourishing, according to the recipient's prior experiences and organization. Reaching out can be used in and of itself as an experiment that clarifies much of a couple's organization around closeness and intimacy.

Always proceed slowly with touch. Track the touchee and stop the experiment if the person seems to be feeling a boundary violation of any sort.

Using the Voice

Clients can be encouraged to try out new behaviors in session on an experimental basis. For someone with a soft voice for instance, an experiment can be set up in which he or she speaks either louder or softer to his or her partner. If the client has trouble setting limits, he or she can be given a line to speak such as "Cut it out," or "I don't like that." The person can experiment with trying to speak with more authority, kindness, or vulnerability, and notice what this calls up internally, as well as systemically with the partner. He or she can try speaking even softer in order to explore the function of this.

The quality of the voice often tells the partner more than does the content of a discussion. Experiments using the voice can be very enlightening for a couple.

Experiments at the Edge

All of us have psychological places that we have been trained to avoid. We may have learned to stay away from our sexuality, anger, affection, vulnerability, impulsiveness, power, dependency, and so on. Experiments can be constructed in which the client tentatively can embody one of these traits with the partner.

For instance, one couple that was conflict-avoidant spent many sessions just experimenting with telling each other what they wanted instead of avoiding controversy by suppressing their needs. The difference between this kind of intervention and a behavioral approach is that the purpose here is not just to practice new behavior, but also to explore in mindfulness how the client organizes around this change. In the case of this couple, they initially had to face their fears of conflict, and many memories of prior abusive relationships surfaced before they were willing to try something new.

In another situation, a couple had become embroiled in a repetitive, self-reinforcing cycle of ill will. Because she was so warrior-like with him, he would not support and protect her in the way she wanted. Consequently, she became harder and less vulnerable and loving. This, in turn, resulted in his pulling further away from her. Each person's attempts to protect himself or herself only resulted in further alienating the other.

Because the situation was so homeostatic and so prone to unconscious repetition, I thought that essentially they had to jump-start a new pattern. I asked them to have a conversation with their hands. His hands were to say, "I will protect you." Hers were to say, "I'll show you my soft side." No words, just touch. I asked them if they would be willing to do this, and they consented.

This began to give them the beginning of an experience that could be self-reinforcing in a positive fashion. They both reported that it was difficult to start because they were so habituated to their defensive stance, but that they were more satisfied at the effect of the new approach. They left the session with more than just a mental idea of a new relationship. They had begun actually to taste it.

Acknowledging

Many couples come to therapy feeling chronically under-acknowledged by their partners. Instead of only exploring the difficult feelings this has generated, the partners can experiment in session with appreciating each other. The experiences that come up around receiving positive strokes, as well as giving strokes, should be explored.

Close/Far

Issues around distance and closeness are commonplace. Complaints that one partner is too distant or too intrusive are familiar features of couples' conflicts. The underlying psychological issues can be explored by asking the partners physically to change the distance between them and mindfully notice what gets evoked in them.

Experiments at the Nourishment Barrier

People often find it difficult to take in nourishment. They refuse emotional nourishment because they may feel obligated to return it, they can feel trapped by it, the nourishment may feel toxic, or they may be worried that it is so transitory that they must save themselves from disappointment by not accepting it in the first place. Consequently, instead of noticing how they refuse nourishment, they complain that their partners are unwilling or unable to support them.

Although a partner's reluctance to offer nourishment may also be an issue, it is useful to study the refusal to receive.

In this kind of experiment, a small dose of nourishment can be offered while the recipient studies how he or she can or cannot receive it.

For instance, Jack complained that Katie would consistently act like the boss after she came home from her high-powered, high-paying job in the city. He wanted her to be softer and tenderer toward him.

I asked her if she would be willing to try this out and see what happened. I added that I doubted whether either would die from this experiment. I asked her to see what happened if she allowed herself to look at him with softer eyes.⁵

He noticed, while she was doing this, how unprepared he was to allow himself to soften toward her. A little voice inside said, "As soon as you leave the session, she will be the boss again. Don't open yourself up to this. You'd be a fool."

In addition to the internal issues that drove her toward hardness, his organization around her softness served to discourage her from embodying it more and maintained the homeostasis of the system they had conjointly developed.

Bite Sizing

As discussed above, sometimes it is difficult to take in nourishment. However, if it is presented in sufficiently small portions, it may be easier to accept it. Often, toward the end of a session, in order to help a couple leave with some sense of hope and progress, I will ask them to give each other a tiny bit of nourishment that has been missing in the relationship.

For instance, if one person feels under-acknowledged, I will ask the partner to provide a simple acknowledgment. The recipient can see what it is like to take it in and the acknowledger can see what is required inside to give this kind of nourishment to his or her spouse. If someone has trouble in accessing a specific kind of nourishment, and this barrier has been explored, an experiment can be arranged for the person to receive just a little of what is wanted.

For example, if one partner has difficulty receiving compliments from the other, we would explore this in vivo by having the giving partner offer a compliment to the other. Embarrassment, not liking the attention, religious training around humility, and/or lack of entitlement may all surface. Finally, I might say, "O.K., now, despite all the parts of you that are reluctant to take in compliments, let's see if you can just let yourself take in a tiny fraction of one compliment. Let's have your husband/wife/partner say the compliment one more time, and you can see how much of it you can absorb."

Experiments with the Senses

One partner can explore the effect of not seeing or not hearing the other. One woman felt unsafe in revealing her feelings while her husband watched, so she erected a wall of pillows that prevented him from seeing her cry. It was all right for her to be heard, but not to be seen. A man felt more comfortable talking to his wife when she plugged her ears. Although this might sound humorous, it enabled him to get in touch with the incapacitating fear of her judgment that stopped him from getting close to her.

Exaggeration or Inhibition

In order to become clearer on any aspect of a couple's organization, either partner can be asked to exaggerate or inhibit a relevant behavior.

For instance, Paul could be asked to mindfully withdraw more rather than to come out, and to become aware of the details of this process as it affects his partner and himself.

Repetition in Slow Motion

Couples interact so quickly that it is hard to notice the internal dynamics beneath the external behavior. When an interaction is slowed down and repeated in mindfulness, previously unconscious internal material comes into awareness. The therapist can highlight any interactional sequence and ask the couple to repeat it slowly in mindfulness. One person can be asked to repeat a phrase they have just used, such as, "I'm really disappointed in you," or an action such as a hardening of the eyes.

These are the simplest of experiments, and yet they introduce the couple to the world of mindfulness. They help the couple develop a "relationship observing ego," and assist in short-circuiting the process of acting out, while providing deeper information about their intrapsychic and interactional issues.

Pace

Often, a couple's conflicts are connected to differences in pace. One person might think, speak, walk, decide, or move more quickly than the other. The slower person chronically feels pushed and eventually begins to resist the partner. The faster person feels frustrated and tends to push his or her partner.

Experiments with a couple like this may include having one person talk or move faster or slower and then studying in mindfulness the effect on each person internally, as well the effect on the system.

Verbal Experiments and Supporting the Defenses

Supporting defenses is discussed more fully in the book chapter on working with defenses and resistance. In this technique, the therapist or the partner can do something for the client that he or she habitually does for himself or herself.

I saw one couple mentioned earlier in which the woman, Ruth, had turned away from sex. I asked the couple to become mindful and carefully notice what happened inside when I said to them, "It's O.K. to have sex with each other."

I was looking for what in them would resist this. Ruth heard an internal voice saying, "No it isn't." When I asked her more about the quality of the voice, it became clear that it was the internalized voice of the Lutheran minister of her childhood. I asked her to train me in the exact tone, volume, rhythm, and emotional content of this voice as she heard it inside. Next, I asked her husband to say, "It's O.K. to have sex with me," while I took over the minister's voice. Taking over the minister's voice enabled her to obtain a different perspective on this inhibition and to begin to rebel against it instead of introjecting it.

Puppets

Puppets are very versatile and can be used in many therapeutic situations. They can often express what a client cannot. They can relieve clients of having to carry specific burdens in a relationship.

One couple would have the same fight each session. To relieve them of this burden, I asked two of my teddy bears to carry on the fight for them while the human couple watched to see what they could learn about themselves.

This is a way of evoking a couple's observing ego, as well as of placing them outside of a self-reinforcing system. Puppets can also be used if a person is being very defended. The therapist can ask a puppet to represent a more vulnerable part of this person and see what it has to say about the situation. A couple might be asked to put on a puppet show that exemplifies the conflict they are having. After they play it out, they can be asked to create a new and more satisfactory ending. This calls on their creative resources for resolution.

Art

Art is a highly evocative medium. People can draw pictures of disowned or triggered parts that affect the relationship and present the drawings to each other. Art projects can provide a little distance from the sense of injury and need for self-protection in which people become ensnared.

A therapist can ask the couple to draw an impressionistic genogram in which they use colors and whatever shapes they wish to capture each family member. The genogram should include the client's spatial position on the paper in relation to other family members. It should be filled in with color and patterns that exemplify each member's role and emotional impact on the family. These genograms can then be shared with each other and may give rise to further experiments.

The couple can also draw a picture of the stuck place they enter together, or simply draw themselves in the relationship. This eliminates programmed verbal interactions and helps them to see beyond the bickering. How they draw together is also diagnostic, and should be carefully tracked.

Physicalizing

One powerful tool in therapy is to develop a physical representation of a psychological dynamic. This helps to clarify the dynamic and evokes deeper information from the body.

One couple I saw was stuck in a pattern in which she would try to get her boyfriend to move forward on such issues as marriage or children, and he would resist. I proposed that we physicalize it by having them stand up while she took his hand and led him around the room while he resisted. They started to do this and immediately stopped and laughed. "This is how we take walks!" they said.

How they walked together was emblematic of this core pattern in their relationship. Once the dynamic is physicalized, each person's part can be explored, as well as how these parts work together systemically. In this case, they studied her inclination to pull him, his inclination to resist, and how these two tended to exacerbate each other. Following this, they could begin to create a new way of "walking together."

Reverse Arguing

The therapist can, consciously and with full permission from the client, engage one partner or the other in an argument in which the therapist represents a side of the matter that the client habitually takes, while the client must take the opposite point of view.

For instance, after three years and much processing about an affair, Monica still was angrily refusing to be open to Dylan. She said that it wasn't worth it, that he would just deceive her again, and that he didn't fit her picture of the perfect male anyway. But she stayed in the relationship.

The therapist asked her permission to be her and take over her arguments while she argued against her position. Having someone represent her usual arguments gave her

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the freedom to explore the other side in a fashion that was more powerful than trying to convince her to let go of her normal position. This must always be done with the client's permission.

Doing It on Purpose

When Sam feels stagnant in his life, Marny becomes critical of him and lets him know how his state of psychological and spiritual evolution is similar to that of a banana slug. Sam then defends himself and attacks a part of Marny's character.

A therapeutic intervention might be for Sam to be stagnant on purpose and for Marny to study inside the effect this has on her.

Space

Partners may sit quite close or quite far from each other. The physical distance they maintain can be diagnostically important.

Ally practically sat on top of Sean. They held hands and spoke sweetly to each other. A possible experiment would be to ask them to move a bit closer or a bit further apart.

Becoming a Disowned Part of the Partner

Sometimes arguments are caused by one partner's projecting a part of himself or herself onto the other, and then criticizing the partner for it.

A man who was trained as a young boy always to be competent and in control would criticize his girlfriend for acting like "a lost little girl." The challenge here is not necessarily to release his girlfriend from being dependent, but to explore how he had become imprisoned in the role of competence and unable to leave room for his more vulnerable parts. Systemically, his reluctance to be dependent pressured her to embody both his and her own dependency.

By asking him to act like a lost little child for a moment, and to notice what comes up, he could become conscious of his

beliefs, and the models of the world and masculinity that forced him to become a superman rather than a full human being.

Conclusion

This sampling of experiential and somatic interventions provides a number of possibilities that can be used where appropriate. Feel free to add to the list from your own creativity and connection with your clients.

Being able to implement them requires a number of important therapeutic skills. These include the ability to join with clients around their present time experience, the ability to track what is happening in each person's experience moment to moment, the ability to notice and name repetitive interactional patterns, the ability to notice and work with individual characterological issues and their interaction with their partner's, being able to deepen the experiential flow towards core material, a dedication to non-violence in the therapeutic relationship as well as a number of other important internal and interactional skills. It is highly recommended that therapists interested in these interventions make certain that they also develop and hone these skills.

By using the body and present time experience, therapy takes on a visceral quality that transcends the cognitive. By staying with live experience clients are able to more deeply and easily access core material. They have a sense of connection with themselves and their internal worlds that begins to permit them to reorganize how they participate in intimate relationships.

(For more information or to order the book, please contact the web address below:
<http://www.members.aol.com/contactone/experientialpsychotherapy.htm>)

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2. I learned this kind of work with boundaries in part from training in Integrative Body Psychotherapy.
 3. I am indebted to Devi Records for this approach.
 4. A technique proposed by Frances Verrinder, MFT. (personal communication).

Touching the Spirit at the End of Life:

**Tria Thompson O'Maille, MA, RelEd, MA, ADTR, RYI
and Roseann E. Kasayka, DA, MT-BC, FAMI**

Editor's note: Touching the Spirit at the End of Life was originally published in 2005 in the *Alzheimer's Care Quarterly* 6/1, 62-70. We are thankful to Lippincott, Williams & Wilkins, Inc. for permission to reprint it here. It is a wonderful example and model for bringing subtle, high-level integrated care to those who are often not thought conscious enough to benefit. This study was made possible through a grant from the Helen Bader Foundation, Milwaukee, WI.

Tria Thompson O'Maille, MA, RelEd, MA, ADTR, RYI, is a Pastoral Minister and Dance/Movement Therapist. She has worked with persons in end-stage dementia/Alzheimer's disease since 1998. At the time of writing **Roseann E. Kasayka**, DA, MT-BC, FAMI, was the Director of Dementia Services and Integrative Therapies at UHHS Heather Hill Hospital. She worked with persons with Alzheimer's disease for over 10 years, and has since died herself.

ABSTRACT: Mindful affective timalation (MAT) dance/movement therapy (DMT) is a wholistic group psychotherapy process for persons in end-stage dementia. Centered in Tom Kitwood's philosophy of person-centered care, this process uses elements of dance/movement therapy, Hakomi and brain theory to address end-of-life spiritual and psychological needs. MAT/DMT is a creation of Tria Thompson O'Maille. It was developed at UHHS Heather Hill Hospital. This method can be taught to and used by chaplains, nurses, counselors, social workers, as well as dance/movement and music therapists.

Key words: Dance/Movement Therapy, End-of-Life Care, Person-Centered Care.

Introduction

At UHHS Heather Hill Hospital, a new and unique dance/movement therapy process developed by Tria Thompson O'Maille has evolved. This process is being practiced, refined, and taught by members of the healthcare team, particularly the dance/movement therapists. The person-centered care philosophy of Tom Kitwood (1997) is the touchstone for all care provided at UHHS Heather Hill Hospital.

UHHS Heather Hill Hospital is a multi-level facility, which includes a rehabilitation hospital, sub-acute care, outpatient services, long-term care, assisted living and a complete continuum of services for persons with Alzheimer's and related dementias. Heather Hill is part of the University Hospitals Health System of Cleveland. The work described in this article took place at the Corinne Dolan Alzheimer Center and on the Special Care Center at UHHS Heather Hill. Each of these units is part of Dementia Services, serving those with beginning stages of Alzheimer's at the Dolan Center and those with end stage of dementia at the Special Care Center.

Kitwood (1997) presented his seminal thought and explanation of this care philosophy in his book *Dementia Reconsidered*. Based on the philosophy of person-centered care and using its language, Thompson O'Maille calls her

process Mindful Affective Timalation (MAT) Dance/Movement Therapy (DMT). Each element of the title bears explanation.

Kitwood's person-centered care philosophy emphasizes the importance of the relationship that exists between persons in the care setting. He supports the mindful mutuality of these relationships focusing on the personhood of each of the players in the care setting, be they a person with Alzheimer's, professional caregiver, family member, administrator, or therapist.

Kitwood promotes the philosophy that each person in the care setting be affectively open to each other. He further describes the skilled and elegant caregiver as one whom, rather than being removed emotionally, is appropriately emotionally present with all of their personhood to the person with dementia.

In such a stance, the caregiver supports and encourages the expression and communication of emotions and feelings needed to address issues on all levels, including those that might be blocking the ability to accept and embrace the process of dying.

Timalation is a Kitwood-created word indicating direct engagement of the senses. Kitwood uses this term as one of the categories of behavior that can be identified and coded

in the process of dementia care mapping (DCM). In his description of *timelation* Kitwood notes that sensation predominates over cognition and that the outcome of engagement of the senses is generally stimulation, release, or relaxation.

Moving to the second half of the title of the process, DMT is a professional modality of psychotherapy. The American Dance Therapy Association (1999) defines dance/movement therapy as the psychotherapeutic use of movement to foster the physical, intellectual, and emotional integration of a person. As used at UHHS Heather Hill Hospital, the word spiritual would be added to the definition as MAT/DMT incorporates and elicits distinctly spiritual material.

As a modality DMT is body-centered and is an effective creative arts therapy akin to music, art, drama, and poetry therapies. All clinical populations can benefit from the techniques and processes utilized in this modality. DMT is particularly effective with those whose verbal capacities and motor skills have been compromised or incapacitated. It is also appropriate for those whose motor skills are beginning to develop (infants) or are beginning to diminish (the elderly).

As a specific dance movement therapy modality, MAT/DMT is a palliative method that incorporates elements of spirituality, bodywork, and dance movement therapy theory in a process that can be likened to a Lamaze session. The Lamaze session, as traditionally known for use in childbirth, is a natural method of birth that involves focus on controlled breathing, supported by significant others who serve as a kind of "coach," and celebration of life as it enters the world. Each of these elements is part of MAT/DMT.

However, in this palliative method, the natural birth is into a new realm that we call "dying." In MAT/DMT a peer group and therapist create and hold a safe, sacred space for the person being "held" on the MAT table. In this space the individual on the table can work with life-death issues.

As such MAT/DMT can be considered nonverbal group therapy for those who are in the end stage of dementia. Family members and staff can be included in this process, either as members of the group or working with the therapist and their loved one on the MAT table itself.

The Movement Background of MAT/DMT

One lives the way one moves. Patterns and their changes can be seen and incorporated in both structure and flow as a display of ill or well-being. Although it is generally believed that persons with dementia may have little or no cognitive ability to reconstruct past pathology (Cargill, 1998), MAT/DMT posits that something in the person remains that does "know" of unfinished business and unresolved issues. Like all individuals, the person with

dementia wants to move toward wholeness and integration as suggested by Erickson (1963).

Clinical example

Petra is a woman from Georgia who held herself "straight and proper" as was expected of a refined lady of the south of her day. Now in her illness she is bent over, suffering from Parkinson's and Alzheimer's disease. Petra also displayed a marked self-righteousness reflected in the rigidity held in her neck and torso. Often she would verbalize in a chatty, rambling manner, with a distinct southern drawl her concern for "them."

In her fourth time working on the MAT, she completed the warm-up by deeply releasing rigidity and stiffness in her neck as noted by her head sinking back onto the pillow beneath her. A blush of color came into her face and her breath deepened into her torso, allowing the rigidity often held there to release and soften. These physical changes were reflected back to her as something different and perhaps important for her.

Petra was verbally encouraged and supported through phrases such as, "We are with you. You are safe and loved. Go as deeply inside your heart as you need to." She began to breathe more deeply and the rigidity in her torso softened even more. Normally her hand shook uncontrollably from Parkinson's disease. It now was steady as she moved it to her heart and said, "Sorry." Her eyes were closed and a tear started to run down her cheek. As the process continued, she began to move her hand from over her heart to her throat and back again. Petra then said, "Apologize to the colored people." This feeling was validated and Petra was thanked for expressing it. Petra cried for a few more moments and then opened her eyes and smiled. As Petra was moved from the MAT to her chair, she was not bent over. Her torso was open and remained relaxed. When asked how she was feeling, she responded, "Good."

On a spiritual level, Thompson O'Maille suggests that insight, as a person with full cognitive function might form it, is quite different from that of a person with dementia, due to the deterioration of brain tissue and developmental changes and behaviors that follow. She notes that even with degeneration of brain function, the amygdale continues to function to the last dying breath. According to Caldwell (1999), "the amygdale is up and running by the third month in the womb." It is thought to be the seat of emotions and key in movement processes. Thus, this function of the brain, early achieved is also finally present to the end of life. Since this is so Thompson O'Maille further suggests that the amygdale might also be the seat of what we call the soul. Although there is a paucity of direct support for this in the literature, it is an insight and theory that bears further investigation and discussion.

In the DMT process the therapist generally intervenes to address body awareness, sensations and feelings so that they may be released, revealed, and reconstructed.

Reconstruction for persons in end-stage dementia is more a transformational process of the soul than a cognitive reordering of behaviors. The soul that has been wounded expresses itself through the body. When there is soulful reconstructing, and a deepening awareness of the healing power of love, the body takes on a different presence, as seen in the postural and gestural movement, facial expression, and breath of the person.

Assuring the soul of each person that her or his process is important and that he or she has the power and resources to lovingly forgive both self and others, as well as make choices, can help release the toxic physiological and psychological residues in the body. Moving and resting the body in a pleasurable and pain-free manner can open those reservoirs and resources to transformation. These resources, although not purely physical, may still be revealed in radiant, peaceful, and calm bodily presence. Being still and silent is as important an element in dance movement therapy as is movement, particularly for those in the final days of earthly life.

As dementia progresses, the physical body may become unknown to the very person who lives in it. Senses need different stimuli to respond. The need for a caring touch intensifies, as does the need for assurance that the person is loved, safe, and out of harm's way. For example, touching a person's hand reminds them that indeed they do have a hand. This is a natural gesture that is a safe and gentle connection to another person whose presence is reassuring.

Kubler Ross (1970) indicates that the perceived circle of each person's influence becomes smaller as the end of life approaches. Likewise, movement becomes slower and more difficult. There is more shrinking and narrowing in the body. Movement, vocabulary and range of movement diminish. Locomotor and peripheral movement also diminish, but movement does not cease altogether.

As long as a person is breathing, there is movement in the diaphragm, the lungs, the heart and the cells that still live. When the body is in pain, relief is sought through restful positioning. In a restful, lying position it is possible to work with gravity rather than against its force. Doing bodywork on the floor or as close to the earth as possible, takes the burden off the body to "hold up." Kurtz's (1990) concept of "taking over" can be more easily employed. When working in this manner, one is grounded fully into one's body, connected to the earth and aware of bodily sensations. Working with gravity has been found to release toxic tension held in the body as well as promote positive energy for deeper healing and restorative work. The concept of working with, rather than against gravity, influenced the use and adaptation of the work of Bartenieff and Lewis (1980),

Bainbridge Cohen (1993), and Grossman (1998) in MAT/DMT.

Clinical Example

Mamie, a member of the group, continuously cries, "I want to die. I want to die. Lay me down. Let me die." During the first few sessions of MAT/DMT Mamie was unable to even sit in a gerichair for more than 10 minutes in a session. She exerted a vast amount of physical and psychic energy verbally crying out and physically becoming more rigid and stressed. Mamie consistently used muscles of the spine and abdomen to fight gravity, pushing up and forward.

During this MAT/DMT session, Mamie was assured that if she wanted to die, the group would support her. When transferred to the table, Mamie said: "I don't know how."

Mamie was encouraged to move any way she needed in order to feel comfortable. When she did this, Mamie's voice softened and her breathing became deeper. She allowed herself to be touched and began covering her mouth with the blanket. Mamie was assured that she needed to expend little or no energy to find the way to die and that she was being held by the facilitator and the group in a safe place. Having heard this, Mamie relaxed and sank more deeply into the pillow. She uncurled her legs and stated with a sign, "Thank you, that's good."

The Spiritual Background of MAT/DMT

In addition to the physical, psychic and spiritual contributions of these defined methods, Thompson O'Maille has added her own spiritual awareness that is influenced by various traditional religious practices and beliefs including the Benedictine Hospice movement of the ninth century and many mystical healing traditions.

As MAT/DMT developed, so too did several questions having to do with spirituality. First, what might be needed to insure and support a person spiritually before expiration occurs? Second, what spiritual/psychic wounds need to be healed for someone to let go and no longer fear death?

As dance movement therapy supports the physical release of breath, bone, and body, so does it encourage the release of the soul. It is Thompson O'Maille's firm belief that the body is the earthly expression of the eternal soul, individuated in each unique person and that each person's unique soul expresses itself bodily, up to and through the last dying breath. These beliefs form the spiritual background theory for MAT/DMT.

The MAT/DMT Process

The MAT/DMT process involves commitment on the part of the team of caregivers as well as the dance movement therapist/facilitator. This is evidenced in the first part of the process, the preparation. Preparation of the space, preparation of the facilitation, and preparation of the group members are all part of the first phase of the session. Preparation of the space centers on a physical therapy MAT table. These tables are commonly used for rehabilitation and physical therapy sessions. The table is intentionally prepared and dressed with clean linens, pads and pillows. Slightly smaller than a double bed, the table is able to support up to 3 persons at a time. Typically, it holds 1 person and the working therapist. Up to 8 peers are gathered into a semi-circle around the table.

All of the participants are those considered to be end-stage dementia. Some are actively dying. More important than having such a table is the concept of being able to form what Jung (1964) calls a "temenos" or sacred space around the person and the group. Thus a session might be held with a person in a bed surrounded by the group.

Creating this type of space is accomplished through intentionality. Intentionality refers to a planned, deliberate, positive approach that supports the well-being of the individual with dementia. Empathy, unconditional positive regard, holding positive thoughts or hopes combined with a mindful focused approach to even seemingly mundane tasks contributes to intentionality. Intentionality of the staff and therapist as well as mindful preparation of the space, reduced stimuli and noninvasive music, such as Gregorian chant, is also part of preparation of the space.

It is also important that the facilitators prepare themselves physically, emotionally, and spiritually through their own warm-up process. This preparation is begun by slowing down the pace of one's own movement. Making an intention to be focused and present to the process is a concrete method of preparation. Any form of meditation, breathwork, or opportunity to sit or walk through nature helps prepare one for the process. Some facilitators say a prayer or blessing based on the cultural and religious sensitivities of the group members. Group members will be able to sense and respond to a facilitator who has prepared for the session, as a sense of safety is heightened and the sense of temenos strengthened.

After this preparation, residents are brought into the room by the therapist and unit nursing assistants. Members of the group are asked if they would like to 'work' on the table. The responses on any given day will range from a definite "no, no," to a smile, a shake of the head or a "oh, ok, sure." Consultation with staff and hospice nurses takes place because someone may be actively dying, and most in need is the person to be worked on that day.

Participants are transferred onto the table and assured through touch and verbal phrases that a safe space is being provided for them by their peers and the therapist. This assurance serves to meet the need for inclusion, safety and comfort of the entire group as promoted by Kitwood's person-centered philosophy. To enhance the sense of safety and comfort further, the person on the table is periodically reminded who is in the room around them, holding the space.

Those named in the group are invited to make their presence known either verbally or through a body movement toward the person on the MAT table. Because verbalization is often minimal or nonexistent as the session begins, group members are invited to make their presence known in any way they are able. This may include sound movement, heart intention or the voicing of names. Doing such affirms the recognition and validation of each one's presence.

For example, when the facilitator invites group members to make their presence known to Bessie who is on the MAT, one group member began to breathe louder and move her head back and forth while another moved her feet as if walking closer to the MAT.

The facilitator then begins the process of addressing physical, psychological and spiritual issues by initiating a warm-up process. She may start at the head, jaw, or face, naming what is being moved and encouraging breathing as well as any movement group members may want to contribute.

Persons benefit from the experience of watching movement as well as actively doing movement. For example, when the facilitator begins to mirror the movement made by one of the group members, opening and extending the movement, the person reaches out her hand to the facilitator. When the facilitator takes the hand, others in the group begin to reach toward and take each other's hands. This movement was first initiated by the watching. Even if a person cannot lift an arm, watching someone else do so opens the cellular response in a deeply subtle movement for the watcher. For this reason, the therapist moves all body parts herself during the warm-up.

Though the movement vocabulary and range of movement of persons with advanced dementia may be limited, the therapist can still employ her own full range of movement and vocabulary to bring the level of the whole group to its highest healing potential. Grossman (1998) notes that in the healing process, the body and psyche connect to the highest level of health available in the held space. Therefore, if the therapist uses the full range of movement available to her, it is shared with the whole group and contributes to the building of trust and group cohesion. As the body relaxes, it lengthens and opens up as needed for deeper work.

Clinical example

Rose lies on the MAT in a tightly closed fetal position. The facilitator on the MAT with Rose places a hand under her neck inviting her to "Allow your neck to move and release in any way that is comfortable to you. I will move my neck as fully as I can with and for you." The facilitator then touches her own neck and tailbone. Rose is encouraged to breathe from the back of her neck to her tailbone. As she does so, her neck softens, her torso and pelvis widen, and her spine gently begins to unfold, lengthening in the back and allowing her ribcage and sternum to open in the front. As this happens, the facilitator, assuring safety, asks, "What needs to happen for you now?" Rose responds by placing her hands over her stomach saying, "It's hard." As the facilitator validates Rose's feelings, assuring her that the whole group will be with her, Rose opens her upper body, releasing and relaxing into the pillow under her head saying, "Thank you." This movement of her body allowed her stomach area to be open for exploring feelings held there. It is interesting to note that at this time Rose's family was trying to make a decision about placement of a feeding tube.

Continuing the MAT/DMT session, the facilitator, with permission, touches each person's head, neck and shoulders. When elbows and arms are moved, the therapist suggests making physical connections as able within the circle around the person on the table. It is at this point that movement themes may emerge. No matter how subtle, expression can be observed in breathing patterns and creative movement responses.

After everyone in the group is warmed up from head to toe, the group is invited to give their heart/intention to the person on the table or in the bed. The therapist moves between the areas within the holding circle and onto the table as she suggests making connections with both body and soul. As this process unfolds, the therapist tells the person on the table what the group is doing.

For example, "We are moving our heads now to release any tension we have in our neck and shoulders." Deep breaths are encouraged to "open our hearts." This framing of words has been found to elicit greater response than asking participants to "open their chest or torso," suggesting the emphasis on "soul vocabulary" rather than simply on physical body parts.

The therapist utilizes elements of dance/movement therapy such as mirroring moving body parts and tensions that reflect those of the participants. When a connection is sensed between group members (e.g., eye contact, increased alertness, and breathing pattern changes) it is kinesthetically made with the person on the table. Attention is first directed toward areas of the body where it is evident that energies are being held or are flowing freely.

Clinical example

Peter holds his right shoulder very tightly toward his right ear. The tension is so high that it is very difficult for him to sit or stand straight. His neck is bent to the right and his right shoulder blade is turned toward his sternum. Being locked in this posture makes it difficult for him to walk or even maneuver well in a wheel chair.

The other side of his body is flowing with movement expressing some desire to move forward by reaching with his arm and propelling his left leg, moving himself in a circle in the wheelchair. This tension of opposites in Peter's body is extreme, causing him fear and anxiety, which he expresses by making loud noises and random chaotic movement of his arms and legs. Persons in the group picked up on these feelings and began to make distressing sounds as well. Some in the group just tell him to shut up.

The facilitator identifies the Laban fighting qualities of the movement (punch/slash/kick/wring) which are dominant in Peter's movements. Also seen are the bound, strong and direct energies that need the recuperative balance of indulging qualities (float/glide/dab/press) with free, light and indirect qualities of movement. So balance is needed.

Beginning with the breath, the facilitator breathes fully and asks Peter to do the same. She also asks the group to join in the process as they are able. The facilitator mirrors Peter's posture, gestures and breathing pattern, all the while telling the group what she is doing and how she feels in the various postures. She says, "I am going to move my body into an opened and balanced position for Peter and everyone in the group."

The opening movement of the facilitator is done very slowly in order for more empathetic connection to Peter and to the group. At this point in the session, Peter made eye contact with the facilitator and some of the members of the group. Peter allowed the facilitator to touch his neck as she asked, "Who is the pain in your neck?" In response, Peter ever so slightly releases his right shoulder, falls back in his chair and says, "That's it." The warm-up complete, Peter was then placed on the MAT and the session continued.

The importance of the full-body warm-up as it goes through each person's body to see specifically what is being held frozen, stuck, or fighting in each person is shown in this particular clinical example. The indulging qualities and the combination and balance of these qualities are noted in order to support the movements of the body that support well-being in the dying process.

As the disease process progresses, so does shrinking and contractures that at first glance suggest increased rigidity. Upon close examination, one sees a deeper emotional and spiritual expression also. Sometimes just naming what is

seen in the body allows the rigidity to release with some slight breathing, touching or rocking motion.

The person is asked if it is “Alright to rock you?” Rocking is chosen because of its rhythm that tends to both comfort and release with the assistance of gravity. Rocking can also be expressive of both deep grief and great delight and joy. In addition, it is one of three Bartenieff fundamentals used to prepare the body from a lying position. The rocking movement allows the iliopsoas muscles to relax and spine to lengthen. Body information, such as held-in and locked joints, is released through the gentle rocking motion.

Further building on the Hakomi (1990) concepts (Hakomi is a Hopi Indian word meaning: How do you stand in relation to these many realms? Or “Who are you.” It is also used to name a body-centered psychotherapy), the therapist is then able to address the deepest core of the person by addressing his or her heart and asking, for example, “What is freezing you?” or “Your knees are locked. What would it be like to unlock your knees?”

Often a person will then relax the knees and allow more rocking and lengthening of the spine to unfold. From the observation of resistance or release what can be addressed? Resistance could suggest issues of anger, control, fear or abuse. Release often suggests something may have worked itself through. The person feels safer and softer. Deeper feeling may then rise to be expressed.

Up to four Bartenieff (Bartenieff & Lewis, 1980) fundamentals are employed within the MAT process. They are the rock and roll, knee/pelvis, arm turn, and breath sound preparation. Special attention is given to enhancing the coccyx/skull relationship.

The use of touch assists in expanding sensory awareness in an attempt to release the spine and allow for more lengthening or feelings of growth. Areas of the body that are shrinking are encouraged to allow for more opening and widening, especially in the physical and psychic area of the heart. Phrases such as, “Let go of whatever it is you need to let go of and receive what you need to receive,” and “Let your breath take it in and out” are offered.

As the person is rocked, their hands may begin to open, tensed and frozen shoulders may release, pelvic areas may soften, and sometimes tears and sounds are expressed. There may be responses of fighting energies—punching, flicking, wringing—coupled with shrinking and pulling in.

The MAT facilitator must be skilled enough to be able to support all feelings that need to be expressed. These may include powerful emotions such as rage, forgiveness, joy and despair.

Further, the facilitator must be able to encourage the group to open up to each other and to the expressed emotion.

Clinical example

Pearl is on the MAT. She is screaming and rolling to the side of the table as if she was going to roll off. The peers in the group begin to scream along with Pearl. The facilitator places herself at the edge of the MAT to keep Pearl from falling off and then reaches out to each of the group members pulling each one close to the MAT while using words to suggest comfort and safety—“We all seem a bit anxious here today, but we can make a safe space for each other.” In doing this, the facilitator is able to honor the chaos present in order to reach the center of the process.

Pearl then pinches the facilitator and screams, “I wanna go home.” Another group member yells, “If I have to come in there you are really going to get it.” Yet another group member looks around and begins to laugh, while the third draws her arms in closer to her chest.

The facilitator states that all feelings and expressions are welcome in the group as long as no harm is done to self or anyone else. She then speaks to Pearl. “We know you want to go home. We all want to go home too. Sometimes we can find home in the deep spaces of our hearts.”

As the session progresses the screaming stops, movement opens, and the groups ends up in an extended period of calm deep silence.

In other sessions, as subtle movement processes begin to unfold, individuals working on the table react in different ways. Viola stops grinding her teeth and sheds tears. Bill opens his hand and places it near his heart. Helen releases her legs from a fetal position. Mary reaches out her open hands and moves them in the air.

As these movements occur, others in the room are invited to move, make sounds, and express themselves in a way they choose for the person being “held.” For example, Mr. G repeats the “Hail Mary” while Mary says, “That’s right” and gives her doll to Viola on the table.

The person on the table is then asked to allow his or her heart to speak and “say what it wants to say.” At this point the person is usually physically held in some manner by the therapist.

One gentleman, Bill, whose hand is near his heart was asked, “What are you holding on to?” He replied, “My life.” Another woman, Rowena, when on the table, starting saying, “Let go. Let go.” As she let go of the therapist’s hand, she raised her fingers, moving them like falling rain. “Let go, let go like falling leaves . . .” Rowena relaxed even more and said, “Thank you.” The peers around the table were focused and silent, no one was sleeping. Rowena died two days after the session.

Physical and nonverbal changes occur, though they are sometimes as subtle as the change of breath. Release of gases and fluids through flatulence, urination, defecation, burping and tears also suggest a release and expression of emotion.

It is not important that the facilitator completely understands the issues the person needs to address. One might have a hunch or intuition and could possibly reflect this back to the person using words such as, "It is OK to let go in any way you need to;" or "You don't have to swallow anything you can't stomach." These references back to the body increase awareness and connect to the issue. Suggestions of safety and expressions that welcome release of emotion reinforce the permission to express.

At the end of a session the person is prepared to get up and move from the table. Each person is physically and psychically held for several minutes before the transition to a standing position or being placed in wheel chair is made.

Closure begins with the therapist first stating for the person on the table that, "It is time to close this experience for now and for us to make a transition." Assuring the person on the table that all feelings are welcome and that he or she can take whatever is needed from this time for healing with them, we begin to gently rock again and bring the person back into "ordinary" time.

The process intervention noted above is somewhat like Bonny (1978) describes in the ending of a Guided Imagery and Music (GIM) session when guiding a person who has had a transpersonal or religious experience. Often the person on the table will become radiant, start singing or chanting spontaneously, point to something beautiful, smile or laugh, and exhibit a calm, peaceful presence that is difficult to capture in words. Bonny (1978) and Groff (1994) have reported similar experiences with persons who are cognitively well in their music therapy and breath therapy work.

Whatever a person's response to the closure process, he or she is given a few moments in a sitting position on the table to reconnect with the body in any way that is needed. Sitting on the edge of the table, being held by the facilitator and a co-facilitator or nursing assistant allows the person to feel and sense the surroundings in a new sitting position, to see those in the room who have been holding the space, and to sense and feel shifts and subtle changes that have taken place in the body.

The process of closure and transition back to each person's chair in the circle is given with the words, "Take the time you need." Also voiced by the facilitator are words such as, "You have choices, and you still have control of your inner self. You have what you need inside you. When you are ready to move on, you can let us know." Often the words,

"You can go home when you are ready. It's your choice," are spoken.

Discussion

Into 2005 MAT/DMT has seen 7 years of practice. During this time, over 200 persons have participated in the process. Most of them have died. Many have died peacefully. Family members, caregivers from other facilities, students, and national and international visitors have come to observe the process.

Often the first response of observers and family members is something like, "That was very moving. How peaceful. I would like to be the one on the MAT." When asked if she could articulate what was different or moving about the experience, one daughter said, "I could never explain this to my sister. But I could see the difference in my Mom. She was so calm and relaxed. I felt that way too."

Staff has noted changes in behavior of residents who have been in MAT/DMT sessions. Sometimes more "fighting" behavior emerges because of the issues the individuals are addressing before death. The objective of the MAT/DMT process is to assist the resident to die well. Staff realizes this, but coping with successive deaths is often very difficult for staff. When a member of the group passes on, time is offered in the group for members, family and staff to remember and grieve before a new person is brought into the group. It is interesting to note that sometimes several persons in the same group die around the same time. The cohesion of the group members can be observed and felt on many levels.

MAT/DMT was originally designed to be facilitated by trained dance/movement therapists. However, training has also been offered to hospice caregivers, other creative arts therapists, chaplains, ministers and other psychotherapists. For those interested in becoming a facilitator, key qualifications to consider include:

1. The willingness and ability to move with a degree of comfort
2. Being willing to learn movement skills and techniques
3. The willingness and ability to be with dying persons with Alzheimer's and other dementias
4. Having an understanding and appreciation of their own spiritual needs and those of others

It would be highly recommended that those interested in starting a MAT/DMT group take the opportunity to observe a group in process and to take preliminary training from the facilitator of the process.

Conclusion

MAT/DMT is a model in process. It attempts to integrate the body-mind-spirit developmental process as it evolves to what might be called a higher consciousness, leading hopefully to a "good death." Hammerschlag (1988) indicates that when we speak of the soul we speak of movement, for the soul itself is much closer to the process of ongoing movement than it is to fixity. He believes that medicines that treat the soul must therefore have a kinetic nature, that is, allow for movement. This statement is core to the development of MAT/DMT because it supports the movement of the soul in the body of those in the end stage of life. At this stage, physical movement of the body may seem absent, but the subtle movements described in this article indicate that movement is still possible and to be encouraged so that transition can take place.

The group function of the process is supported by the belief of Marion Chase (Chaikin, 1975, 272), one of the founding pioneers of DMT who said, "Rhythmic action in unison with others results in a feeling of well being, relaxation and good fellowship. Even primitives understood that a group of people moving together gained the feeling of more strength and security than one individual could feel alone." MAT/DMT as a group process embodies Chase's theory while incorporating attention to the source of one's hope or higher power for the purpose of transformation and completion. Quality of life issues as well as questions of meaning are embraced.

The method of MAT/DMT was begun in an effort to explore the possibilities of person-centered care and dance/movement therapy for persons receiving palliative care. It is a form of psychotherapy, addressing the issues, wounds, gifts and resources of each person as accessed through the body for the deepest possible healing of the soul. The spirituality of persons with dementia and their spiritual needs is an area in need of further exploration. MAT/DMT carries on that exploration.

The process, to date, builds on numerous theories of those who have gone before to explore the mysteries of the mind-mind-soul connection as well as the particular life circumstances of persons journeying through dementia. We are challenged to continue the dialogue, exploration, and research needed to refine and define methods and outcomes of this process.

A final clinical story

George's wife, his son, a hospice worker, the members of George's MAT/DMT group and the facilitator gathered in his room as George was actively dying. All encircled his bed as a Gregorian chant played. The group settled and the room became silent.

All were invited to warm up their bodies. As Georges breathing was labored, group members were invited to take deep breaths as they moved body parts at the direction of the facilitator. George's wife and son guided and moved George through the warm-up. When his wife touched him gently behind his neck, George's rigidity began to dissolve and he let his head sink into the pillow. George's son was invited to hold his father, and the son cradled George, supporting him so that George could relax his spine.

All those in the room moved their bodies, primarily in grasping and releasing movements. Noticing this movement type, the facilitator encouraged group members to "Notice what you need to hold on to." At this point George's wife took his hand in hers. She noted, with tears in her eyes, that George's breath became less labored, and his rigid arm became flexible and flowing. She said: "George, we are dancing just like old times." George smiled and moved with her. George's eyes were looking into those of his wife. When George became tired, he let go of his wife's hand.

As this happened the facilitator said, "Let us open our hearts to what we need to let go of." George's wife began to cry and said to him, "I know I need to let you go to the Lord." Hearing this, one of the group members clearly said, "Kingdom come," assuring both George and his family that they were supported in whatever letting go they needed. George opened his eyes and reached out to those circled around him and formed the word, "Father." George's wife asked if everyone would join her in saying the Lord's Prayer. When the prayer was over she let go of George's hand and the son gently placed his father back on the pillow, letting him go. The group was then brought to a close, allowing the family to be alone with George in his final hours.

This final story demonstrates the power and the potential of the MAT/DMT process. As its development continues, such stories will abound.

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Poems

The Flowers of Kaifeng Again

The flowers of Kaifeng are in bloom
honey sweetness of the black locust
sickens the perfect night
... “all those relationships that can never be...”

And those purple blossoms
stealing attention from the blueness above
reminds of love’s short life
... “how we mindlessly walk upon the fallen petals...”

When the white buds are all on the ground
afraid of how it will look
compelled to keep the outside clean
... “sweeping our friendships off the street...”

Ruefully returning home
determined to keep the scattered blooms
from getting inside
... we leave our shoes beside the door.

Huai (Broken)

Write the word
broken _____
the black in the ink was broken into dust
the hair for the brush was broken from the skin
the bamboo for the handle was broken from the tree
writing the word
broken _____
it is broken from me.

Bari Falese (2006 November 17)

When free from conventional ideas

Aren't you bound in tight that
you have to be in this way?

that you have to get on well with everybody?
that you have to be always cheerful?
that you have to be lively and in high spirits?

But we are human
There are various times

We have a time
when we are depressed
when we don't have power
when we have a quarrel with others
when things don't go well

There are various times
There are various things happening
Something is born from there
And we become aware of something

When we are free from conventional ideas
We begin to think that everything is as good as it is.

Ikue Tezuka

(Translator of Japanese edition of *Grace Unfolding*)

Creek Crossing

this is how I
make my way
gingerly
choosing
the driest stone
on which to place
my right sneakered foot
a wet
but mossless one
on which to place
my left
always testing
before shifting
the whole load
calf
thigh
heart and head
the other leg and foot
hovering
over the creek
sweetly scented of silt
and moss
stirred
by crawfish and suckers
while my eyes search
for the next
safe spot
to place
a toe
to balance
my weight
to make
my way
gingerly
always afraid
of getting wet

Cathyann Simmons

